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Medical College of Georgia.

"Je prends le bien où je le trouve."

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1850.
Remarks on the Causes which diminish the Prophylactic powers of the Vaccine Virus. By Reuben B. Nisbet, M. D., of Macon, Ga.

It is unfortunate that such a subject for investigation should present itself to the attention of the profession; but it is impossible to deny, however unwilling we may be to do so, that it is one which opens a wide field for inquiry and examination, and that we still need clear and practical deductions upon this important subject. Each one who has investigated the subject seems to have been, as is very common and very natural, blinded by the beauties of his own theory, and has drawn conclusions better adapted to its support, than to the clear and impartial elucidation of the subject.

Nearly fifty years since, Jenner, in the pride of success, announced, in his report to the British Parliament, that he had discovered "a disease attended with the singular beneficial result of rendering, through life, the person inoculated with it, perfectly free from the contagion of Small-pox." For some time, this opinion, after successful experiment, was generally admitted, and many, whose professional opinions have much weight, still entertain the hope that this severe scourge will finally become entirely eradicated. The success of vaccination in the beginning gave much encouragement to these sanguine hopes; but the experience which time has collected, (that best
of all authorities upon subjects of doubt,) together with stub-
born facts in the form of statistics, have much destroyed the
confidence of the professional, and still more of the public mind,
in the total and thorough prophylactic powers of the Vaccine
Virus; and we are compelled to admit, nolens volens, that there
is too much reason for the encouragement of this belief, and
that there are but few exceptions to the general rule, and these
becoming more and more rare; that vaccination, as it is at
present practiced, is not a sure and perfect preventive; nor, if
it does prevent, does it "through life," protect against the con-
tagion of Small-pox.

Perhaps this opinion is too confidently and sweepingly ex-
pressed, but we believe that it is more generally believed than
admitted. It is by the careful study of the tedious teachings of
experience, and by the collection of clear statistical facts, that
any permanent truth in any science can be definitely arrived
at; and if the practice of medicine is to become a perfect as
well as a noble science, it is in this way that its study must be
pursued. It is in this manner that its fundamental doctrines
have been proven, and it is in this manner alone that much
which is now doubtful must be permanently and perfectly
established. Let us glance then at the statistics, and their re-
results, upon this point.

First, then, in England, where this subject has been most
thoroughly and patiently investigated, it is ascertained that
Small-pox is as common as it was sixty years ago, and that in
the city of London, the mortality is undiminished. This last
assertion will not hold good as regards the other cities, and
many of the counties of England. This gives us little reason
to agree in the opinion of Jenner, formerly, and of Sir Gilbert
Blane, more lately, concerning the final extirpation of the dis-
ease. In British India, this disease, as a yearly epidemic, is
as regular in its approach, duration and cessation, as the chan-
ges of the seasons themselves: nor is the mortality in any
degree lessened. So much with regard to its eradication so far.
Time, we hope, and yearly improvements in vaccination, and
all of its associate circumstances may greatly modify these
facts.

Now, with regard to the success of vaccination as a prophyl-
lactic, we have the statistics of the London Small-pox Hospital during the epidemics of 1838, and 1844. During the first year, there were admitted, 386 patients unprotected by vaccination, 298 patients protected by vaccination; and it is probable that the proportion of the vaccinated received into the hospital bear about the same proportion to the unvaccinated, as is the proportion of the vaccinated to the unvaccinated in the general population subject to the care of that institution. During the year 1844, there were as many patients admitted as before the invention of vaccination; one half of these had been vaccinated. Seven per cent. died.

From these facts, we ascertain that in London, the birthplace of vaccination, fifty per cent. of the operations proved fruitless, as a prophylactic.

Secondly, that among those vaccinated, seven per cent. died. Thus we see that vaccination by no means prevents the occurrence of Small-pox, though it modifies its character, and lessens its mortality. These statistics from English authority, are preferred, because they are most certainly ascertained. Perhaps, however, the inefficiency of the vaccine virus as a perfect prophylactic against Small-pox, and its efficacy in modifying the disease, might have been admitted, without this tedious collection of facts.

Let us now inquire into some of the causes which may diminish some of the prophylactic powers of the Vaccine Virus.

It is impossible, within the limits of this essay, to inquire into all those points which may be mostly of investigation, and we will therefore restrict our remarks to the consideration of a few, which seem to promise more advantage and more practical utility from a thorough examination, and which, although of much importance, do not seem to have received that attention which is justly their due.

The points we propose briefly to notice, are: 1st. Impurity of the vaccine matter; 2d. The method and time of vaccination; 3d. Constitutional influence; 4th. Atmospheric, or the influence of climate and seasons; and lastly, the necessity of re-vaccination, and the efficacy and success of inoculation.

It was strenuously contended by Jenner, and still is by a large and respectable portion of the profession at the present
time, that good vaccine never deteriorated from its original purity and strength. So strongly was this belief inculcated by Jenner, that in the Royal Jennerian Institute the same virus is used as in the year 1806. We all know that exposure to light and air impairs the efficacy of a vaccine scab. There is much carelessness in its preservation: so much so, that whenever an epidemic occurs in one of our rural districts, it is impossible to succeed in one operation out of ten. This was strikingly illustrated in the Small-pox which occurred in our own State during the last spring: the whole population were forced to remain under the influence of that terror which the disease always inspires where it seldom appears, until one successful pustule gave to the profession this much needed article.

The lymph, and not the scab, should be used. It is most active and successful when taken from the pustule during its full maturity. Experience has taught us that the lymph, when used on the eighth or ninth day, seldom fails; but if taken before or after that period, is more or less defective. How weak then must be the power of the scab, obtained, as it is, on or after the twentieth day. It is then so dry and hard that it must necessarily lose some of its vitality, and present a serious obstacle to absorption. It is useless to multiply arguments to prove what all know, that most of the vaccine matter preserved in this country is decidedly worthless.

How shall we remedy this? Go back to the original source—the cow. But it is argued that this can seldom be done with success, that there is great difficulty in obtaining the right kind of virus, and that it is difficult to distinguish it from the other varieties of virus found upon the animal. These objections speak little for the profession, for they virtually admit their ignorance of that which has been used by all for almost half a century: carefully examine, analyze, and failure is next to impossible. There have been frequent recurrences to the cow, and always with success.

Again, it is urged, that the operation of vaccination with fresh virus develops vaccinia as severe almost as the disease it prevents. Did Jenner in his first experiment find this to be so? In the American Medical Intelligencer of 1838–9, it is stated that the fresh virus was used by many of our first men, among
whom are found Drs. Meigs and Huston, of the Jefferson Medical College; and that although few were disposed to object to it on account of the severity of its operation, all acknowledge that the virus was most active: the vaccinations were as successful; the lymph of the pustule retained its activity even after the ninth day. The argument in favor of, seems to more than counterbalance those against using fresh virus.

In relation to the mode of vaccination, the first great desideratum is carefulness. The ease of the operation lessens our sense of its importance. The virus should be so introduced to secure it in situ, without being kept in position by artificial coverings. The application of sticking plaster, for instance, prevents "taking" often by the matter's adhering to its surface.

The best time for vaccination is a more important consideration. The profession generally admit, that the most successful age is infancy, and that the patient should be free from disease, in a state of perfect health. If there is at the time any disorder at all of the system it may give rise to inaptitude, if from no other reason than the old Hunterian doctrine, that two diseases cannot exist at the same time. Now, what diseases which from their constitutional peculiarities, would be most apt to prevent "taking"? It would appear to be most reasonable that it would be those which in any way derange the healthy condition of the integument, as it is by this entrance the virus must pass into the system. Measles, Scarlatina, and in fact all of the exanthematous affections run their course before the pustule will begin its developments, with the single exception of Varicella Lymphatica, (London Medical Gazette,) which will run its course, and not at all interfere with the phenomena of vaccination. This exception arises perhaps from the similarity of the two diseases: the same condition of the system which is favorable to the development of the one, is appropriate also to the success of the other. A dry, harsh condition of the skin, is also an obstacle to the successful influence of the virus; any affection which interferes with the absorption of the virus—a weak, debilitated, and dropsical condition of the patient, anemia, &c., &c.

From the observations of Legènder, it seems that vaccination, after exposure, appears to favor the receiving of the disease,
though frequently of a modified form, and also that vaccination, after the appearance of variola, does not, although the vesicle goes on to maturity, modify the character or violence of the disease. The practical deduction from these statements are of great importance. First, after the exposure of young and delicate subjects, the danger of receiving the disease is increased by vaccination. Secondly, that the practice of vaccination during the stage of incubation demands a more thorough investigation.

As for the time of the year, the winter is the best season: warm weather weakens the powers of the vaccine. The human system is generally less vigorous, and the perfect operation of its vital functions are more or less altered during the warmer part of the year. These facts are annually proven in India, where, from March to October, vaccination is perfectly useless.

We now come to a part of this subject which is more in the dark, and which, it seems strange, has attracted so little of the attention of the profession. We allude to the constitutional influence, or, more correctly, the changes which must be developed, and the alterations which it seems almost impossible to doubt must take place in the virus from passing through the systems of hundreds, each one possessing its own peculiarities, each one different from the other; the one plethoric, another anaemic; one scrofulous, another syphilitic. Indeed, it is almost impossible to find two persons whose functions are performed with the same degree of healthful perfection, or possessing the same peculiar idiosyncracy. What is there in the vaccine virus which exempts it from changes which effect, more or less, every thing organic or inorganic, vegetable or animal? We do not expect to present any thing upon this subject new or interesting. We simply believe, from all that we can gather upon this subject, that the virus does become less and less active, and that the continual use, and that for years, of the same article, diminishes not only its prophylactic influence, but also its power of producing a complete and perfect form of vaccinia. In comparing cases of vaccination from the old matter, still used in the Jennerian Institute, with that of later date, used in the London Small-pox Hospital, we find a marked difference in favor of the article used in the latter institution.
The development of the vesicle is of a more complete character, it runs its course more surely, the constitutional symptoms are more clearly marked, and its success as a prophylactic far more certain. We have this from Dr. Gregory, of London, whose inquiries upon this subject have commanded much attention. Dr. Fiard, of Paris, a strong believer in the degeneracy of the virus by transmission, advances the same conclusions:—

"A diminution in the deviation of the eruption, a difference in the development of the pustule, &c." We also know that there are many persons whose peculiar idiosyncracy completely modifies or entirely prevents the action of the vaccine. What is there in the constitution of these individuals which produce this result? Admitting the influence of transmission in deteriorating vaccine virus, what is there in the human system which effects this change? This is a subject worthy of investigation. One, and only one probable cause we would suggest, and that is the influence of the blood. We all know that exposure to light and atmospheric air destroys the strength of a vaccine scab. Are there not some constituent or constituents common both to the blood and atmosphere which may be most instrumental in producing an analogous result? We have not the opportunity to pursue this subject by experiment, chemical actions, analysis, &c., &c.; but merely present it to the consideration of some one who may do it justice, and handle it in the manner that its interest demands.

Small-pox not only seems to be no respecter of persons, but to be independent of all climes: now desolating one of the clean cities of northern Europe, or the still neater and better ventilated ones of our own country—then depopulating the far distant villages of some Indian province, surrounded by its rich, luxuriant, but noisome jungles. But although it respects no country, yet by a kind Providence some nations are for a season annually free from its ravages. In India it is seen at the departure of summer steadily and regularly approaching: like the Eastern locust, it settles upon the land a heavy scourge, until nothing seems left whereon to prey; but at the approach of summer, migratory like, it departs, and for one half of the year it is not found. This is the hot season, and as small-pox is prevented during this season, so is the influence of vaccine virus.
Dr. Stuart, on Small-pox in India, affirms "that at certain seasons, and throughout the country, the vaccine virus becomes deteriorated, the vesicle assumes an altered appearance, and vaccine often cannot be perpetuated at all."

At Turin, in August of 1829, when a similar condition of atmosphere maintained, as is common in India during the summer months, the same facts were observed. Now what is it that destroys the susceptibility of the population to small-pox or vaccinia? Does the peculiar constitutional idiosyncracy of every individual change? or is it the influence of atmospheric changes? It can hardly be the first, because the same persons, a few months after, will again become liable to an attack; it must be the influence of the atmosphere peculiar to the season. Now what is peculiar about this is the fact that the susceptibility to vaccinia returns at the commencement of winter. It would seem from this that both the power of the vaccine is destroyed, and the susceptibility of the human system, so as to produce a temporary freedom from small-pox, as well as from the operation of its virus. Now the condition of the atmosphere which produces this result is—as during the rainy season in tropical climates, both exceedingly hot, and at the same time very mild and damp—the population breathing as it were steam. This fact has been noticed in our own country. In an epidemic during the last spring, synchronous with the appearance of the small-pox, the whole State was visited by weather which was more unseasonable than had ever before been known: a cold, snowy day, followed by a succession of cool, dry, and frosty days, for the period of a fortnight or more. The small-pox steadily increased during the continuance of this weather, and as soon as our customary and more seasonable weather returned, there was an instantaneous cessation of the disease in every place; not a single new case occurred, and in six weeks from its commencement it completely disappeared. These facts, which govern, as by fixed laws, this fatal disease, hold good as regards vaccinia, the similarity of the two diseases subjecting them to the same influence.

Jenner admitted that time restored the susceptibility of the system to vaccinia. This is also admitted by all the candidates for the prize offered by the French Institute for the best essay
upon this subject; and these last agreed upon the time also for its practice, and "that it was rare we meet a second attack of small-pox before the age of sixteen, and after this period it becomes more and more frequent until the age of thirty-five, when the system becomes free from liability to another attack. In the monarchial and more despotic governments of Europe, where these things can be more correctly ascertained, Re-vaccination is commanded in their army regulations. In the Prussian, Hanoverian, and Russian armies, it is practiced with uniform success, so that it has much diminished the confidence of the profession in these countries in its prophylactic influence. If there is no good, certainly there is no pain, in re-vaccination. Why not then, immediately after the first pustule is healed, try again, and not consider the patient safe, until he is not susceptible at all? Do not declare, after the first effort, that his constitution does not admit of it—does not kindly "take;" but repeatedly try: error must then be on the safe side. When is the influence of the first operation lost?—how long does it take the system to throw off (as it were) its influence? and how does it do so? Is it according to the idea of the old physiologist, that after the lapse of so many years we become new men? It would seem that if a man attacked by a well defined small-pox, is free from another attack of the same disease, that a man once subjected to vaccinia will never lose its prophylactic influence against itself. This most natural deduction we dislike to doubt, but experience forces us to do so. The period of puberty, with its peculiarities, exerts a marked influence, almost destroying the effect of former vaccination. So great are the changes of that age that we literally become new beings, and we must be subjected to former influences again if we wish to retain their advantages. After puberty, there is certainly as great a necessity for vaccination as before; and also the modifying influence of vaccination is governed by the lapse of time, and is almost lost by the time we reach an age when we become most liable to exposure; and ergo, we should vaccinate them freely once before and once after puberty at least. We should reap all the advantage which it is capable of producing.

Thus we have briefly and lightly glanced over some of
Prophylactic power of the Vaccine Virus. July.

the causes which tends to diminish the prophylactic influence of vaccine virus: many others present themselves which need not be discussed here. We have, from the comparison of statistics and well ascertained facts, found that there is much to be improved in the use of this great preventive and useful remedy. We have seen, first, that for want of care in obtaining and preserving of vaccine virus, we are forced often to use an impure article, thus preventing its good results, disappointing and vexing ourselves, and, worse still, producing with regard to its efficacy, a feeling of skepticism in the public mind, which, if it increases, will necessarily subject us to contempt, and nullify all the advantages which has been derived from this important discovery. Secondly, that there is need of more definite rules as regards the method and time of vaccination. Thirdly, that there are some unknown influences exerted upon the inoculated virus, which lessen and diminish its strength; and, fourthly, that the peculiarities of atmospheric changes affect the success of vaccination, either by producing a change in the vaccination or by predisposing the system to reject its influence.

Perhaps it may not be out of place here to present the inquiry, whether inoculation of small-pox virus could be so managed as to supersede the use of vaccination? Its complete success demands attention. Dr. Gregory tells us, that only one in five hundred take the disease after inoculation. We find, too, that in the East, it is regularly and safely practiced. Most of our information, as regards its practice, must come from the East. "The Brahmins practice inoculation in such a manner as to render the disease mild, and with but little eruption;" and they do this by using virus deteriorated by time. Could not then the system be so prepared by treatment, by preparation, by selecting a favorable time, a proper state of health, of weather, &c., &c., so as without danger to bear the comparatively mild disease, produced by inoculation, and become "forever and through life perfectly exempt from small-pox contagion?"
ARTICLE XIX.

Treatment of Dysmenorrhœa by Quinine and Prussiate of Iron.

By H. A. Bignon, M. D., of Augusta, Ga.

The frequent occurrence of Dysmenorrhœa, and its painful and intractable character, render it a subject of deep interest to the physician. As the most approved modes of treatment often effect little more than a slight palliation, I am induced to report a few cases treated with Quinine and Prussiate of Iron, in the hope that others may be induced to test these remedies in similar cases.

Case 1. About the first of July, 1848, I was called to see Celia, a negro woman about 28 years of age, and of very delicate constitution: she was then laboring under Dysmenorrhœa, and on enquiry I found that she had been affected with it for some nine years, during which time she had been under the treatment of several physicians, and as far as I could learn, had been put on the use of purgatives, tinct. of guiacum, and all the usual remedies, with only slight relief, if any. I immediately prescribed a warm hip bath with mustard, and 10 grs. of Dover's powder, under the influence of which she was not long in falling to sleep, and got a good night's rest. On my visit the next day, I found that the pains had returned, and she was suffering very much. I suspected the existence of a clot, from the character of the pains, (resembling those of labour,) and immediately gave her a tea-spoonful of wine of ergot, and repeated the dose about every ten minutes, until she had taken three spoonsful, after which she passed a clot about the size and shape of an almond, to the entire relief of all her suffering. I prescribed another hip bath and 10 grs. of Dover's powder for the night, and left her.

I did not see my patient again until about two weeks after, when she came to see if I could not give her something to prevent her suffering so much at the next approach of the catamenia. I put her on the use of pills, consisting of 3 grs. of Quinine and 3 grs. of Prussiate of Iron, of which she was to take one three times a day, and gave her a mixture of camphor (Dewees') to take, in case she suffered much at the next period, and did not see her again until about one week after she had
had a return of the discharge, (making about three weeks since my last interview with her,) when she came to get more of the pills, saying that she thought they had helped her a good deal, but not cured her. I made another box of the pills, and kept her on the use of them for the space of about six months, when she came to me quite another looking woman, and entirely free from the disease. I have seen her frequently since, and she continues well.

Case 2. Maria, a negro woman, aged about 32 years, and of slight frame, applied to me in the month of September, 1848, for the relief of Dysmenorrhœa, which she had had since a cold caught after confinement about seven years previous. As the case was very similar to the preceding one, I will not go into a detail of it, but merely say that I put her upon the same treatment, and in the space of about seven months I had the gratification of seeing her quite well again.

Case 3. Ann, a negro woman, aged about 20 years, well made and of large stature, applied to me in the month of November, 1849, for the relief of Dysmenorrhœa. The case was similar to the others, excepting that Ann was then nursing a child of three years of age, and also complained more of pain in the back than did the others. I put her upon the same treatment as the other cases, with the addition of a blister to the sacrum, and made her wean the child. This case is under my care at this time, and at the last period she says that the discharge was quite natural, and that the pain was scarcely to be felt.

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PART II.

Reviews and Extracts.


The comprehensiveness of the above title sufficiently indicates the vastness of the author's undertaking, and the well established reputation of Doctor Drake insures its execution in a manner creditable to American medical literature. The
volume before us is full of valuable information to the Naturalist as well as to the Physician, and evinces an amount of laborious investigation rarely met with in our country, occupying the author's attention for forty years, and extending over the greatest valley of the earth. The following extract will convey some idea of the motives and design of the work.

"There are diseases which occur independently of all known external influences, which affect individuals of all races, and present in all cases substantially the same symptoms and lesions of structure; of which cancer, fungus hæmatodes, melanosis, wens, cataract, ossifications, apoplexy, and various chronic afflictions of the skin, may be cited as examples. There are others, depending on known and common causes to which man is exposed in all countries, climates, and states of society; such as inflammations from mechanical injuries, burns, or the ingestion of acrid poisons, which respectively present nearly the same charcteristics, wherever or in whatever race they occur. Others, again, result from specific causes which are reproduced in the bodies of the sick, whereby they spread, with great uniformity of symptoms, to all who are exposed; such as small pox, cow pox, measles, and hooping cough. In reference to all these, and other diseases which might be mentioned, it may be said, that the observations made in one country are, in the main, equally applicable to every other. The maladies are the common scourge of our race; and the knowledge of their symptoms, lesions, and treatment, the common heritage of our profession.

"On the other hand, there are diseases which scarcely ever occur but in certain climates, localities, or states of society; of which we may select for illustration, yellow fever, autumnal intermittent and remittent fever, plague, pneumonia, goitre and cretinism, gout, scurvy, and mania, most of which, moreover, in different countries, ages, and races exhibit some variety of type, and demand some peculiarity of treatment. Here then is the foundation of local medical history and practice; a basis which does not support the whole nosology, and yet is broad enough for a large superstructure, whenever an extended region constitutes the field of inquiry.

"That many physicians overrate the degree of variation from a common standard which the diseases of different countries present, I am quite convinced; but feel equally assured, that if the maladies of each country were studied and described, without a reference to those of any other, it would be found, if the state of medical science were equal in them, that the works
thus produced would not be commutable, but that each would be better adapted, as a book of etiology, diagnosis, and practice, to the profession and people among which it was written, than to any other. How much better, would depend on the various identities and discrepancies which might exist between the countries thus compared. If their geological, hydrographical, topographical, climatic, social, and physiological conditions were nearly the same, of course their medical histories would be much alike; but if they differed widely in one or several of these conditions, a corresponding diversity would appear in the respective histories of all the diseases, which admit of modification from causes referable to those heads.

"The work on which we are entering, is an attempt to present an account, etiological, symptomatical, and therapeutic, of the most important diseases of a particular portion of the earth; not of a state or political division, for it is indirectly, and to a very limited extent only, that civil divisions can originate varieties in the character of disease. Physical causes lie at the bottom of whatever differences the maladies of different portions of the earth may present; and hence the region which a medical historian selects, should have well-defined natural, and not merely conventional boundaries." (p. 1.)

The region subjected to examination is thus briefly defined:

"The Interior Valley of North America begins within the tropics, and terminates within the polar circle; traversing the continent from south to north, and passing through the entire northern, temperate zone. In the south it rests upon, and is deeply indented by, the Gulf of Mexico; in the north it bears a similar relation to the Polar Sea and Hudson Bay; the latter penetrating it so deeply, as to come within twenty-two degrees of latitude of the Gulf of Mexico. On the east its limits are the Appalachian Mountains, which extend from the thirty-third to the fifty-third degree of latitude, each end terminating in a low water shed. On the west, the immense chains of Rocky and Sea-side Mountains, beginning within the torrid zone and ending beyond the polar circle, seclude it from the Pacific Ocean. These mountain borders, as may be seen on the map (Pl. I), diverge from each other as they cross the continent, and thus the Valley regularly widens as it passes from south to north."

"Of the area of this great intermontane region it is not easy to speak with much precision. To the south its latitudes vary from the eighteenth to the thirtieth parallels; in the north, from the fiftieth to the seventieth. In the south,
its eastern margin is found near the eighty-first meridian; its western, in the one hundred and fifth; but in the fifty-third degree of latitude, it advances east to the fifty-sixth meridian, and west to the one hundred and sixteenth; finally, in the sixty-eighth parallel, its western margin is found in the one hundred and thirty-sixth degree of longitude.

"If we assume eight millions of square miles as the area of North America, the Valley cannot be estimated at less than six millions, or three-fourths of the whole continental surface. Its northern half, however, is rendered nearly uninhabitable by the state of its surface and its climate; and, therefore, the portion which presents objects of immediate interest to the medical etiologist, does not exceed three millions of square miles, of which, as yet, not more than one-third has acquired even a sparse civilized population." (p. 5.)

The author has devoted no less than 446 pages to the study of Topographical and Hydrographical Etiology, and accompanied his interesting descriptions with beautiful plates of the most important localities. Dividing the vast Interior valley into three Basins, the Southern comprehends the Gulf of Mexico, the Delta of the Mississippi, the Bottoms and Bluffs of this river above its delta, the Regions west and east of the Gulf and of the Mississippi, and the Ohio basin; the Eastern basin includes the great Lakes and their estuary the St. Lawrence; and the last is constituted by the Hudson Bay and arctic regions.

The quantity and quality of materials suspended and dissolved in the water of our rivers must necessarily vary exceedingly, and be modified by the extent and geological formations of the regions which they drain, as well as by the density of the population inhabiting them. The Mississippi river, deriving its waters from almost every kind of geological formation, must therefore contain not only most of the soluble principles of our earth, mineral, vegetable and animal, but also the comminuted particles of such portions of matter as may be carried by the current in a state of suspension. The latter will especially vary, however, at different points of the river according to the facility with which they may gravitate to the bottom; the more ponderous being carried only a short distance, whilst the lighter may be readily conveyed thousands of miles. According to Professor Bailey the water of the Mississippi abounds in micro-
scopic infusoria. In the water at St. Louis he detected no less than twenty species, all living and active! The proportion of suspended matter in the Mississippi water at New Orleans has been found to be \( \frac{1}{4} \) in bulk, or about \( \frac{1}{7} \) in weight. One hundred parts of the sediment deposited by the water opposite St. Louis yielded the following results:

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Silica</td>
<td>48.00</td>
</tr>
<tr>
<td>Alumina</td>
<td>18.50</td>
</tr>
<tr>
<td>Oxide of iron</td>
<td>14.00</td>
</tr>
<tr>
<td>Carbonate of lime</td>
<td>8.00</td>
</tr>
<tr>
<td>Phosphates of alumina and iron</td>
<td>1.00</td>
</tr>
<tr>
<td>Vegetable mold, or geine</td>
<td>3.00</td>
</tr>
<tr>
<td>Undecomposed organic matter</td>
<td>7.50</td>
</tr>
</tbody>
</table>

*100.00”

and the elements held in solution in 100 parts of the same water were found to be—

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sulphate of soda, with a trace of the chlorides of lime and magnesia</td>
<td>67.55</td>
</tr>
<tr>
<td>Organic matter, with a trace of Silica</td>
<td>32.45</td>
</tr>
</tbody>
</table>

100.00”

Yet the Mississippi water is held to be rather beneficial than injurious to health!

"The salubrity of the Mississippi water, or that of the Missouri, which imparts the character of turbidness, is not an open question. From St. Louis to New Orleans, the testimony of the population on its banks, and of those who spend a great part of their lives upon it as watermen, is unequivocally in its favor. Many persons drink it before its suspended materials have subsided, and seem to prefer it to that which has been rendered transparent by time or art. That it produces some effects on the system, which transparent water, from wells and springs, and our other rivers, does not, is an established popular opinion. It is even regarded by many persons as being, to a certain extent, medicinal, and especially adapted to the cure of chronic functional disorders of the stomach, bowels, and liver—an opinion in which I am disposed to concur. That its daily use averts some forms of disease, may be admitted as

* Note, by Dr. Raymond.—In this analysis all the precipitates were dried to 212° Fahrenheit; at this temperature the alumina, oxide of iron, and carbonate of lime would retain water equal to about one half of their weight.
probable; but precise observations on all these points are wanting; and I shall dismiss the subject with the presentation of two facts, in which, I trust, the reader will take a pleasant interest. *First*: Professor Bailey, after observing its numerous shoals of microscopic animalculae, expresses the opinion, that they are sufficiently abundant to render the water somewhat *nutritious*. *Second*: In his Letters on Louisiana, written in the year 1751, Captain Boissu informs us that the Mississippi water has the property of contributing to the *fecondite des femmes!*” (p. 72.)

Part II. of the work occupies about 190 pages, and embraces under the head of Climatic Etiology an elaborate investigation of the temperature of the Interior Valley, its atmospheric pressure, winds, aqueous meteors, electrical phenomena, plants and animals.

The General table of mean temperatures furnished by the author, comprises 82 places extending from South to North. We subjoin a few of the most important points. The mean temperature of

<table>
<thead>
<tr>
<th>City</th>
<th>Temperature</th>
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</thead>
<tbody>
<tr>
<td>Havanna</td>
<td>77.34</td>
</tr>
<tr>
<td>Key-West</td>
<td>76.48</td>
</tr>
<tr>
<td>New Orleans</td>
<td>71.32</td>
</tr>
<tr>
<td>Pensacola Bay</td>
<td>68.16</td>
</tr>
<tr>
<td>Mobile</td>
<td>70.29</td>
</tr>
<tr>
<td>Natchez</td>
<td>66.86</td>
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<tr>
<td>Huntsville, Ala.</td>
<td>59.73</td>
</tr>
<tr>
<td>Nashville, Tenn.</td>
<td>58.46</td>
</tr>
<tr>
<td>Louisville, Ky.</td>
<td>55.00</td>
</tr>
<tr>
<td>St. Louis, Mi.</td>
<td>55.55</td>
</tr>
<tr>
<td>Cincinnati</td>
<td>53.36</td>
</tr>
<tr>
<td>Detroit, Mich.</td>
<td>47.43</td>
</tr>
<tr>
<td>Fort Gratiot, Mich.</td>
<td>46.83</td>
</tr>
<tr>
<td>Rochester, N. Y.</td>
<td>46.68</td>
</tr>
<tr>
<td>Montreal</td>
<td>44.57</td>
</tr>
<tr>
<td>Quebec</td>
<td>37.66</td>
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</tbody>
</table>

The following observations will correct an error very generally entertained:

"**Alleged greater heat of the Middle Latitudes of the Interior Valley, than of the Atlantic Plain.**—In 1783, Mr. Jefferson published, that the Basin of the Ohio was warmer, by the amount of three degrees of latitude, than the
Dr. Drake's New Work. [July.

maritime belt east of the mountains;* and about twenty years afterward, M. Volney,† on returning from his travels through this country, adopted the same conclusion. In 1815, I endeavored to show,‡ that the opinion to which those distinguished writers had given currency was erroneous. At that time, the number of reliable observations was small, compared with the present; yet the error into which Mr. Jefferson had fallen, by a premature generalization, was correctly pointed out; as numerous observations on both sides of the mountains, have since shown. As it is not in the plan of this work to institute comparisons between the climate and diseases of the Interior Valley, and the regions beyond the mountains, which bound it to the east and west, I shall limit myself to the assertion which has been made, leaving it with others to compare the observations, which show that in the same latitudes the temperature of the climates on the opposite sides of the Appalachian range, is substantially the same. The physician, then, of Maryland or Pennsylvania, who would advise his patient to emigrate to a milder climate, must not point out the State of Ohio; nor must the invalid of Virginia, expect a warmer climate by removing to Kentucky. Much of the popular perpetuation of this error, has come from the direction of the great current of immigration into the middle latitudes of the Mexican, and the southern portion of the St. Lawrence Basin. It has been largely from higher to lower latitudes, and yet it was all, in the phraseology of the people and the profession, to the West. They reached a warmer climate, by going south, and without investigation pronounced it the consequence of travelling westwardly.” (p. 476.)

The variations of season in different latitudes are thus summed up.

“In the equatorial regions, the seasons present but little variation; and the difference between winter and summer, is not as great, as that between one hour and the next, in the temperate zone. In advancing to the north, the curves which indicate the temperatures of those seasons, immediately begin to diverge, and continue to separate wider from each other, until we reach the fifty-third parallel of latitude. This divergence—another expression for the difference between winter and summer—proceeds pari passu with the decrease of mean annual heat; so that the individual who travels from south to north, is constantly subjected to a climate of less mean heat, and greater extremes of summer and winter temperature, than that he left behind. He cannot anywhere in the Valley enjoy a temperate

* Notes on Virginia. † View of the Soil and Climate of the U. S. ² Picture of Cincinnati, by Daniel Drake. 1815.
summer, without encountering a rigorous winter and a low annual heat; nor a mild winter, without a hot summer, and high annual heat.” (p. 491.)

In the Table (p. 588) representing the average quantity of rain and snow per annum at 52 places, we find it to be

<table>
<thead>
<tr>
<th>Location</th>
<th>Rain (inches)</th>
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<tbody>
<tr>
<td>New Orleans</td>
<td>51.204</td>
</tr>
<tr>
<td>Mobile</td>
<td>66.915</td>
</tr>
<tr>
<td>Natchez</td>
<td>60.120</td>
</tr>
<tr>
<td>St. Louis</td>
<td>39.670</td>
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<tr>
<td>Huntsville, Ala.</td>
<td>54.878</td>
</tr>
<tr>
<td>Nashville</td>
<td>55.002</td>
</tr>
<tr>
<td>Cincinnati</td>
<td>35.332</td>
</tr>
<tr>
<td>Rochester, N. Y.</td>
<td>34.920</td>
</tr>
<tr>
<td>Toronto</td>
<td>32.798</td>
</tr>
</tbody>
</table>

The author, after dwelling upon the heterogeneous character of the population of the great valley, derived as it is from the various nations of Europe, from the Atlantic States of the Union, from the African and from the Aboriginal tribes, all of which are undergoing a regular process of amalgamation, arrives at the conclusion that we cannot as yet define any physiological peculiarities as characteristic of this vast region. He thinks it probable, however, that as the population assumes a fixed character, “Autumnal fever will decrease, and typhus and typhoid fevers become more prevalent; gout will occur oftener than at present; the diseases produced by the intemperate use of ardent spirits will diminish; consumption and scrofula will increase; apoplexy, palsy, and epilepsy will become more frequent; diseases of the liver will become less, and those of the mucous membrane of the bowels, more prevalent; and lastly, mental alienation will be more frequent.”

We regret that, from the statistical nature of the work, we cannot furnish even a summary of the facts so industriously and judiciously accumulated. We must therefore be content with recommending their attentive perusal to all who may wish to study the subject. The portion of the volume devoted to special diseases comprehends about 165 pages, in which we find treated Intermittent and Remittent fevers, each being subdivided into simple, inflammatory, and malignant. The remarks,
upon their geographical limits and causes are exceedingly judicious and instructive, and, we think, conclusively demonstrate the futility of any attempt to discover a special morbid agent, instead of regarding (as we have done for many years) a variety of circumstances connected with soil, temperature, moisture, electricity, animal and vegetable decomposition, the growth of forests and agricultural products, the evolution of animalculæ and fungi, &c., as concurring in greater or less numbers in the causation of autumnal fevers. Yet the author concludes the subject by stating that, "Ignorant, however, of any definite, efficient cause for autumnal fever, I am a full believer in its existence, and shall speak of it as a specific agent, known only by its effects on the living body."

The treatment recommended by Prof. Drake for "Simple Intermittent fever," is very much the same as that formerly in vogue on the Atlantic slope. Whether or no this form of fever differs upon the eastern and western declivities of the Appalachian heights, we are not able positively to determine, as we have not had an opportunity to make personal observations. Were we left, however, to form an opinion from the work before us, we would acknowledge that we can perceive no difference. We therefore feel confident that the vast improvements made in this section of the country in the treatment of, not only "Simple Intermittent," but also of every other form of Intermittent and Remittent fever, might be adopted with advantage in the great "Interior Valley." Those amongst us who have so long adopted the plan of never permitting the patient to have another paroxysm after seeing him, would feel restive under a system of "preparative treatment," consisting of "blood-letting," "emetics," and "cathartics." Desiring to do full justice to the author, we quote his own words.

"Bloodletting.—In the beginning of simple intermittents, we often find much vascular fullness, and during the hot stage, a considerable resistance in the pulse, with great heat, thirst, jactation, headache, backache, and pains in the perios- teum of the long bones. Such a conourse of symptoms, would seem to indicate a phlogistic diathesis; but in reality they are the expression of a febrile condition only, and in a few hours will entirely cease, to be renewed the next day, or the next but one. Shall we admit that in this condition
the lancet is demanded? The answer, I think, should be, that whenever the constitution is vigorous, and the physician is called to an early paroxysm, bloodletting is not only safe, but will both mitigate the symptoms, and prepare the system of the patient for other remedies; which, in many cases fail, or succeed but imperfectly, from the tone and fullness of the vascular system. (p. 743.)

* * * * * * * * * * * * * * * * *

"My own experience, with that of many others, leads me to commend emetics in this form of fever. When the circumstances already recognized as suggesting venesecion exist, let it be first employed—when they do not, an emetic may be the first remedy. A free and full evacuation of the stomach is followed by a decided improvement in its condition, by a tendency to sleep, and an abatement of the dryness of the skin, if not an actual perspiration. The emetic may be given during the hot stage, if the arterial system should not be plethoric; or it may be administered in the intermission, or at the access of the chill, which it often shortens, and sometimes averts. In fact, when the disease has lasted for a while, a powerful vomit just before the shake, is one of the successful modes which the people adopt, for arresting the disease. It carries into the system a perturbation, in which the paroxysmal tendency is lost. As a preparatory remedy, an emetic empties the stomach of undigested food, and the acids resulting from indigestion or morbid secretion. Very commonly, however, instead of acids, a liberal quantity of regurgitated bile is thrown up, from the beginning, or at the close of the operation. Great comfort, and much abatement of all manifestations of disease, generally follow such an operation, and the stomach is prepared for the favorable action of other remedies.

"Cathartics.—In the commencement of simple intermittent fever, the bowels are generally sluggish, if not torpid, and charged with feculent matters and bile. A cathartic is, therefore, indispensable, whether an emetic be first administered or not. Of this cathartic calomel should always be an ingredient, as a complete emulgence of the hepatic ducts, is a desideratum. The old-fashioned dose of ten grains of calomel with ten of jalap, with or without one grain of tartarized antimony, is equal to any other formula; but calomel, in a dose of ten, fifteen, or twenty grains may be given alone; and after its alterant action has been exerted on the liver, its cathartic effect may be quickened by an infusion of senna, with or without sulphate of magnesia. The best time for the operation to take place is in the decline of the hot stage. If that stage should be intense or prolonged, the bowels may not be obedient
to the impress of the medicine, when a liberal bleeding will bring on free and full purging. In some cases the liver is in a high state of functional excitement; and there is an uncommon development of the elements of the bile. Such a condition is indicated by yellowness of the eyes, a sallow complexion, and a tongue covered with a heavy yellowish fur, large quantities of bile being at the same time brought away by the operation of cathartic medicines. It is quite possible, however to attach too much importance to the removal of these symptoms, and to be over anxious for a clear and healthy tongue before proceeding to other measures. In short, I can see no sufficient reason, for a continuance, through many days, of a treatment which, carried to any extent, will seldom arrest the disease. Indeed, I suppose it would be better to leave the patient to himself, than by the daily repetition of drastic evacuants, to reduce his strength, and irritate, if not inflame, the mucous membrane of his stomach and bowels; for, if brought into such a condition, he would not be prepared, but rendered unfit, for the treatment which is essentially remedial.” (p. 744.)

It is manifest from the following paragraph that the author is acquainted with our plan of treatment and pathological views:

“Omission of Preparatory Treatment.—At the outset it may be asked, whether the sulphate of quinine will cure intermittent fever without the preparatory treatment which has been recommended? The answer must be that it will; for in the south, it has of late, been frequently administered, as the first medicine, and found successful. This may seem incredible to those, who, adhering rigorously to old ideas, regard evacuation, revulsion, and time, as curative; and the sulphate as a tonic, maintaining and carrying on what they had commenced; but those who see in that medicine, a power of establishing in the system a peculiar action, incompatible with the febrile will have little difficulty in believing the report that it has often succeeded, without preparative treatment. Regarding the morbid state of the secretions, as the effect and not the cause of the disease, they will consistently suppose, that the best corrective for that state must be the agent which can supersede the febrile action by one of its own. Nevertheless, I believe the preliminary treatment, which has been pointed out, generally advisable, and in many cases indispensable. This remark, however, applies chiefly to the early stages of the disease; for in relapses, no treatment preparatory to the administration of the sulphate, is in general required.” (p. 747.)
Arsenious acid, although once famous in intermittent fevers, has lost much of its celebrity since the introduction of Quinine. It is still however a valuable remedy, and may enable us very often to dispense with the use of the more costly interloper. The following formula is that recommended by Dr. Drake:

```
B. Arsenious acid,                        grs. j.
    Finely powdered opium,                grs. iv.
```

Mix intimately, and divide into sixteen pills.

Three or four of these pills, in the course of twenty-four hours, are as much as can be long borne. If the disease should not yield, by the time the stomach becomes irritable, with some degree of epigastric tenderness, or the face exhibits an incipient oedema, it is not advisable to continue the medicine any longer. Sixteen grains of sulphate of quine, added to this formula, will make it as effective in obstinate agues, as any other remedy with which I am acquainted.” (p. 751.)

We cannot refrain from re-producing a passage well calculated to account for the popular tendency in favor of Homœopathy. We do not think that any practitioner in our section of country has ever used such rash medication; but it cannot be denied that our people have taken, and still take much more physic of all kinds than can be necessary or useful.

“The Purging Practice (in Remittent fevers).—At all times, and with all our physicians (except those who adopted the opinions of Broussais,) purging, as we have seen, has been an important part of our methodus medendi; but it required a peculiar hypothesis, to resolve the whole treatment into that operation. This was at length supplied, in congestion of the portal circle and the vena cava ascendens. The removal of this congestion constituted the sole indication of cure, and was to be accomplished, by increasing secretion from the liver, and the mucous membrane of the stomach and bowels. Those who adopted this hypothesis, as simple as the gastro-enteritis of the French school (but suggesting in the opinion of its advocates, a totally different practice), built their hopes on drastic purging, and, consistently made calomel the governing article of their prescriptions. Thus the mercurial and cathartic treatment became united into one method, which in its application substituted, for the discriminating skill of the physician, the relentless punctuality of the apothecary and the nurse. Calomel, in doses which the world had not hitherto known, was given to excite the liver and mucous membrane into increased secretion, and drastics, in corresponding doses, to drain the
bowels, as fast as those fluids were poured into them. The object was not to supersede the febrile action, by a mercurial irritation of the general system; but to rouse the liver and gastro-enteric membrane into secretory excitement; and thus transform the blood of the portal viscera into bile and liquor-intestinalis. To this end, scruple doses of calomel were regarded as sufficient for the mildest cases only; and drachm doses, at short intervals, became a familiar prescription, in ordinary epidemics; while, in those of greater violence, portions of half an ounce, an ounce, or an ounce and a half, were swallowed by the patient several times a day; till in some instances, a pound, or a pound and a half, was administered to a single patient, and gave to his excretions the appearance of chalk! I am not at liberty to doubt the testimony collected in the south, on which I make this statement. In the State of Mississippi, a physician assured me, that he had given a patient, one thousand grains for three successive days! As the purgative effects of calomel do not increase with the dose, and yet purging was an essential part of the cure, medicines better calculated to excite it, were either alternated or combined with the calomel; and these were very commonly given in vast doses. A respect-planter, in the same state, assured me, that he had given, by order of his physician, such quantities as I thought incredible; till I met with a neighboring physician, who declared that he had administered, in a single case, six hundred grains of a triple compound of aloes, rhubarb, and calomel, in equal quantities, for six consecutive days! Such instances, I am happy to think, embrace the extremest abuses of this method; and the number who reached these criminal limits, was perhaps not very great. It cannot be denied, however, that the practice, here reprobated, was for several years, that on which numerous physicians of the west and south rested their hopes; and although in general they stopped short of the recklessness of a few, they carried their single idea to an excess, which at length produced a revulsion in the public mind; and in numerous instances led to their being superseded by empirics, who declared equally against the judicious, and the headlong administration of calomel. Under this reaction, it became, at least, difficult to exhibit that medicine in any dose, and the blue pill is now often substituted, when calomel would be preferable."

*Some years before the visits of which I have spoken, a physician of Louisiana, flippantly and hyperbolically, wrote me, that in a certain epidemic, he had drawn "blood enough to float, and given calomel enough to freight, the steam-boat General Jackson!" During my first visit, another who had given it by the ounce, said his object was, to load down the irritable stomach, so as to prevent vomiting! While multitudes believed, that when they did not obtain bilious discharges, by ounce doses, it was because they were too timid in the administration! (p. 804.)
In the treatment of the malignant forms of fever, our author is in advance of those who have preceded him in systematic treatises, although he does not insist sufficiently upon the jugulating method to meet our entire approbation.

In conclusion, we cheerfully accord to Prof. Drake the credit of having furnished the profession with a work entirely original, containing a vast store of useful information, and written with a simplicity of style characteristic of good scholarship and correct taste. The diction is chaste, to the point, and entirely devoid of that redundancy so common in the light literature of the day, and so much out of place in works of science. We earnestly hope that the learned author may soon be able to complete a work so successfully commenced.

D.

Southern Medical Reports; consisting of general and special reports on the Medical Topography, Meteorology, and prevalent diseases of the following States:—Louisiana, Alabama, Georgia, Mississippi, South Carolina, Florida, Texas, Arkansas and Tennessee; to be published annually. Edited by E. D. Fenner, M. D., of New Orleans, Visiting Physician to the Charity Hospital, &c., &c. Vol. 1. 1849. New Orleans: B. M. Norman, 16 Camp-street; New York: Samuel S. and William Wood, 261 Pearl-street. 1849. I vol. 8vo., pp. 448.

We have been kindly furnished, by the Editor, with the sheets of this work, which is now passing through the press, and their perusal has afforded us much pleasure as well as profit. The volume contains a large collection of facts bearing upon many subjects of great interest to the medical profession, and especially to those who practice in the South. The work, as its title imports, is made up of reports from physicians in several of the States upon the topography, diseases, &c., of their sections. We propose to bring some of these reports to the notice of our readers, premising that, from the character of such a work, it will be impossible for us to do more than give a brief summary of some of its most important contents.

A large portion of the volume (255 pages) is occupied by reports from Louisiana. The first of these is on the Medical Topography and Meteorology of New Orleans, with an account...
of the prevalent diseases during the year 1849, by Dr. Fenner. We learn from this report that there are two rainy seasons in New Orleans, and the adjacent country; one in summer, and the other in winter; and that the quantity of rain which falls in each season is about the same. The annual average of rain for the last ten years was 69.632. The mean annual temperature during the same period was 70.6.

There are some interesting remarks on the subject of acclimation. The views of Dr. Fenner are embodied in the following extract:

"1. That persons coming from more northern latitudes to this, have to undergo an acclimation or seasoning, before they become secure in the enjoyment of good health.

"2. That this acclimation may be attained without sickness; but that, most generally, it requires the endurance of one or more spells of the customary endemic fevers.

"3. That an attack of the endemic yellow fever effects greater security against subsequent attacks, than any form of fever seen in the country; but that the remark is applicable, in some degree, to all of them, excepting the ordinary mild intermit-tents.

"4. That persons may have yellow fever more than once, though it is evident that those who have had one plain attack, usually have little or nothing to dread from subsequent attacks.

"5. That creoles, or natives of New Orleans, may have yellow fever—though generally, they have it in very mild form."

Cholera made its appearance in New Orleans in the latter part of the year 1848, but soon subsided. In the early part of 1849, the city was visited by a second epidemic of Cholera, which continued its ravages with more or less severity until July. During the first six months of the year, the deaths from Cholera were 2608, and of all other diseases 2794. In the month of May, the back part of the city was inundated by the Mississippi, and remained under water until the 18th of June, a period of about forty days. Many persons felt much alarm, lest the subsidence of the flood should be followed by a sickly season. The remainder of the year, however, was unusually healthy. This, we learn from Article Second, on the subject of the inundation in 1816, was the case during that year, as
also after the inundations in 1785 and 1791. During the summer it is true that a few cases of yellow fever occurred, but it is worthy of remark, that the deaths from this disease were almost exclusively confined to the cases in the Charity Hospital, those occurring in private practice almost all recovering. Dr. F. attributes this fact to the mildness of the disease which led the laboring class, who are usually ignorant or reckless, to neglect their cases, under the belief that the fever under which they labored was not of a serious character. During the latter part of the year, diarrhoea and dysenteries were somewhat prevalent. The dysenteries were easily relieved, if taken in time, by a combination of quinine, blue mass and morphine.

Article Third is devoted to the Hydrography of the Mississippi river. It has been carefully prepared by Caleb G. Forshay, A. M., Civil Engineer, and is accompanied by a diagram exhibiting the rise and fall of the river during the year 1849, and also its mean height for thirty years in groups of ten years.

Article Fourth, is an elaborate report of the Board of Health of New Orleans, prepared by Dr. Barton. The first part is devoted to "the condition of the city as to health during the year 1849," and the remaining part to "the suggestion of such means as are advisable for improving the same." The report complains of the imperfection of the data in relation to fevers, and indeed all special diseases, yet it expresses a belief that fevers have diminished "in numbers, intensity and mortality," owing probably to the improvements which have been made, and particularly to draining in the rear of the city. The number of deaths from Phthisis is remarkably small, especially if we take into account the number of consumptives from northern regions, who resort to New Orleans during the winter months, and die there. The proportion which the deaths from Consumption bore to the whole mortality for 1849, was only 9.37 per cent., whilst in Havanna it was 19.50, and in Charleston, 18.27. Exclusive of the deaths from Cholera, and causes other than disease, the mortality in New Orleans for 1849, amounted to 6314, being at the ratio of 1 in 16.67, the stationary population being estimated at about 105,000. A very considerable portion of this heavy mortality was of course derived from the floating population, which is very large during a part
of the year, and is made up of persons not only unacclimated, but many of them of broken down constitutions, and given to various kinds of excess. That a large part of the mortality is thus derived, is proven by the fact that of the deaths by fevers, 870 were foreigners, and but 85 citizens of the United States. Notwithstanding that a part of the great annual mortality of New Orleans can thus be accounted for, it cannot be denied that until a great sanitary reform is effected, the chances of human life are much less in that city than in most other cities of the Union. Appended to this report are several mortuary and meteorological tables, which sustain the various positions of the writer.

The fifth Article is "a special report on the fevers of New Orleans, particularly the Yellow fever of 1849, by Dr. Fenner. This is an interesting paper, though some of its positions will not be generally admitted: we allude more particularly to the writer's opinions on the nature of Yellow fever. He advocates the opinion that this disease is but a modification of the ordinary remittent and intermittent fevers of that locality. But we will let him speak for himself. He says, "Cases are seen every sickly year, commencing as intermittent or mild remittent, and wanting those strongly marked diagnostic symptoms which have been said to distinguish yellow fever; yet which, if neglected or maltreated, terminate in hemorrhage and black vomit. In these cases, the advocates of the specific character of yellow fever contend that the patients contract a new and different disease; but we think improperly. We believe it is all the same disease; differing only in grade and stage." He further goes on to say, "A vast majority of cases in their mild forms, and the early stages of the more grave, are just such as are seen all over the southern country. The more malignant forms, and the advanced stages of the mild, have a decided tendency to terminate by hemorrhage. This makes what is called yellow fever, and is the main feature that distinguishes it from the endemic fevers of the country. Physicians may say what they please about being able to distinguish a case of yellow fever as soon as they examine it: we don't believe it possible, according to their ideas." We are not prepared to give our assent to these views. Our opportunities for observing inter-
mittent and remittent fevers have been by no means inconsiderable, and the frightful epidemic Yellow fever which ravaged our city in 1839, gave us ample opportunity to learn something of the character of the latter disease, and we feel no hesitation in expressing the firm conviction that these do differ in something more than "grade and stage." And this we believe is the opinion generally entertained by those who have had opportunities for clinical observation of these diseases. In our own section we sometimes meet with remittent or "bilious fevers," as fierce, and as rapidly fatal as yellow fever, but never presenting the peculiar features of this latter disease. In some sections of Georgia and South Carolina, the mortality from febrile diseases, among unacclimated individuals, will exceed that of New Orleans. In some localities, to sleep one night is almost certain death. Yet in such places we hear of no yellow fever. Besides, it is known that second attacks from yellow fever are comparatively rare, indeed so rare that by many, persons who have once passed through the disease, are deemed almost as secure from its future visitations, as small-pox subjects are from a second attack of variola. This we know is not the fact in relation to our ordinary malarious fevers. An attack of intermittent fever renders an individual more liable to be re-attacked; and remittents, though not so apt to be followed by a severe return, often attack the same individual frequently during a period of years, though usually in a mitigated form. But we are not disposed to discuss the question, and will leave it for those whose familiarity with yellow fever will enable them to speak more reliably upon this subject.

It appears from this report that there were admitted into the Charity Hospital during the year 1849, 7575 cases of fever, of which number 4439 were intermittents; 1060 yellow fever; 824 remittents; 891 typhus; and 130 "bilious." The remainder were cases of typhoid, continued, &c., &c. In the treatment of yellow fever, Dr. Fenner recommends the "abortive method by quinine." He states, that when called to a case within twenty-four to thirty-six hours after the attack, he seldom failed to cut short the disease by large doses of quinine in combination with opium or morphine, frequently followed by a little blue mass or calomel. He says: "Our usual mode of pro-
ceeding in this stage is, to order at first a hot, mustard foot-bath and a purgative enema—then give to an adult 20 or 30 grains of quinine with 25 or 30 drops of laudanum, or 1 or 2 grains of opium, or the fourth of a grain of sulphate morphia, at one dose. This would generally reduce the vascular and nervous excitement completely in the course of a few hours, throw the patient into a profuse perspiration, relieve all pain and produce sleep. The bowels were kept open by some gentle means, and more or less quinine was repeated as occasion required. We collected but one fever patient that required cupping, and we did not have a single one bled from the arm.” Dr. Fenner looks upon blood-letting as of great value in persons of a plethoric habit. He deems it applicable to that stage in which the quinine is so useful. Dr. Fenner’s views of the treatment of yellow fever have found many advocates—among them was the late Prof. Harrison.

Article Sixth, contains statistics of Yellow fever, and of all diseases in the Charity Hospital of New Orleans, for thirty years, from 1820 to 1849, inclusive, prepared by J. C. Simonds, M. D. During this period, 130,000 patients have been admitted, of whom nearly 13,000 were laboring under yellow fever. From the manner in which the records have been kept, no very important conclusions can be drawn from them.

Article Seventh, is a report on epidemic Cholera in the city of New Orleans, 1848-'49, by Dr. Fenner. It contains many facts in relation to the epidemic, but we do not find any which throw new light upon the subject. In relation to the contagiousness of the disease, Dr. Fenner says, “although there are on record some well authenticated, and apparently indubitable instances in which cholera was conveyed and communicated from person to person, yet this is neither its only, nor its principal method of extension.” Dr. Fenner defends the profession against the charge so often made by the unprofessional, and strengthened by the admission of some physicians, that medical men “know nothing about cholera or its remedies.” He very justly contends that we do know a great deal about both. He says: “There can be but little doubt that at least eight-tenths of the victims of cholera in New Orleans have died unnecessarily; i. e., they have been lost on account of their neglect
of the plainest dictates of prudence and common sense. Ought
this to be charged to the discredit of the medical faculty? Or
ought we to confess that so many people have died of cholera
because we did not know how to treat the disease? Certainly
not. We do know how to treat it; and as the best evidence of
the fact, we have seldom failed to cure our patients, if called in
before they are beyond the curable stage. We had as well be
expected to raise the dead as to cure patients in articulo mortis."

A remarkable feature in the history of the year 1849, was
the prevalence in New Orleans of an epidemic Colic after the
subsidence of the cholera in the spring. The eighth Article is
on this subject, and is from Dr. Fenner. This disease has gen-
erally been seen every summer, and on one or two occasions
prevailed to some extent. During the past year it prevailed
during the months of July, August and September, chiefly
amongst the laboring class of whites, but to some extent among
the negroes. "The prominent symptoms of the complaint
were a constant and severe griping pain in the abdomen, at-
tended with but little tenderness and no fulness, eructations,
vomiting of bile, and obstinate costiveness." Prof. Hunt and
Dr. Stone look upon the disease as a neuralgic affection. The
treatment generally consisted in the use of mercury, purgatives,
anodynes, &c., &c., and was generally successful. Dr. Fen-
nner saw one fatal case in the Charity Hospital, and was told of
three others that occurred in private practice.

We have neither time nor space to notice the remaining re-
ports contained in the volume, further than to recite their titles,
and thereby give our readers some idea of the character of the
remaining part of the work. 'Article Ninth, is by James B.
Duncan, M. D., on the Topography, Climate, and Diseases of
the parish of St. Mary's, La. Article Tenth, by Wm. A. Booth
M. D., on the Cholera of Lafourche Interior. Article Eleventh,
is a report on the origin and sanitary condition of the Orphan
Asylums of New Orleans and Lafayette, by J. Rhodes, M. D.,
O. Carey, M. D., and U. P. Sunderland, M. D. Article Twelfth,
gives a number of interesting statistics of the New Orleans
Charity Hospital.

From Alabama, there are four reports: the first on the To-
pography, Climate, and Diseases of Madison county, by J. Y.
Bassett, M. D., of Huntsville. This is quite an interesting article, written with considerable spirit and humor, and will doubtless be appreciated by all who peruse it. Article Second, consists of contributions to the vital statistics of Mobile, by George A. Ketchum, M. D. Article Third, is an abstract of the proceedings of the Mobile Medical Society, which contains a number of interesting facts which have been brought to the notice of the society by its members. The last Article from Alabama is by T. A. Bates, M. D., on the prevailing diseases of a part of Dallas county, originally read before the Alabama State Medical Association in May, 1849.

From Georgia, there are two reports—one on the Topography, Climate, and Diseases of Middle Georgia, by E. M. Pendleton, M. D. This is a well written article which will repay the time spent in its perusal. A portion of it has heretofore appeared in the Southern Medical and Surgical Journal. The other Article is a case of Insanity, by J. C. C. Blackburn, M. D.

From Mississippi, we have five reports: the first on the Topography, Climate, and Diseases of Jackson, the Capital of Mississippi, by S. C. Farrar, M. D.; the second, on epidemic Cholera in the vicinity of Natchez, by C. H. Stone, M. D.; the third, from C. S. Magoun, M. D., of Natchez, on epidemic Cholera and its preventive treatment; the fourth, a case of Disarticulation and removal of one half of the inferior Maxilla for Osteo-sarcoma, by A. M. Clemens, M. D.; and the fifth, on the Medicinal Waters of Mississippi—the Artesian springs of Madison county.

From Tennessee, there is a report on the commencement, prevalence, treatment, &c., of pestilential Cholera in Memphis and its vicinity; with the prominent facts bearing upon the unsettled question of its imported or domestic origin, by Lewis Shanks, M. D.

From South Carolina, there is an Article by Thos. T. Simons, M. D., on the fever which is developed in the city of Charleston, after exposure to the country air during the summer and autumn, and known there as Country fever; an Article on the Yellow fever of 1849, by the Editor of the Charleston Medical Journal, and extracted from that journal; and some cases in private practice, by W. F. Holmes, M. D.
From Texas, there are two reports, both mainly devoted to the subject of Cholera, the one by J. J. B. Wright, M. D., Surgeon U. S. A., and the other by N. S. Jarvis, M. D., of the U. S. A.

We have now given our readers a brief and imperfect outline of Dr. Fenner's work, but sufficient, we hope, to impress them favorably with its character. It is a new undertaking, and has cost the Editor much labor and expense, which we trust will not go unrewarded. We hope our readers will manifest their appreciation of Dr. Fenner's efforts in the cause of medical science by purchasing a copy of his work, and giving to it a careful perusal. By so doing, they will reap profit for themselves, and will enable him to prosecute his laudable undertaking with energy and success. Upon the patronage which the work receives its continuance depends.


On this subject there appears to be, at the present time, great diversity of opinion. Some maintain—I think correctly—that the two diseases are identical in their character, and that both under certain circumstances, are contagious; and that the morbid principle of either may, under favorable circumstances, produce the other. Others contend that they are totally and essentially distinct, and incapable of producing and reproducing each other, under any possible conditions.

In view of this divided state of the profession in regard to a disease of so much importance, I have thought it might be useful, or at least interesting, to send you for publication the history of eleven cases of puerperal disease, which occurred in my practice in the winter of 1847–8, extending into the summer months; giving, at the same time, my own opinion in regard to its true nature, its identity with erysipelas, its communicability from one patient to another, by the accoucheur, and by other modes of propagation. In doing this, I am well aware that I am arraying myself in opposition to some of the profession in this country, whose opinions, in consequence of age, experience, talents, and position, are entitled to the utmost respect and deference. But after all, facts are facts, no matter by whom observed. Facts make up all that is useful in medical
science. We know, for instance, that it is a fact that cinchona will cure an ague and mercury syphilis, yet no theorizing could ever have arrived at these facts, and no theorizing can make them any thing less than facts.

In the fall of 1847 and 1848, a disease of a new character made its appearance among us. It appeared to break out simultaneously in both parishes of the town, viz., Danbury proper and Bethel, which proved to be an epidemic erysipelas of a wide-spread and fatal character: Previous to this time, cases of ordinary erysipelas had become much more than usually prevalent, so much so that, from being a very rare, it had become a very common complaint. Many of the cases were severe, but none were fatal. In November, it assumed an epidemic character, of a malignant grade. This form of the disease has been well described by my nephew, Dr. H. N. Bennett, of Bethel, in the New York Journal of Medicine. A very accurate account of it has also been given by Dr. Charles Hall, of Burlington, Vt., and Dr. George Dexter, of Lancaster, N. H., in the American Journal of the Medical Sciences for January, 1844. The disease, as it occurred here, was, with a very few and slight exceptions, a fac simile of the complaint as it occurred in the above-mentioned places.

My object in this paper is to prove the connection and identity of this disease with a peculiar form of puerperal inflammation, which commenced in January, 1848, when the erysipelas was at its height, and which went hand in hand with it during its stay in this place. I think I shall be able to prove that the two diseases are not mere coincidences, but that they were identically and specifically the same; differing only in their location and the peculiarities of the child-bed state. In the first place, I became perfectly satisfied, during the prevalence of this epidemic, both by observation during the life of the patient, and by post-mortem examinations, that erysipelas is not exclusively a dermoid disease. The evidence was indubitable, that not only the skin, but the mucous membranes, cellular tissue (primarily, and not by extension), and the serous tissues of the pleura and peritoneum, were the seat of this disease.

The very first case of this affection to which I was called, was an erysipelatous inflammation of the pleura. It commenced (as I was informed by the friends) with sore throat, which was treated for a few days by a Thompsonian. When I saw the patient, she had a train of symptoms which were of an entirely different character from any thing I had ever seen in a practice of over twenty years. She had no pain in the side, or catching in respiration, but her breathing was excessively hurried, as was, of course, the circulation; her face was cadaverous; look
anxious; said she was in no pain, but was very tired; no rôle; chest sounded clear; she died within twenty-four hours; and left me perplexed in regard to the true nature of her case. Two or three days after this, I was called to see a precisely similar case of disease, in a patient of my nephew, in Bethel. This case was a fac simile of the other in symptoms, and terminated fatally in about three days; when a post-mortem examination revealed a case of erysipelatous pleuritis, of a most unmistakable character. The whole pleura costalis and pulmonalis of both sides was affected with a diffuse inflammation; on one side there was an effusion of a sero-purulent character, with some few albuminous flocculi, on the other there was scarcely any effusion, but some very slight adhesions. The parenchymatous texture of the lungs, together with their lining membrane, was free from disease.

Now this was not an ordinary case of pleuritis; there was not the pulse of pleuritis; there was no pain in the side—in fact, there was no pain anywhere; her only complaint was of being tired; the effusion was not sufficient to cause death, and that effusion was not of a sero-albuminous character, as is the case in pleuritis. Death was produced by excessive irritation of the nervous system.

Again, in many cases this disease commenced in, and was in a great measure confined to, the cellular tissue (the skin suffering but slightly and secondarily), producing diffuse cellular inflammation of a most virulent and extensive character; in one instance, affecting the whole trunk from the pelvis to the chin. This was the case of a young physician, of much promise, and terminated fatally, of course. In another case, that of a robust mechanic, the whole cellular tissue of the thigh was affected, which terminated in gangrene and death. In a small boy, the cellular tissue of the thigh also was affected, without the skin participating in the affection in the least. He was treated with poultices; translation to the brain took place, and he died of meningitis. In some cases, again, the disease attacked the stomach and bowels, producing gastritis or peritonitis; and, in many cases, it attacked the womb and its peritoneal covering, producing metritis and puerperal peritonitis. I am aware that this view of the disease is directly opposed to that of Dr. Meigs and others. Dr. Meigs says that it is as impossible for a woman to have erysipelatous inflammation of the peritoneum, as to have iritis in the pylorus; a very strange remark, by the way, and one the force of which I am totally unable to perceive.

So far as my experience goes, the same kinds of inflammation may occur in tissues wholly different, and that it is the effects
of the inflammation, which are so much modified by difference of structure. Now inflammation may take place in the iris or in the pylorus, and that inflammation may be of the ordinary or diffuse character; and this is all I contend for in the present case. A woman may have inflammation of the skin, of the cellular tissue, of the mucous membrane, of the pleura, or of the peritoneum, and that inflammation may be ordinary healthy inflammation, the disposition of which is to limit itself by condensation of surrounding cellular tissue, and by its disposition to form pus in cellular textures, or in the serous tissues, by an effusion of sero-albuminous fluid with a tendency to adhesion; or it may be of an unhealthy inflammation of a diffuse character, with a disposition to spread and disorganize, according to the cause which produced it, or the state of constitution and general health of the patient in whom the disease occurs. Dr. M. admits the cellular tissue may become the seat of erysipelas. Now, if this is so, then why may not the serous tissues, as the one is but a modification and condensation of the other? One thing certainly must be admitted, and that is this, that erysipelas is not a local, but a general disease, produced by a morbid state of the fluids, and that these diseased fluids may produce this peculiar form of puerperal inflammation when brought in contact with an absorbing surface of a female recently delivered. Very many cases of a reliable character are on record, where practitioners have communicated the disease to puerperal females, after dressing erysipelas ulcers, when due attention has not been paid to cleanliness. Now it is not a general rule that, when vitiated animal fluids are capable of producing disease in a healthy person, I say it is not a fact that the disease produced is of a similar character to the one which produced it? Most certainly it is: there may be slight modifications, but the general characters of the disease remain the same. Variola never produces rubeola, nor syphilis variola; but like produces like. Now is it at all probable that the disease in question is an exception to this general rule? Is it to be supposed that inoculation of a puerperal patient with the morbid matter of erysipelas, should produce any thing but erysipelas? Certainly not.

Again, it is a well established and acknowledged fact that, when any malignant disease is prevailing epidemically in a certain portion of country, all the diseases of that district are more or less modified by and assimilated to the prevailing epidemic. Now, if this is so (and I trust there are very few who will deny it), what effect would an epidemic erysipelas be likely to produce on an inflammation of the peritoneum in a child-bed woman? Would it not so modify it as to produce an erysipelatous
instead of an ordinary inflammation? This certainly cannot be denied. Thus it is that the same miasmatic state of atmosphere may produce erysipelas of the skin in one, of the cellular tissue in another, of the mucous membrane in another, of the pleura in another, and, most of all, would it be likely to produce metritis or peritonitis in a woman recently delivered, as her situation would be such as particularly to invite the disease to locate in that region. When erysipelas prevails in hospitals, wounded patients, from accidents or operations, are always sure to be attacked with it. Now a woman just delivered is in a similar condition to a wounded man, in more respects than one. She may have lost an undue quantity of blood, which renders the system peculiarly liable to this kind of disease; besides, that portion of the womb from which the placenta has been separated, is not in a very dissimilar condition from that of a wounded person from other causes. I do not pretend to say that it is exactly similar, but there certainly is something analogous in the two conditions. If the disease attacks the mucous membrane of the uterus, and spreads from thence to the peritoneum, it proves just as conclusively that the peritoneum is susceptible to this kind of disease as if it had originally commenced there. All I want to prove is that the peritoneum may take on erysipelatous inflammation, of which fact I myself have not the least doubt. When this is once fairly established, the controversy in regard to the identity of the two diseases is at an end, and the point established that they are identically one and the same disease.

Again, if it can be proved that the mucous membrane of the uterus may be, and sometimes is, the seat of erysipelas (a fact which I believe is conceded by Dr. Meigs himself), then what objection in saying that a certain form of puerperal fever is identical with erysipelas?—yea, more, that it is erysipelas itself? In most of the cases which occurred here, the disease evidently commenced in the uterus, and sometimes confined its ravages entirely to that organ; in other cases, it evidently extended to the peritoneum in a gradual and progressive manner: its progress could be traced as easily up the peritoneum as it could be traced upon the external surface.

Another powerful reason for considering this affection as erysipelatous, is the fact that many of the children born of these women died within a few days with erysipelas of the scalp. Now if these females did not die with erysipelas, how happens it that so many of their children should happen to be attacked, whilst no other infant born at the same time suffered? To say the least of it, it is a remarkable coincidence.

Remote Cause.—The remote cause of this complaint was
undoubtedly a vitiated, miasmatic state of atmosphere. What the peculiar poison contained in the atmosphere at this time was, no one can say with any degree of certainty. It was probably of such a character as to produce a defibrinating effect upon the blood to a certain degree, but its greatest influence was exerted upon the brain and nervous system, prostrating the vital energies and preventing healthy reaction.

_Predisposing Causes._—There seemed to be but one predisposing cause, and that was a want of stamina in the constitution. It was confined almost exclusively to the anemic; so much so was this the case, that I could generally predict with certainty who would be attacked and who would not. Not one healthy, red-faced woman was attacked. If my patient was florid in the face, and did not flood, I usually felt that she was secure; if, on the contrary, she was pale and weak, or flooded much, my apprehensions were always excited.

_Exciting Causes._—These were the peculiar condition of the system induced by labour, exposure to cold, and the abuse of stimulating drinks, and, in some cases, excessive purgation.

_Prevention._—There are only two modes of prevention; one is to give the patient, before parturition, such a hygienic and therapeutic course as to improve her general health to such a degree as to enable her to resist the poisonous influence of the disease. She should take regularly as much exercise in the open air as she can possibly bear without fatigue; her diet should consist principally of bread and lean meat, with oysters, eggs, &c., and with her meals she should take moderately of good, sound porter, or good wine; her bowels should be moved, if costive, by enemata of moderately cool water, to which, if necessary, a little salt may be added. Purgatives should be sedulously avoided. The body should be sponged daily with water, not cold or warm, but of such a temperature as to feel slightly cool, after which it should be well rubbed with a coarse towel. In regard to medicines, I should place the most reliance upon some of the acidulated preparations of iron and cinchona; they should be used for at least two months, if possible, before delivery, and continued after delivery until the danger is past. The only sure preventive, however, is removal from the infected district; this I believe will never fail; every woman who went abroad to be confined did well.

To write out the history of the eleven cases in detail, would extend this communication too far; I shall therefore give a brief synopsis of the symptoms, treatment, peculiarities, terminations, &c., from which as correct deductions can be drawn as from a detail of each case separately. Of the eleven cases attacked, ten died; nine were attacked in just about forty-eight
hours after delivery; two were attacked in twenty-four hours after delivery.

The disease commenced invariably with a chill, which was usually slight; there was pain in the head and back, and, in about half the cases, pain also in the bowels; but this was not constant, and, except in two cases, was slight. The most that they complained of was a sense of weariness; they were very tired, was the usual reply, I feel quite comfortable if I was not so tired. In the commencement, in every case, the uterus could be felt just above the pubis a little enlarged and tender, but this tenderness did not extend beyond the uterus. The belly was soft and flaccid; the milk was usually suppressed, but not always the lochia, but its character was changed to a dirty sanies. By degrees, in some cases, the bowels became gradually distended and resonant, but not to that degree that we observe in ordinary peritonitis; they were not hard and rigid, but had a soft and doughy feel; but in the majority of the cases the bowels were not distended during any part of the disease, but remained soft and flaccid to the last. Immediately after the chill, the pulse rose rapidly up to 160, which was its maximum; it was weak and easily compressed. The tongue was covered with a thin, white coat; the urine scanty and high colored; skin cool, preternaturally moist and sticky; countenance leaden, look anxious; slight disposition to diarrhoea, so that purgatives operated quickly, powerfully, and, in most cases, injurious prostrating the powers of the patient without at all relieving the disease. The intellect could hardly be said to be clear, although there was no delirium, except in the last stage of the disease; yet there was this peculiar hebetude of mind and peculiar indifference to their condition, which we often see in fatal disease of the bowels. In only two cases did the patients seem to be fully aware of their real condition; they did not generally consider themselves as very sick, or that there was danger of death; towards the close of the disease the mind usually wandered.

Two cases only terminated in gangrene; the rest died from the exhausting effects of the disease, or the poison of the disease acting on the nervous system. In regard to treatment various plans were adopted. The first cases which occurred, were treated with calomel and opium, fomentations and blisters to abdomen, with saline diaphoretics and mercurial inunctions, with a view, if possible, to produce a very gentle mercurialization; then, as the cases continued to prove fatal, other remedies were given either separately or conjointly, as spirits of turpentine, externally and internally, camphor, serpentaria, nitre, quinine, ammonia, &c. Toward the close of the epidemic,
bled three; the loss of blood was soon followed by symptoms of syncope, so that in neither case was there taken more than eight ounces of blood, and this was not repeated; the blood wasuffy and cupped. I bled at the very outset of the disease, as soon as the chill was felt; one of these cases recovered, one lived about two weeks, and at one time her pulse fell to 110; she had had mercurial injection rubbed into the abdomen and thighs, and was slightly mercurialized. This produced, in my opinion, the mitigation of the symptoms as they occurred simultaneously, but a change for the worse soon took place and she died. In one case (the last case which occurred), the bleeding did not appear to have any effect. In the patient which recovered, in addition to the bleeding, I put her upon full doses of opium and digitalis, and blistered the abdomen; purgatives were invariably hurtful. Moving the bowels by injections, was productive of the most benefit. The time of death varied in different cases, from twenty-two hours to fourteen days; mean duration of the disease was about five days; those who were bled survived the longest.

Can this disease be communicated from one person to another by the practitioner?

This is a very important question, a correct answer to which would be exceedingly desirable, as it affects seriously both practitioner and patient. That it can be conveyed from one patient to another, is probably correct, where due attention to cleanliness is not observed; but if ordinary attention be paid to person and clothes, I do not believe it will ever be thus propagated. In this epidemic, I am quite sure that it was not thus caused in a single instance; for had it been so caused, it would not have attacked one and then passed over five or six to another; but it would have attacked in succession, all the females where I attended, which was by no means the case. Only one out of five were sufferers from it. Moreover, in three or four of the cases, before attending them, I washed my whole person with soap and water, then with a solution of chloride of lime, and then with alcohol, changing every article of dress, and putting on clothes which were entirely clean. Yet, notwithstanding this precaution, they were attacked and died. I did this in the last case that occurred; I then was satisfied that the disease was not propagated by the hands or clothes of the physician; and I went from her dying bed and attended two ladies, without using any precaution, and they both escaped. My nephew in Bethel had three or four scattered cases; he took no precaution, but had no more cases.

The next question is, can the practitioner convey it in his own system, and communicate it by his breath, or by his cuta-
neous transpiration? This question I will not attempt to an-
swer. I was constantly in the erysipelas from its beginning,  
was very much fatigued and worn down by constant riding
and attendance on the sick, and in May, I had an attack of
erysipelas of the face, which confined me for two weeks and
over. Now about half of these cases occurred before I was
taken with the disease and about half after I recovered and
resumed my professional labours. Every case of this disease
occurred in my practice; however, it must be born in mind
that, at the time of its commencement, I was doing nearly all
of the obstetrical practice of the town, being the oldest and
only married physician in the place.

**Puerperal Convulsions successsfully treated by Chloroform.** By
**John Senior Turner, Esq., M.R.C.S., Mansfield.—(London
Lancet.)**

I was called, about eight P. M., on the 25th of September
last, to attend Elizabeth F——, aged twenty-two, who was in
labour of her first child. I found everything natural, and a
living child was born about half-past nine, the placenta follow-
ing in a few minutes. Having left an anodyne draught, with
orders for its being given when the patient was in bed, I re-
turned home.

At three A. M. of the 26th, I was summoned in great haste
to the patient, whom I found labouring under puerperal con-
vulsions. She having already had three fits, I immediately pro-
posed bleeding. As the friends strongly opposed this step, I
reluctantly consented to defer it for a short time, and mustard
plasters were applied to the legs and feet; but another fit
supervening, I determined to wait no longer, and I bled the
patient to twenty ounces, without any alleviation of the attacks,
either in intensity or duration. She continued insensible be-
tween the fits. I then ordered a turpentine injection; the
head to be shaved, and cold applied to it; and a mixture con-
taining sulphuric ether, ticture of cardamom, and camphor
julep, to be taken every hour. I also gave two drops of croton
oil, which operated freely in about an hour. The pupils were
generally dilated, and the retina showed very slight sensibility;
the eyelids were half-closed; the breathing was stertorous, ex-
cpt just previously to the accession of a fit. Matters con-
tinued in this way—the fits coming on about every fifteen or
twenty minutes—till twelve o'clock, when a consultation was
proposed.

I felt a strong desire to administer chloroform, from having
read of its good effects in some cases of tetanus and hydrophobia, and believing that there was some analogy between the cases: but feeling the responsibility of trying so powerful an agent without a second opinion, my friend Mr. Cooper was sent for. He not being at home, I waited until half-past two o'clock, but the attacks continuing with the same frequency, and each successive fit leaving the patient in a more profoundly comatose state, I resolved on applying the chloroform.

A few minutes before the usual time for the accession of a fit, I put her under the influence of this agent, and repeated its application when any restlessness (which always preceded a fit) was apparent. No fits recurred after the application, till after three o'clock, when the period for three attacks having elapsed, I resolved to discontinue the remedy, and await the result. At a quarter past three a fit again came on. I then resumed the use of the chloroform, with the same results as before. On one occasion, the patient not having been brought under its influence with sufficient promptitude, a slight convulsive movement of the right hand was visible, but of no other part of the body. Mr. Cooper arrived about half-past four, and coincided with me in the propriety of continuing the treatment. Another fit, as violent as before, and attended with episthotonos, occurred just at this juncture, I having again omitted the use of the remedy. The next fit came on at half-past six, our chloroform being exhausted, and a fresh supply not arriving in time. About this time a full dose (seventy drops) of laudanum was given. The chloroform was again assiduously applied as before, till half-past eight, when, not expecting any return, and having neglected to watch the premonitory symptoms, another fit occurred, and I am happy to say, that from that time there was no recurrence of the fits. I left the house soon after, but visited the patient again about eleven, when I found her in a comfortable sleep, and perspiring freely.

Sept. 27th.—At our visit this morning we found consciousness had partially returned. The patient had passed a quiet night, without any convulsions. She was sufficiently sensible to put out her tongue when requested to do so. She continued to improve during the day, and convalescence was gradual and uninterrupted. She is at this time in good health.

The only subject of complaint afterwards was some pain in the head, which was relieved by anodyne medicine. The lochial discharge had continued unaffected from the first.

I think it is evident, that in the above well-marked case of puerperal convulsions, the administration of chloroform had a powerful effect in controlling and postponing the fits, and I also think that its influence was manifestly beneficial in conducting
to a favourable termination one of the most formidable diseases with which we have to contend. Doubtless the bleeding, and probably the full dose of opium, were of service, but neither had so obvious a good effect in arresting the convulsions as the chloroform, which succeeded in the direct ratio of its digilent employment.

Remarks on Vermifuges. By M. Cazin.—(Dublin Journal, from Jour. de Méd. et de Chir.)

Dr. Cazin, of Boulogne-sur-Mer, having had the opportunity of treating a large number of worm cases, has published the following interesting account of his experience. He states that he has frequently employed the common Spigelia or wormgrass. He administers it in the form of decoction, prepared by boiling two drachms of the herb in a quart of water to one half. The decoction is then expressed, strained, and flavored with a little lemon-juice and a sufficient quantity of sugar. The dose for an adult is two wine-glassfuls, followed by a wine-glassful every six hours until the desired effect is produced. To children and delicate persons a smaller quantity is to be given.

Wormwood (Absinthium) is an excellent indigenous anthelmintic; it is also a powerful tonic and stimulant, the use of which, continued after the expulsion of the worms, prevents their reproduction. M. Cazin often uses a wine prepared by digesting an ounce of wormwood, with an equal quantity of garlic, in a bottle of white wine, of which he gives from one to three ounces every morning. This wine is well adapted for poor lymphatic subjects, wasted by wretchedness, and suffering from the influence of a marshy soil. The Absinthium maritimum is likewise a very good anthelmintic. M. Cazin gives it to the extent of one or two drachms boiled in four or five ounces of water, with the addition of some white sugar, or of any anthelmintic syrup. This is quite a popular remedy in the maritime districts, and almost always succeeds with children affected with worms.

Although a case of poisoning by Cevadilla has been reported, M. Cazin has administered this vermifuge with success in cases in which ordinary anthelmintics had but little effect; but he has always commenced with a very small dose, in order to ascertain how far it would be borne by the digestive organs. For children the dose of this plant is from a grain and a half to four or five grains of the powder of the seeds, mixed with syrup of rhubarb; for adults eight or nine grains, with the addition of a little sugar and a few drops of oil of fennel. In each case the
dose is to be repeated daily for four days, after which the infusion of chamomile is to be given.

Assafcetida possesses acknowledged anthelmintic properties, and is suitable for cases of sympathetic nervous affections produced by the existence of worms. It thus, like valerian, fulfils a twofold indication. In a case of nervous affection, which M. Cazin believed to be idiopathic, the administration of assafcetida both determined the disease and revealed its true cause, by effecting the expulsion of a number of lumbrici. This result has, in three cases of chorea and in two of epilepsy, enabled him to recognise that sympathetic irritation, depending on the presence of intestinal worms, was the sole cause of disease in these instances. Under ordinary circumstances M. Cazin frequently combines assafcetida with calomel in pills. This combination, of all those that he has employed, succeeds best in expelling lumbrici. He has also combined it with black oxide of iron, particularly in anemic patients. Assafcetida may be given in powder, in doses of from four grains to half a drachm.

The essential oil of turpentine is not merely useful in cases of tenia, it is also decidedly efficacious in expelling the lumbrici. M. Cazin has sometimes, in cases of lumbrici and ascariides, administered with advantage turpentine enemata, prepared by suspending, by means of yolk of egg, from one drachm to half an ounce of the oil in decoction of tansy, absinthium worm-seed, (semen-contra), or Corsican moss.

Common salt is very destructive to worms; it is given alone in large doses dissolved in water; it should be taken on an empty stomach. M. Cazin also frequently administers it in the form of enema, with brown sugar, linseed or poppy oil, and a sufficient quantity of water. With children it almost always succeeds.

Like all tonics, iron has the advantage of destroying worms, at the same time that, by imparting tone to the intestines, it prevents their reproduction. From six to eight grains of iron filings, mixed with an equal quantity of rhubarb, and taken twice or three times a day, have often been sufficient to expel the worms contained in the intestines. M. Cazin succeeded in rapidly curing a boy nine years of age, emaciated and pale, whose sleep was disturbed, and who was suffering from spasmodic movements similar to those which characterize chorea, by the exhibition of pills of sulphate of iron, combined, according to Fuller's formula, with aloes, senna, &c., under which treatment he voided twenty-three lumbrici in four days. He has also used with remarkable success Bosen's mixture, containing extract of black hellebore and sulphate of iron. But what he chiefly gives to children, as well as to adults, is the
syrup of citrate of iron (four parts of citrate to sixty of simple syrup, and one of essence of lemon), in doses of from two drachms to half an ounce to children, and from half an ounce to two ounces to adults.

M. Cazin remarks that calomel, so efficacious as an anthelmintic, ought never to be combined with an alkaline chloride, as the formation of corrosive sublimate would probably ensue from their admixture. In like manner, the combination of calomel with cherry-laurel water, or emulsion of bitter almonds, would give rise to the development of two formidable poisons, corrosive sublimate and cyanide of mercury.

The effects of the male fern, tin, pomegranate bark, hellebore, &c., require merely to be noticed; and the properties of the pomegranate root bark are so well known that they need not be dwelt upon. M. Cazin has remarked nothing particular respecting other anthelmintics. He merely says that cod-liver oil has succeeded with him in the cases of two females, one of whom passed twelve lumbrici the same day that she had taken in the morning three table-spoonfuls at intervals of an hour.

But, whatever be the medicine selected, we must not, like routine practitioners, be content, when the worms are killed and dislodged, with this merely palliative cure. A very important indication remains to be fulfilled, viz., to prevent their reproduction. This object is attained, according to M. Cazin, by the adoption of a tonic and stimulant regimen, which must be long continued, and, above all, by the employment of bitter and chaly-beate preparations. He has found the ferruginous chocolate to be sufficient, in the case of children, to prevent the relapses which are for many years very apt to occur. Wine taken while fasting has succeeded with the poor inhabitants of the marshes, accustomed to live only on vegetables and milk; and he has also remarked its efficacy as a preventive of worm affections in other instances.

To these observations of M. Cazin, the editor of the Journal de Médecine has appended the following practical remarks. The number of experiments tried by M. Cazin leaves no room for doubt respecting the enormous amount of worm affections which he must have met with. Such a result may appear strange to Parisian physicians, who attribute to the presence of worms in the intestines only a very trifling influence over the symptoms formerly ascribed to them. But if worm affections are rare among the inhabitants of large towns, they are frequent and generally more serious among the peasantry, and particularly among those who are poor and placed in unfavorable hygienic circumstances. We shall, therefore, take the present opportunity of mentioning the efficacy of brown santo-
nine, lately brought under the notice of the readers of the Bulletin de Thérapeutique, by M. Gaffard, an apothecary at Aurillac.

The difficulty experienced in procuring pure santonine, both on account of its high price, and for other reasons, has induced M. Gaffard to endeavor to obtain from worm-seed, a product which may possess the advantages of the former, and at the same time be free from the objections to the use of the latter. This product he calls brown or impure santonine; it is obtained in the following manner:

Take of Aleppo worm-seed, three ounces; carbonate of potash, one ounce; slacked lime, sifted, half an ounce; water, from three pints to three pints and a half. Place the mixture on the fire, stirring occasionally with a wooden spatula; let it boil for an hour; on removing it from the fire pass it with expression through a linen cloth, let it settle, decant, and add hydrochloric or nitric acid until it reddens litmus without being sensibly acid to the tongue. Allow it to rest, pass it through a filter previously moistened, or through a piece of close canvas, and allow the product which remains on the filter to dry in the open air until it acquires the consistence of firm butter. This product, which is a mixture of santonine, resin, and essential oil, will answer for the various pharmaceutic forms in which the practitioner may wish to exhibit it. M. Gaffard gives it in the form of lozenges composed as follows:

Brown santonine, three drachms; powdered sugar, thirteen ounces; powdered gum, one ounce and a half, essential oil of lemon, twenty-five drops. Place the brown santonine in a marble mortar; add by degrees, and with constant trituration, the sugar mixed with the essential oil and the gum, so as to make a homogeneous powder. Form with a sufficient quantity of water a mass of the desired consistence, and divide it into lozenges, each of which shall weigh, when dried, fifteen grains; each lozenge will then contain somewhat more than one-third of a grain of brown santonine.

For infants under six months the dose will be one lozenge night and morning; from six months to a year, two lozenges night and morning; from one to two years, three, and from two to four years, four night and morning; for children of five years and upwards a lozenge for each year of the child’s age should be given night and morning. The medicine to be continued until the desired effects are no longer produced.

A remedy for tape-worm, which has been for some time employed in France under the name of kousso, has been recently tried in King’s College Hospital, London, with marked success. It is an infusion of the dried flowers of Brayera anthelmintica,
A native of Abyssinia, in which country it is a popular remedy for this worm, which is very prevalent amongst the inhabitants. A single dose, which is prepared by macerating for a quarter of an hour half an ounce of the dried flowers powdered in half a pint of luke-warm water, is taken at a draught, the suspended powder being all swallowed. Lemon juice may be taken before and after the dose. It usually brings away the worm in an hour or two after it has been taken. Those who have tried this remedy state that it is equally safe as effectual; and the only objection to its employment is its high price at present.

Clinical Observations on the Treatment of Urethral Hemorrhage. By James S. Hughes, M.D., F.R.C.S.I., Surgeon to Jervis-street Hospital.—(Dublin Journal.)

There is, perhaps, no form of hemorrhage, which, when profuse, causes more alarm to the patient, or proves more troublesome to the surgeon, than that arising from the urethra, especially if it resist the ordinary modes of treatment; and as great difficulty is at times experienced in arresting the bleeding, when it springs from a part of the urethra beyond the influence of pressure, we cannot be too well prepared to meet such cases by prompt and effectual treatment.

The causes of hemorrhage from the urethra are very numerous; amongst the most frequent, however, may be mentioned those arising from the acute stage of gonorrhœa, rupture of the urethra from falls on the perineum, and the improper use of instruments. When the hemorrhage does not arise from any distinct accidental cause, it may be difficult to find out from whence it proceeds; but experience tells us that, under these circumstances it is occasionally the consequence of malignant disease of either the kidney or bladder.

Of all the sources of obstinate bleeding from the urethra, the most fruitful, perhaps, is that caused by the rough handling of the catheter, either by the patient himself or by an inexperienced practitioner, in cases of diseased prostate gland; examples of which most surgeons have met with, and which, unfortunately, often tend to shorten life. But the most alarming form of urethral hemorrhage I ever saw, occurred lately in the person of a man who presented himself at Jervis-street Hospital, caused by the giving way of some vessels in the urethra during the venereal orgasm. As it is a rare and complicated case, I shall give it in detail.

— Mullens, æt. 35, a very delicate looking man, a hatter by trade, presented himself at the Dispensary of the Hospital
on May 8th, 1849. The patient was perfectly anemic in appearance, being quite blanched in the face; his pulse was rapid and feeble, and the extremities were cold. He stated that at 4 o'clock on that morning, immediately after sexual intercourse, he felt the lower part of his night-dress quite wet, and that on inspection he observed a stream of florid blood flowing from the urethra. He left his bed, and, having dressed himself, attempted to stop the bleeding with cloths wrung out of cold water, but without effect, the blood continuing to pour out until his arrival at the Hospital at nine o'clock, A. M. On examination, I found his shirt and several fold of rags saturated with blood; I then removed some clots of blood from the penis, when a stream of florid blood poured out from the orifice of the urethra. The frenum exhibited no appearance of injury, and there was nothing external to account for the hemorrhage; there was neither fulness nor pain on pressure along the penis, or in the perineum; and the patient had passed water three or four times since the accident.

On questioning him he stated that he had been married for the last eight years, but that previously to his marriage he had suffered several times from gonorrhoea, and that he had been labouring under a frequency of calls, and difficulty in expelling his urine, for about ten years, for which he had not consulted any surgeon.

A middle-sized catheter was now passed four inches and a half into the urethra, where it met with an obstruction; a smaller-sized gum-elastic catheter was then, with some difficulty, passed through a long cartilaginous stricture, a distance about seven inches, when it was suddenly arrested in its course. Other instruments were then cautiously tried, and as they apparently took the direction of a breach in the canal, as the patient had passed water several times since the accident, and as there was no evidence of extravasation, it was not deemed advisable by Dr. Power (my colleague on duty) or myself to have recourse to violence in attempting to introduce an instrument into the bladder. A full-sized catheter was then passed down to the obstruction, the patient was put to bed, and proper pressure was applied to both the perineum and penis; but although the pressure was assiduously kept up for a considerable time, the bleeding evidently continued, flowing backwards into the bladder, the patient having frequent and urgent calls to make water, which contained much blood and some coagula. Experience having taught me the value of gallic acid as a styptic in affections of the urinary organs,* I ordered in the following

* In the the third volume of the New Series of this Journal I have published a case illustrating its effects in hæmaturia from injury.
form: Gallic acid, eighteen grains, and extract of gentian, eight grains: to be divided into six pills, one to be taken every second hour.

Before the patient had taken more than twelve doses of the gallic acid, the hemorrhage had completely ceased, at which time the presence of the acid in the urine was detected by the addition of the tincture of the muriate of iron. The patient left the hospital of his own accord on the second day, there being no return of the bleeding; and he promised to return in a few days in order to have an instrument passed.

Laceration of the urethra, followed by profuse hemorrhage, as a result of the venereal orgasm is a very rare occurrence, there being few cases of the kind on record, but, although rare it may lead to very serious results, as we learn from the following case, related by South, in his edition of Chelius' Surgery.†

"I may here mention, that I once saw a case under my colleague, Mr. M'Murdo's, care, in which there was enormous extravasation of blood from the bursting of some vessels in the penis during the act of coition, and the result of which was, that the penis especially, and the perineum, were greatly distended, and he was unable to pass his urine without extreme pain, in consequence of which a catheter was introduced. In the course of two or three days extravasation of urine ensued, and the bladder was punctured through the rectum. Considerable sloughing, not only in the perineum, but also up into the groins, took place, into which incisions were made as needed and he ultimately, though slowly, recovered."

With regard to the application of pressure to the perineum in cases of hemorrhage from the urethra, there does not now exist in the minds of surgeons that prejudice against it, which Sir Everard Home and others improperly entertained on the subject. Sir Everard Home's objection to it was, that, although it arrested the flow of blood externally, it directed it backwards into the bladder, thereby converting, as he said, a case of simple bleeding into one of danger, by the filling up of the bladder with coagulated blood, and probably inducing retention of urine. No doubt the filling up of the bladder with coagulated blood in these cases is a most unpleasant complication; and numerous cases of urethral hemorrhage have been published by Guthrie, Brodie, and others, in which pressure on the perineum, whilst it arrested the bleeding from the orifice of the urethra, appeared to have directed it backwards into the bladder, yet the filling up of which viscus, although attended with much annoyance to both patient and medical attendant, was not, in itself, productive of serious consequences. The proper mode

† Vol. i. p. 157.
of treatment to be adopted, in cases of profuse hemorrhage, when it proceeds from the urethra *anterior* to the triangular ligament, is obviously that by pressure; and if the rules laid down so clearly by the best authorities on the subject especially those by Mr. Guthrie, be strictly followed, the bleeding point will be soon arrived at, and hemorrhage, either anteriorly, or backwards into the bladder, will be, in most cases, completely arrested. But, on the other hand, in cases of profuse hemorrhage springing from the membranous or prostatic portions of the urethra, *posterior* to the triangular ligament, where pressure can exert but little, if any, beneficial influence, the surgeon should, I think, rely chiefly on the immediate exhibition of gallic acid internally. In it he may place the greatest confidence, its rapid and powerfully styptic action on the urinary organs rendering it peculiarly suitable to such cases. Its timely administration will, in all probability, prevent the distention of the bladder with blood, the necessity for having recourse to instruments for the purpose of withdrawing the contents of the bladder, and the subsequent injection of that viscus with tepid water, with the intention of breaking up the coagula; which operations must, in all cases, tend more or less to induce a recurrence of the hemorrhage by the additional infliction of mechanical violence or irritation thereby. The gallic acid may be administered, in these cases, in doses of from three to ten grains, but my experience has led me to prefer giving it in three-grain doses every second hour, to giving it in maximum doses at long periods. The stomach will, in some cases, reject the large doses, when frequently repeated, whereas I have never known it to disagree in three or four grain doses repeated at short intervals, by which means its influence on the urinary organs is steadily maintained. The acid may be ordered either in the form of pill, or suspended in water by means of mucilage.

Reconstruction of an Entire Phalanx. Reported by Frank H. Hamilton, one of the attending Surgeons of the Buffalo Hospital of the Sisters of Charity.—(Buffalo Journal.)

Catharine Dolen, aged 24; admitted Dec. 25, 1849. Thumb: The bone was necrosed, and on the 29th I extracted the phalanx entire. The inflammation having considerably subsided by the third of January, five days after the operation, I applied a tape roller the whole length of the thumb, and moderately tight. This was continued with occasional intermissions during two months, when a new phalanx was found to have
been formed, of the same length and breadth, and form, as the original phalanx; the articulating surface was also reformed, and the flexor and exterior tendons so attached as that the motions of the joint were perfect.

This result is not now the first time discovered. More than a year since, Prof. Dudley, of Lexington, informed me in a private communication, that he had been able to reconstruct a phalanx, where the bone had been entirely removed, by the continued application of the roller. To Dr. Dudley, therefore, is the profession indebted for this interesting pathological discovery.

We have many times seen the bone reconstructed, where a portion only of the whole was removed; as when the bone was partially destroyed by necrosis or caries and exfoliated, the deficiency has soon been supplied, so that the form, size, and functions were again restored. Especially has this happened when the process of necrosis was slow. Nor ought we to have been surprised to find the entire phalanx reformed after a slow destruction of the original, since the new phalanx might have been commenced before the complete death of the old, and thus serve as a nucleus for a reformation. This may have happened often, and may have been noticed, but it is the complete reconstruction of a bone when it has been removed in its totality by extraction, that excites our surprise, and which we have marked as a novelty, for I am not informed that after Dr. Dudley, any one except myself has demonstrated its practicability.

PART III.

Monthly Periscope.

On Blood-letting in the Pneumonia of Children. By Dr. Mauthner, (Monthly Jour. Osterreich. Med. Wochen. Amer. Jour.)—It is only in the genuine lobar pneumonia of children that Mauthner recommend venesection. This form of disease usually occurs without any lengthened premonitory stage, after alternate exposure to extreme heat or cold, sometimes apparently in connexion with depraved digestion, often as one of the sequelæ of scarlatina, measles, or small-pox.

Its prominent symptoms are, difficult breathing, with oppression at the chest, short sharp cough, (a symptom which, in the severe forms of the disease, is at first wanting,) heat of surface, fever, head affections, and sometimes vomiting.

Over the seat of the disease, which is usually the back of the right lung, the percussion sound becomes dull; and, on auscultation in the
early state, fine dry crepitation is audible; afterwards bronchial respiration. The child usually lies on the right side; and, if it can speak, complains of pain in the chest; the pulse is small, hard, and frequent; the secretions and excretions are diminished in quantity. These severe attacks are most common in children above a year old, but infants are not exempt from them.

The anatomical characters of the first stage consist in extensive congestion (stasis) of the pulmonary parenchyma; of the second, in alteration of structure, with effusion of plastic exudation in the form of red hepatization; of the third (the so-called suppurative stage), in effusion of pus, sometimes diffused throughout the parenchyma, more rarely in children constituting true abscesses.

In the cases treated during the first stage, Mauthner has obtained the very best effects from blood-letting. He has often bled the little patients who have been brought for his advice to the hospital, permitted them to be carried home, had been subsequently astonished to find how completely this single remedy had obviated the urgent symptoms. On the other hand, he has too often seen the bad effects of neglecting this heroic remedy at the outset of the inflammation. In using the lancet, regard must be had to the age and constitution of the patient, and to the intensity of the disease. The depletion should not stop till the child turns pale, becomes sick, vomits, or seems exhausted. When the operation is properly performed, Mauthner thinks all other remedies, such as leeches, cataplasms, and internal physic, may be dispensed with, and in a few days the child is well.

In cases in which the disease has reached its second stage, the immediate effect of venesection is not so remarkable; but some benefit is usually speedily experienced, and within three days the bronchial respiration ceases, and the morbid process is removed, usually upon the appearance of some critical evacuation from the skin or kidneys.

Even when there was reason to suspect suppuration, Mauthner has often let blood after mature deliberation, and has had no occasion to repent the adoption of the practice. Thus, he believes that he succeeded in saving a boy six years of age, who, after a neglected pneumonia of three weeks standing, fell under his care, suffering from hectic fever, emaciation, and purulent expectoration. After in vain attempting a cure with digitalis and acetate. plumbi, Mauthner ordered venesection, and the boy recovered. Where, however, as is often the case, an unresolved pneumonia seems to have gone on to tuberculosis, bleeding can do no good.

The indications for venesection are derived, first, from an accurate physical exploration of the chest. It must, however, be noted, that, when the cough and general symptoms indicate the existence of pneumonia, the absence of physical signs does not justify the neglect of proper remedies. For, even when extensive congestion of the pulmonary tissue is present, if a certain quantity of air be still included in its interstices, the percussion sound and respiratory murmur may not be sensibly affected. Besides, the inflammation may be situated in a part of the lung which cannot be satisfactorily explored; or the
child may be so restless and timid as to render the use of the stethoscope impossible.

The second indication is derived from the age and individual constitution of the child. Strong plump children above a year old may be bled without scruple; those who are delicate will still bear depletion, if it be ascertained that their previous health has been good; even infants under one year of age, labouring under severe pneumonia, suffer less from venesection than from the application of three or four leeches.

The stage of the disease affords the third indication. In the congestive period, the remedy is quick and sure. When hepatization has already taken place, the detraction of blood is never hurtful; but, when the suppurrative period has arrived, the lancet must be used cautiously and seldom.

The operation of opening a vein in the arm of a fat restless child is not easy, and for its proper performance requires some previous experience for the feel of the vein must, more than the eye, guide the lancet. The ribbon must at first be drawn rather tightly, until the vein be felt and opened, when it must immediately be slackened again. While the blood trickles out (a full jet is seldom obtained from a child), the arm should be left quite still, for, on the slightest movement, the fat mobile integuments lap over and close the orifice. There is no difficulty in stopping the bleeding, either with a cross of sticking plaster, or by a single turn of a bandage.

The amount of blood drawn must be chiefly regulated by the age of the child. Considerable effect may be expected in infants, from the detraction of a single ounce. Children from two to three years of age require a blood-letting of from two to three ounces, and older children more in proportion.

The usual relative proportion of serum and cruror in cases of pneumonia, in children, Mauthner states to be one part of the former to two of the latter. He has not unfrequently observed the buffy coat, but attaches very little importance, in a therapeutic point of view, to its presence or absence. In the case of a boy, two years old, whom he had occasioned to bleed to three ounces for severe pneumonia, which had been in vain treated by leeching, he found a buffy coat of two lines in thickness upon the blood, after it had stood for some time in a conical-shaped vessel. In this case, there was no occasion to repeat the operation, but rapid convalescence followed.

Treatment of Chorea. (London Lancet.)—M. Faivre d'Esnans mentions in the Journal de Medecine et de Chirurgie Pratiques, that he has obtained the happiest results from the prussiate of iron in chorea and epilepsy, and he gives several cases where the cure was obtained in between four and eight days. He uses the following formula: Prussiate of iron, fifteen grains; extract of valerian, forty-five grains; make twenty-four pills. One pill to be taken three times a day, at six hours' interval, each pill to be followed by a wine-glass of infusion of valerian. The author was induced to try the prussiate of iron, from having seen M. Jourdes use it, at the Military Hospital.
of Strasburg, for intermittent fever. As he considers that both diseases (chorea and ague) have their seat in the medullary spinals, he thought that the same remedies would prove efficacious in both complaints, in which supposition, according to his statements, he was not deceived.

On Anaesthesia by Inhalation of Ether or Chloroform. (Ibid)—M. Velpeau read, at the annual meeting of the Academy of Sciences, a paper on the Inhalation of Ether or Chloroform, in which he embodies the history of anaesthetic agents, their introduction into practice, the results obtained, and his own opinions on the subject. In the historical sketch we find the following passages. The so-called Memphis-stone, dissolved in vinegar, after having been reduced to powder, was used as an anaesthetic agent amongst the Greeks and Romans, and mandrake was extensively known as possessing anaesthetic properties. Dodoneus says, in his history of plants, that the vinous decoction of mandragora causes sleep, and allays pain; and that it was therefore administered to those who were to have part of their body burnt or sawn off. The surgeons of the middle ages were well acquainted with the employment of certain anaesthetic agents. Hugh, of Lucca, a celebrated practitioner of the thirteenth century, speaks very distinctly on the subject. A sponge dipped in the juice of morel, or nightshade, hyoscyamus, cicuta, lactua, mandragora, or opium, was put under the nose of patients, and made them sleep during operations; they were then roused by being presented another sponge soaked with vinegar, or by putting the juice of rue into their ears. From M. Jullien's communication to the Academy of Sciences, it may be seen that the Chinese, some centuries ago, were aware of means for rendering patients insensible during operations. Boccaccio mentions, in the Decamerone, 39th tale, that Mazet de la Montagne used to operate on his patients after having put them to sleep with a water of his composition. Formulae have been transmitted from father to son among malefactors, by which their intended victims might be plunged into sleep. Prisoners, towards the revival of letters, knew how to procure certain drugs with which they could bear torture without feeling the pain. Is it not likewise said that the Turks possess the means of plunging into anaesthesia those upon whom circumcision is to be performed? In our own times we find Sir Humphrey Davy stating, after having used the nitrous oxide gas upon himself to allay toothache, that this gas might probably be of use in surgical operations. Mr. Wells, of Hartford, used this gas in 1842, for extracting teeth without pain. Mr. Hickman announced in Paris, in 1821, that he was able to render patients insensible to pain by making them breathe a gaseous substance, the name of which he did not make public. Messrs. Orfila and Christison had found that animals might be rendered insensible by giving ether internally. M. Merat used ether inhalations for allaying pain, and Mr. Faraday observes (Quarterly Journal of Sciences, 1818) that ether acts upon man like the nitrous oxide gas, and that the action of the former, at first exhilarating, soon becomes stupefying.
M. Velpeau, after refuting the objections of those who represent the inhalations of ether or chloroform as dangerous, says: ‘The use of these agents does not seem prudent in operations to be performed on the mouth or throat, in the nasal fossæ, the larynx, or trachea. on account of the necessity for patients to expel, by coughing, the blood which tends to invade the bronchi. Without proscribing chloroform, I however do not advise it when operations are to be performed on the eyes, lids, or lips, when in aneurism an artery is sought for, or in operations upon individuals much enfeebled, either by disease or old age. It is a mistake to believe that chloroform facilitates the surgeon’s task; for it would be often advantageous to make the patient change his position, answer questions, &c.; and the operator is likely to get nervous and flushed when the chloroform is kept on for a long time, as fears of ultimate unpleasant results will disturb his mind. Yet painless operations by means of chloroform must be reckoned among the most brilliant discoveries of the nineteenth century; and so great is the desire to take advantage of it among the public, that the surgeon is more frequently obliged to refuse giving the chloroform than to induce the patients to inhale it. Many people who would have gone to their grave without even disclosing the nature of their affection, from their horror of operations, will now have a chance of a prolonged life.

Finally, M. Velpeau thinks that the administration of anaesthetic agents ought to be regulated more by the nervousness and fear of the patient than by the importance of the operation. Terror and dread are very detrimental, and though the cases be slight, anaesthetics should be had recourse to when the patient’s mind is disturbed by lively apprehensions of pain.

**Intercostal Neuralgia as a sign of Phthisis.** By M. Beau. (L’Union Médicale. Braithwaite’s Retrospect.)—Intercostal neuritis is an affection which habitually coincides with inflammation of the pleura, whether simple or combined with pulmonary inflammation. The explanation of this coincidence is found in the anatomical relations of the pleura and intercostal nerves which are in immediate contact at the posterior part of the thorax. According to the author, the stitch in the side, which attends affections of the pleura, and most severe pulmonary affections in which the pleura are involved, is owing to inflammation of the intercostal nerves, which are found enlarged to two or three times their normal size, adherent to the pleura or to the cellular tissue in which they lie, and, in acute cases, much injected. The degree to which the nerves are affected bears an exact relation to the amount of affection of the pleura, and is therefore evidently secondary to it.

When the lung is attacked by tubercles, it almost invariably happens that adhesions of the pleura take place in their neighborhood. The adhesions, like that tubercles, are at first confined to the summit of the lung, and are attended by the same change in the intercostal nerves as in the case of acute affections, only that the lesion is chronic in its development, and not generally characterized by increased vascularity.
Thus the author explains the dull pains which occur at the summit of the thorax in phthisical persons. Sometimes these pains are sufficiently distinctly marked, and even neuralgic in character; they radiate into the neck and supra spinous fossa, or even along the arm, as in angina pectoris; this divergence being due to the inosculations between the intercostal nerves and those of the cervical and brachial plexuses. But it is not always so, nor can these pains be said to be an habitual symptom of phthisis. Nevertheless the lesion of the intercostal nerves is almost always found after death from this disease.

In seeking to explain this contradiction, M. Beau has discovered a symptom, to which he attaches considerable importance in the diagnosis of doubtful cases of phthisis. Even where no pain is manifested under ordinary circumstances, he finds that this symptom may be almost constantly produced by moderate pressure with the finger on the anterior or sternal extremity of the intercostal spaces. In early cases it is limited to the upper part of the chest, and is, generally speaking, more severe in the first space than in the second, in the second than in the third, &c. It varies in intensity, but sometimes is so considerable as to cause an involuntary shrinking on the part of the patient. It is more severe and effects the greatest number of spaces, on the side in which the tuberculization has advanced farthest.

This symptom is almost constant in phthisis pulmonalis. Among fifteen causes under M. Beau’s observation at the time of writing, it was not absent in more than one; and only one of these cases presented the symptom of one spontaneous pain. The author, therefore, thinks it will prove a useful diagnostic mark in cases where the physical signs of phthisis are marked by bronchitis. *The predominance of the pain in the anterior part of the spaces, where the alteration of the nerves is least considerable, is ascribed by M. Beau to the circumstance that, when a nerve is diseased, in any part of its course, the morbid sensibility is always referred to its peripheric extremity.

Another form of the intercostal neuralgia of phthisical patients is the pain between the shoulders which has been so frequently described as characteristic of phthisis. In these cases the author has always found that the pain may be traced along the intercostal spaces to the anterior part of the chest. M. Beau had previously endeavoured to demonstrate the connection between intercostal neuralgia and dyspepsia: he now considers both these symptoms as related to phthisis, of which disease dyspepsia, as is well known, is a frequent accompaniment.

Use of Coffee in Hooping-Cough. (Lon. Jour. Med. Braithwaite’s Retrospect.)—Various medicines have from time to time been brought forward as specifics in hooping-cough; and some of them we have tried. To quinine, salicine, arsenic, and oxide of silver, we have given a fair trial in a considerable number of cases; and the result of this experience is, our belief that all of them, except the last named, possesses some power in checking the disease, when it has gone on for some time, and is marked by periodicity. When the hour of the recurrence
of the fits comes to be accurately foretold, all of the above-named drugs given in full doses in anticipation of the attack, postpone, or entirely prevent it. In the early stages or latter, where there is some amount of bronchitis, the free use of stimulating embrocations, with occasional expectorants, and stomachics, and alteratives, (such as a powder composed of cusparia, trisnitrate of bismuth, and rhubarb, are the means we trust to. When the cough assumes a distinctly periodic character, we recommend a trial of antiperiodic remedies and change of air, both of which measures, in many cases, prove of signal and speedy benefit.

From Pereira's summary of the therapeutic uses of coffee, it is not unlikely, however, to exercise some control in hooping-cough. "It has," says Pereira, "been employed as a febrifuge in intermitents; as a stomachic in some forms of dyspepsia; as an astringent in diarrhoea; and as a stimulant to the cerebro-spinal system in some nervous disorders." Floyer, Dr. Percival, and others, have used it in spasmodic asthma; and Laennec says, "I have seen several cases in which coffee was really useful."

The recommendation of coffee, in hooping-cough, seems decidedly to merit attention. Dr. Jules Guyot, who advocates the use of the remedy, writes thus in the Union Médicale for 24th April, 1849:—"*Cafe a l'eau*, hot, and well sugared, in suitable doses, taken four times or oftener, daily, will cure, in from two to four days, the most obstinate cases. For a child of two years, the dose is a teaspoonful; for a child of four years, a desert spoonful; and for an elder patient a tablespoonful. To obtain a rapid and permanent cure, it is necessary to conjoin with the coffee treatment a diet of fried and roast meat, taking care to mince it, if the child cannot masticate it sufficiently. The quantity of milk used, ought to be diminished; and farinaceous food, confectionaries, and fruits, must be entirely prohibited."

The allledged specific power of coffee in hooping-cough, was accidentally discovered by observing the following case:

A child of four years old, under rigid dietetic treatment for measles, was seized with congestion of the lungs, against which energetic antiphlogistik treatment was put in force. When Dr. Guyot was called in, death seemed imminent from violent paroxysms of cough, which induced such alarming suffocation and syncope, as to cause the patient to appear to be actually dead. Some spoonfuls of strong beef-tea, with some spoonfuls of sweet and hot infusion of the lime-tree, were prescribed. The child passed the night without fainting. On the following day, the same infusions were continued, and in addition, there was given a little bit of grilled and finely minced mutton, with the view of restoring strength as rapidly as possible: but a severe fit of coughing came on, which terminating in vomiting, caused ejection of the food; recourse was again had to to the beef-tea, which provoked a similar fit of coughing, and was ejected. In these circumstances, with death apparently impending, a tea-spoonful of coffee was given after each tea-spoonful of beef-tea. Not only was the beef-tea retained; but, to my great surprise, the cough likewise ceased. Two
hours afterwards, the child took with relish, a little bit of hashed cutlet, followed by a teaspoonful of the coffee; the food was not ejected, digestion went on naturally, the night was passed in comfortable sleep, there was no more cough:—and in truth the child was saved. On the following day, the treatment was continued, and there was a continuance of a like satisfactory state. On the third day, however, the relations omitted the coffee, when the cough returned after the first meal, with all the characteristic violence of well-formed hooping-cough; and this state continued during the day. On the fourth day when the coffee was resumed, the cough disappeared. During forty-seven days the coffee was persisted in, when the cure was distinctly complete. The little patient was the only daughter of M. Haquin, a master boot-maker of Argenteuil.

This case was furnishing subject of serious reflection, when Dr. Guyot met in a public conveyance M. Bouju, ex-notary of Franconville, he told him that he had been obliged to have double doors for his study, to keep out the terrible and incessant noise caused by his two children with the hooping-cough.

Dr. Guyot detailed the case above narrated: and he cured both his children in four days by means of coffee. He has since tried the remedy successfully in above sixty cases. The efficacy of coffee in hooping-cough seems to show that the seat of the disease is not in the bronchial tubes or larynx—nor in their vascular or nervous network—but exclusively in the digestive organs, and especially in the pharynx and stomach. The cough and convulsive movements of the larynx are excited by a pruriginous irritation of the pharynx; which, again, probably depends on some special affection of the stomach.

Formulae employed by M. Ricord in the Treatment of the various forms of Syphilis.—(Gaz. des Hop. Dublin Journal.)

Non-malignant Varieties.—1. Inflammation of the glans penis and prepuce: Injections of the following solution are to be made three times a day between the prepuce and the glans: Nitrate of silver, twelve grains; distilled water, one ounce. 2. Abortive treatment of gonorrhœa: A single injection is to be made with the following solution: distilled water, one ounce; nitrate of silver, eight grains; and this powder to be taken three times daily: cubeb, two drachms and a-half, and powdered alum fifteen grains; mix. 3. Injection for gonorrhœa when the period for the abortive treatment is past: Rose water, six ounces; sulphate of zinc and acetate of lead, of each twelve grains; to be used three times a-day. 4. Internal treatment of gonorrhœa: Balsam of copaiba, syrup of tolu, syrup of poppies, of each one ounce; mint water, two ounces; gum Arabic, as much as may be sufficient; orange-flower water, half an ounce; to be made into an emulsion, of which a table-spoonful is to be taken three times a-day. 5. Acute stage of gonorrhœa: Twenty leeches to the perineum, followed by a warm bath, cooling drinks, confinement to bed, low diet; to use a suspensory bandage, and to take four times a day one of the following pills: Lactucarium and camphor, of each two scruples, to
be made into twenty pills. 6. Gleet (gouette militaire): The following injection to be used three times daily: Rose water and red wine, of each six ounces; alum and tannin, of each eight grains.

**Malignant Varieties. Primary Symptoms.**—1. Abortive treatment of chancre: During the first five days after contagion, destroy the chancre with Vienna paste. 2. True chancre not indurated: Frequent dressings with aromatic wine; extreme cleanliness; occasional light cauterization with nitrate of silver; rest; emollient drinks. When inflammation exists, antiphlogistics, purgatives, emollient applications. (No mercury). 3. Phagedenic chancre: complete cauterization with nitrate of silver, acid nitrate of mercury, potassa cum calce, or the actual cautery, according to circumstances. In a more advanced stage, lotions composed of aromatic wine, three ounces and a-half, and extract of opium, two grains and a-half; or aromatic wine, eight ounces, and tannin, twenty-four grains; or, in the scrofulous diathesis, distilled water, three ounces and a-half, and tincture of iodine, one drachm; or the application of sulphur ointment, and the use of sulphurous baths. Internally: Tartrate of iron and potash, one ounce dissolved in eight ounces of distilled water, of which one ounce is to be taken three times a-day. 4. Indurated chancre: Three dressings daily with the following ointment; Calomel, one drachm, and lard, one ounce; mercury to be given internally. 5. Abortive treatment of bubo consequent on the absorption of the virus of a non-indurated chancre: Deep cauterization with potassa cum calce, to be continued for ten minutes; the separation of the eschar is to be promoted. 6. Bubo consequent on indurated chancre: Antiphlogistics are to be employed according to circumstances, and vents must be given to the purulent matter by cauterization with caustic potash; the glandular mass situated at the bottom of the opened bubo is subsequently to be gradually destroyed by caustics; an ointment composed of equal parts of extract of belladonna and mercurial ointment may be added to the poultices after cauterization. 7. Horse-shoe bubo, and gangrene: For the former the same treatment is to be adopted: for gangrene, lotions with the following mixture: Chloride of lime, one ounce; distilled water, three ounces and a-half; or the application of a powder composed of equal parts of prepared charcoal and powdered cinchona bark.

**Secondary Syphilitic Symptoms.**—A spoonful of compound syrup of sarsaparilla to be taken three times a-day in a glass of decoction of soapwort leaves; one of the following pills to be taken daily: Protoiodide of mercury and lactucarium, of each thirty-five grains; extract of opium, twelve grains; extract of hemlock, one drachm and a-half; to be divided into sixty pills.

**Tertiary Syphilitic Symptoms.**—A spoonful of the following syrup to be taken three times a-day, in a glass of decoction of soapwort: Syrup of sarsaparilla, thirty ounces, and iodide of potassium, one ounce.

**Scrofulous Complications.**—The following emulsion is to be given in three doses: Iodine, two grains and a-half; oil of sweet almonds,
one ounce; gum Arabic as much as may be sufficient; almond emulsion, three ounces and a-half.

**Mercurial Stomatitis.**—Decoction of lactea sativa, five ounces; honey, half an ounce; hydrochloric acid, fifteen drops; to be made into a gargle to be used three times a-day.

**Salivation.**—One drachm of flowers of sulphur, mixed with honey, to be taken daily; water acidified with nitric acid, and sweetened, to be used as ordinary drink. The following gargle to be used three times a-day: Decoction of lactea sativa, five ounces; honey, one ounce; and hydrochloric acid, fifteen drops.

**Aphtha in the Mouth.**—Decoction of hemlock, six ounces and a-half; and bichloride of mercury, two grains and a-half; to be used as a gargle three times a-day.

**Warts** are to be sprinkled twice a-day with a powder composed of equal parts of savin, oxide of iron, and burned alum.

**Sumbul.** (London Lancet.)—In recently attending the medical wards of this (King's College) hospital, we perceived that Dr. Todd was prescribing, in a case of epilepsy, a medicine, the name of which we heard for the first time. On inquiry, we find that this root, called **Sumbul,** is being introduced into practice as an anti-spasmodic by Mr. Savory, of Bond-street. It appears that Dr. Granville, on a recent return from the Continent, mentioned sumbul to Mr. Savory as a root employed with great success in Germany and Russia, against cholera: wondering that it had not yet found its way into this country. Mr. Savory immediately set about procuring it, but his correspondent in Russia had much trouble in getting this root; he, however, sent over specimens of it. A little later, another parcel of the sumbul was obtained, by the same house, from Hamburg; and on comparing the two samples, Mr. Savory came to the conclusion that the German one was decidedly the firmest, least damaged, and in the best condition of the two. We were shown these specimens, and find that they resemble much the circular pieces in which calumba is generally seen, except that they are considerably larger, of a more spongy texture, and resembling huge bungs. They are of a yellowish grey, whitish in the centre, with a thin, pellicular bark surrounding them. The most striking feature of the root is its very strong odour, which very much approaches that of musk, being almost as pleasant and powerful. The pieces are very light, and seem to be formed of a condensed and hardened pithy substance. From this imperfect description, it may at once be gathered that the sumbul promised to be useful as an anti-spasmodic, and Mr. Savory first thought of combining it with the cotyledon umbilicus, and using it against epilepsy. It is, however, being tried by itself, and though Dr. Todd cannot as yet state anything positive as to results, we were told that the little boy who is taking ten minims of the tincture thrice a day, and who, when admitted, had an epileptic fit once or twice a week, has had no attack since he has been in the hospital. Mr. Savory has likewise prepared on extract of the root, and further trials are of course necessary to judge of the efficacy...
of the medicine. Musk being, however, very expensive, it would be a great boon to the public were this root found as efficacious. Nothing is yet known of the botanical origin of the plant; efforts are, however, being made to ascertain its natural history, and we shall have much pleasure in communicating to our readers the details which may transpire both in the latter respect, and with regard to the trials which are being made as to the therapeutical virtues of the root.

**Supplementary Mammae.** (Archives Générales.)—M. Marotte read the notice of a case of supplementary mammae, occurring in a young woman 17 years of age. The glands of the axilla were the seat, every month, of painful sensations at the menstrual periods. This sensation began to be experienced at the age of 12, during menstruation. These two tumours, especially the one on the left side, attained, in this young woman, a considerable development during pregnancy, and two days after her delivery they discharged spontaneously a fluid having all the appearances of milk. The normal breasts were developed, but were not of unusual size.

**Vicarious Menstruation.**—In the June number of the Western Lancet, Dr. B. F. Richardson, of Cincinnati, reports a case in which at each regular menstrual period the discharge takes place from the anus instead of the vagina, and continues about as long, and in quantity is about the same as the normal menstrual discharge. The fluid does not coagulate. Its discharge is usually preceded by pain and uneasiness in the lower part of the bowels. From careful and minute enquiry, Dr. R. is satisfied that the discharge was not hemorrhoidal, and that there was no reason to suspect a recto-vaginal communication. A very singular case of vicarious menstruation was brought to the notice of the Westminster Medical Society by Dr. Rogers, last year, in which blood oozed from the tips of the fingers.

**Medical Miscellany.**

**Compensation of Physicians for Post-mortem examinations before Coroner’s Inquests.**—Until a short time since, we have had no opportunity to examine the Act, passed at the last session of the Legislature of Georgia, which provides for the compensation of medical men who may be required to attend professionally upon Coroner’s inquests. This act provides that “it shall be lawful for every Physician or Surgeon who shall be summoned by the Coroner or Sheriff of the county to make a post-mortem examination for the information of juries of
inquest, to charge and receive from the Treasurer of the county, the sums following, to wit:—For each post-mortem examination, when death has resulted from external violence, where no dissection is required, the sum of Ten dollars; for the same, where dissection is necessary, and where no interment of the body has been made, Twenty dollars; for the same, after one or more days interment, Thirty dollars; for the same, when any chemical analysis is required, the sum of Fifty dollars, and the expense of such analysis: Provided, that the compensation allowed in this act, shall not extend to more than one physician, for each post-mortem examination."

We are pleased that this tardy act of justice to the medical profession has been done; but at the same time we are constrained to say that the compensation for post-mortem examinations, where chemical analysis is required, is entirely inadequate. In almost every case of this kind, the entire responsibility is thrown upon the physician. Upon the correctness of his analysis, the reputation and life of the accused depends. His opinion alone determines the question whether or not a crime has been committed. To place a man under such a weight of responsibility, and then to offer to compensate him for fifty dollars, shows a very low appreciation of the profession, or a very extravagant estimate of the value of money. We hope that this part of the law will be hereafter amended, and a more adequate compensation allowed. We are, however, much gratified that the obligation of the community to compensate physicians for services rendered the public has been thus recognised. This recognition is doubtless due to the organization of the profession which has been going on throughout this country for the last three or four years. The same means, if properly used, will procure a further recognition of the obligations which the public are under to physicians.

**Medical Society in Cobb county.**—We learn from a medical friend that a Medical Society has been formed in Cobb county, Georgia, and that Dr. Elliott has been elected its President; Dr. Quintard, Vice-President, and Dr. Dunwoody, Secretary. The next meeting of the Society will be held on the first Saturday in August, at which time an address is expected from Dr. Slaughter, of Marietta.

The Postmaster-General has decided that the "*African Repository*, a monthly periodical of 32 pages, printed in Washington and stitched in a cover, is entitled to pass through the mails at *newspaper* postage. The Boston Medical and Surgical Journal, an unstitched
weekly journal, is charged with pamphlet postage. Is it that the affairs of Africa, and the interests of the African race, are deemed of more importance than the physical welfare of our own people?

University of Pennsylvania.—Prof. George B. Wood, has been transferred to the Chair of Practice, vacated by the resignation of the venerable Professor Chapman, and Joseph Carson, M. D., has been elected to the Chair of Materia Medica and Therapeutics.

American Medical Association.—The following resolution, appended to the Report of the Committee on Medical Literature, was adopted by the Association at the meeting at Cincinnati in May last.

Resolved, That the sum of one hundred dollars, raised by voluntary contribution, be offered by this Association for the best experimental essay on a subject connected either with physiology, or medical chemistry, and that a committee of seven be appointed to carry out the objects of this resolution: said committee to receive the competing memoirs until the first day of March, 1851; the authors' names to be concealed from the committee; and the name of the successful competitor alone to be announced after the publication of the decision.

Dr. Francis G. Smith, Philada., Chairman.

" Alfred Stillé, Philadelphia.
" Franklin Bache, "
" L. P. Yandell, Louisville, Ky.
" James Moultrie, Charleston, S. C.
" Robert Bridges, Philadelphia.
" Washington L. Atlee, Philadelphia.

In accordance with the above resolution, the Chairman gives notice that the sum of one hundred dollars is secured, and will be paid over to the successful competitor, or, if preferred, a gold medal of equal value, bearing a suitable inscription.

The competing memoirs must be transmitted to the Chairman, free of expense, and should be designated by some appropriate motto; the author's name accompanying it in a sealed packet, designated in like manner. The successful essay will become the property of the Association, and in case no paper of sufficient merit is offered, the time will be extended for another year.

After the decision of the committee, the sealed packet containing the author's name will be opened in the presence of the Association.

Medical Journals throughout the country are requested to give publicity to the above Notice, and to aid in furthering the wishes of the Association in this respect.

Francis G. Smith, M. D., Philada., Chairman.
Great Longevity.—The Boston Medical and Surgical Journal states that among the members of a religious congregation in Suffolk county, Long Island, N. Y., there are five persons over one hundred years old; eighteen over ninety; fifty-one over eighty; and forty-five over seventy. If this report is correct, it speaks well for the morality of the congregation, for "a conscience void of offence" is certainly one of the most important means of procuring long life.

Deaths.—M. Marjolin, one of the oldest and ablest of the surgeons of France, died on the 4th March, in the seventieth year of his age. A large concourse of medical men, students, deputations from hospitals, &c., followed his remains to the tomb.

Doctor Capuron, a distinguished professor of Midwifery, died recently in Paris, at the advanced age of eighty-three years.


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<td>93-100</td>
<td>80</td>
<td>29</td>
<td>91-100</td>
<td>W.</td>
<td>Fair.</td>
</tr>
<tr>
<td>24</td>
<td>66</td>
<td>29</td>
<td>83-100</td>
<td>72</td>
<td>29</td>
<td>81-100</td>
<td>E.</td>
<td>Cloudy.</td>
</tr>
<tr>
<td>25</td>
<td>87</td>
<td>29</td>
<td>76-100</td>
<td>75</td>
<td>29</td>
<td>76-100</td>
<td>E.</td>
<td>Cloudy all the morning.</td>
</tr>
<tr>
<td>26</td>
<td>60</td>
<td>29</td>
<td>75-100</td>
<td>86</td>
<td>29</td>
<td>74-100</td>
<td>N. W.</td>
<td>Fair.</td>
</tr>
<tr>
<td>27</td>
<td>63</td>
<td>29</td>
<td>75-100</td>
<td>90</td>
<td>29</td>
<td>74-100</td>
<td>N. W.</td>
<td>Fair—blow—sprinkle at 7 1/2 F. M.</td>
</tr>
<tr>
<td>28</td>
<td>68</td>
<td>29</td>
<td>72-100</td>
<td>91</td>
<td>29</td>
<td>65-100</td>
<td>N. W.</td>
<td>Fair—storm of wind at 8 P. M.</td>
</tr>
<tr>
<td>29</td>
<td>68</td>
<td>29</td>
<td>64-100</td>
<td>95</td>
<td>29</td>
<td>58-100</td>
<td>W.</td>
<td>Fair morning—blow at 8 P. M.</td>
</tr>
<tr>
<td>30</td>
<td>71</td>
<td>29</td>
<td>58-100</td>
<td>79</td>
<td>29</td>
<td>58-100</td>
<td>N. W.</td>
<td>Cloudy—rain, 80-100.</td>
</tr>
<tr>
<td>31</td>
<td>67</td>
<td>29</td>
<td>56-100</td>
<td>70</td>
<td>29</td>
<td>51-100</td>
<td>N. E.</td>
<td>Rain, 45-100.</td>
</tr>
</tbody>
</table>

20 Fair days. Quantity of Rain 3 inches Wind East of N. and S. 12 days. West of do. do. 19 days.