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Medical College of Georgia.

"Je prends le bien où je le trouve."

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ARTICLE XXVIII.

Fungus Haematodes—with Cases. By Paul F. Eve, M. D., Professor of Surgery in the Medical College of Georgia.

It is proposed in this article to present to the profession what I have seen of Fungus Haematodes. I have nothing new to offer respecting this formidable affection, no original matter to propose, not even a suggestion to make for its relief or treatment; but as the observations of any one who has seen cases may contribute something to the little known of this, fortunately, not common disease, a faithful narrative of my experience on the subject is the object intended by this communication.

Fungus haematodes belongs to the family of adventitious formations, class heterologous formations, order tissue, genus cancer or carcinoma, variety encephaloid. This is the nosological arrangement of Dr. Walshe, Professor in the University College of London, and has perspicuity and propriety to commend it for general adoption. A good classification of diseases not only prevents confusion, but simplifies their study and facilitates their acquisition: and there are certainly few affections requiring a more accurate definition than the one under consideration. Hence the necessity for an inquiry into what is meant by Fungus haematodes.

We need not quote the language nor present the opinions of authors who have written upon the subject, in proof that differ-
ent terms have been applied to the same disease. Indeed, it is only since the commencement of the present century that any distinction was made among the species of cancer. Up to this period all is confusion as regards encephaloid, schirrus and colloid; three varieties now readily recognized by all who study carcinoma. Fungus is at present spoken of by some (Burns, Hays, S. Cooper, A. Cooper, Liston, James Miller, and others) as a very peculiar kind of soft cancer, while others (Colles, Walshe, Gross, &c.) make no difference between it and encephaloid in general.

The late M. Breschet of the Hotel Dieu of Paris, proposed that the word fungus should be restricted to those spongoid tumors which have no external ulcerations, and that the term fungosity be applied to denuded surfaces presenting luxuriant projecting granulations. By adopting these definitions, and adding hæmatodes to the former, the Greek etymology of which is resembling blood, we come at once to a correct comprehension of these two words in juxtaposition; viz., a blood-like spongy tumor.

The true synonyms of Fungus hæmatodes, are, spongoid tumor, (Burns); fungoid or spongoid disease, (Hodgkin, A. Cooper); sanguine carcinoma, (various French authors); medullary fungus, (Maunoir); cerebriform or encephaloid tumor, (Laennec).

Dr. John Burns, F.R.S., regius Professor of Surgery in the University of Glascow, was the first to describe this affection. This was in 1800, and since then it has been examined by many distinguished pathologists. Little, however, has been added to the description of this disease as published in Dr. Burns's Principles of Surgery, London edition, 1838. He says: "It begins as a firm elastic swelling, which communicates to the feel the idea that a fluid is contained under a firm fascia, or resembles that which would be communicated by a sponge very tightly tied up in a bladder, on which account I have called it spongoid tumour.* When pressed with the finger, the point yields a little, but rebounds with elasticity when pressure is removed; no fluctuation, however, is discovered in a large tumour, but

* Tumor, and yet every author who alludes to or quotes Burns, says he calls the affection spongoid inflammation.—[P. F. E.]
merely an elasticity of individual points. This is a circumstance which in this and other much less formidable diseases, indicates not the existence of matter, but merely of a very tense state of the skin produced by a firm but compressible swelling of the parts below the swelling, or a lymphatic packing between it and the skin, as I have noticed on a former occasion. Some parts of the tumour feel firmer and harder than others, but the surface of the tumour is at first in general equal. Some degree of pain, generally shooting, sometimes deep and gnawing, is early perceived; presently the surface becomes unequal, and projects at one or more points; these soon become discoloured, and now, if not earlier, the lymphatic glands in the course of the absorbents, become somewhat enlarged, the projections become more prominent, redder, or more purple, the skin gives way by a species of sloughing or abrasion, and the tumour soon sprouts out, and at the same time its exposed surface discharges a bloody serum. This surface, which is very vascular, becomes covered, more or less completely with an ash-colored kind of lymph. It discharges much thin, red, or saffron-coloured serous fluid, whilst the vessels, particularly the veins, often discharge pure blood. A large tumour may have several of these exposed excrescences, which, passing for bloody fungi, things which have no existence in any disease, have procured for this tumour, from Mr. Hays, the name of fungus haematodes. Such excrescences are not fungous growths by granulation, but protrusions consequent to the expansion of the tumour; they are elevated like a cauliflower beyond the tumour; they are soft to the feel; and this decided elevation, this softness, the elasticity of the tumour, and the absence of general hardness, at once distinguish the disease from cancer. The skin for a little way around the projections is inflamed, perhaps slightly excoriated, the discharge increases, and becomes faecid, perhaps haemorrhage becomes more frequent, the pain increases, the health suffers greatly, the patient wasting away, till worn out by suffering and increased debility, life be destroyed. If the disease be long protracted, the lymphatic glands swell greatly, and assume the appearance of the original tumour. By dissection, the tumour is found to be made up of various compartments of different sizes and shapes, formed by the inter-
sections of a membranous substance. The smaller compartments, which we suppose to be those of most recent formation, are filled with grayish, soft substance, at first sight resembling the fetal brain, but on more minute examination it seems of a more cellular or organized texture. The larger, or what may be considered the more advanced compartments, contain a bloody substance, sometimes fluid, sometimes solid like coagulum, or intermixed with brainular albuminous substance, so as to give such portions of the section a mottled appearance like jasper. At those parts where the tumour felt externally hard, the indurations are found to proceed from a thickening of the intersections. The muscles in the vicinity become converted into a substance like liver, and the bones become soft and spongy. There is no part of the body exempt from attack of this disease, and it may often, but not always, be traced to external violence.”

Prof. James Miller, of Edinburgh, in his Principles of Surgery, states, that in order to constitute a true Fungus haematodes, three things are essential; a fungus projection of morbid structure, that it be dark and blood-like and that it bleed more or less profusely.

In the Cyclopaedia of Practical Medicine, edition 1845, Dr. W. Kerr says, fungus is “a morbid condition of the body, evinced by the development of an elastic uneven tumor, or tumors, not painful in their early stage, and becoming so only by implication with surrounding parts; tending to ulceration, and by ulceration presenting to view a soft and spongy fungus, rapid in its growth, readily bleeding in vascular textures, and emitting a peculiar serous discharge of a very fetid odor, more or less colored with blood.”

There are two distinct structures entering into the formation of Fungus: one is the contained parts or brain-like, blood-like pultaceous mass; the other is the containing areolar tissue, which is remarkably thin. This divides the tumor into lobes, and conducts into it numerous blood-vessels which increase in proportion to the development of the disease. Injections pass into the arteries and the veins, but their coats are found to be greatly attenuated. Prof. P. Bérard, now Dean of the medical faculty of Paris, detected his injected material only in the
arteries, nothing having penetrated the veins of the tumor. This was afterwards accounted for by observing that the venous system of the encephaloid mass was filled with the cerebral matter, and consequently the injection could not here penetrate. Lenoir, Thibault, and Bernutz, subsequently to the above experiment, presented to the anatomical society of Paris, instances of both veins and arteries in this affection fully injected. Vidal (de Cassis) in his Pathologie externe et de Médécine opératoire, declares that neither nerves nor lymphatics have been traced in encephaloid degeneration. Dr. Gross, in his Pathological Anatomy, says, nerves probably exist in considerable abundance in this disease; he even supposes they may be of new formation. We cannot but think further proof is required to establish the fact that either nerves or lymphatics exist in Fungus.

As regards the organization or nature of encephaloid degeneration, we know but little. Chemistry has taught us by analysis that the contents of the tumor not only resemble brain in appearance, but that its actual composition is cerebral; the elements of both being precisely alike. About one-half of the entire mass is albumen—the same is true of the other varieties of cancer, schirrus and colloid. So entirely does encephaloid compare with the structure of the brain, that Maunoir of Geneva, ventured the opinion that it was furnished by the nerves; and Dr. Gross, now of the medical department of the Louisville University, conjectures that the arteries become surcharged with this matter, and instead of its being converted into cerebrum, cerebellum, or spinal marrow, is poured out per errorem loci into the tissues of the body. The opinion of Prof. Carswell, of London, is, that encephaloid matter, like coagulable lymph, is endowed with a high degree of vitality, by virtue of which it creates its own blood-vessels, and by anastomosis these communicate with the circulation of the surrounding parts. To this independent origin of arteries and veins, to which our friend, Prof. Gross, can see no particular objection, we cannot subscribe. All adventitious formations are supplied with blood by the extension and prolongation of vessels from the neighboring tissues. Dr. Hodgkin declares that the idea of new formed vessels in encephaloid is totally inadmissible. M. Cruveillier affirms, too, that arteries of new formation are never found in accidental tissues.
On the 25th of June, 1850, the distinguished Orfila read a memoir before the academy of medicine on the subject of detecting cerebral matter. The occasion which induced the experiments proving that by concentrated sulphuric and hydrochloric acids together with the microscope, the smallest portion, even when dried upon the clothing, could be established with certainty, was the commission of a murder in France, in which the prisoner presented a small stain, supposed to be from brain, on his shirt, corresponding to his shoulder. This celebrated chemist has satisfied all, without a doubt, that with the microscope and by the two acids mentioned it is possible, under almost all circumstances, to recognize cerebral matter, for their re-action upon brain differs from that obtained upon all other known organic substances—these never producing with it the least trace of blue, but a dirty gray or red color. Now, whether this test can be applied to encephaloid matter, we know not. The experiment is a curious one, and we hope will soon be tried.

Fungus hæmatodes is the result of perverted nutrition and secretion. The microscope reveals this substance to be produced by what is known as the cell-theory. By this doctrine the cytoplasts are deposited, and the tumor thus acquires volume; its size and form being determined from the resistance or impressions communicated to it by the surrounding organs or tissues. It is, of course, derived from the blood, but whether this fluid is primarily affected in this distemper or not, is a question still undecided. Velpeau, Cruveilheir, Andral, Langstaff, and Bérard, have each announced the detection of carcinomatous matter in the blood, and Prof. Carswell now advocates its origin there. But supposing this theory true, and the opinion established that the blood was the sole primary seat of the encephaloid degeneration, how are we to account for the malignancy of this production? Is there not something superadded to the brain and blood-like matter which constitutes the very disease in question? The mere deposit of cerebral substance in an organ will not produce a highly pernicious tumor, and bring about a cachectic condition of the system. We know in reality nothing of the nature of Fungus, and why or how malignancy, local or constitutional, apart from chemi-
cal poisons, originates or is created. What know we of animal poisons, either intra or extra human? Precious little!

The symptoms of Fungus hæmatodes are generally quite obscure in its early stage. It may attack at any age, but is chiefly met with in early or adult life. It may even commence in intra-uterine existence, which we confess points to a diseased condition of the blood. Mr. Travers and Sir Astley Cooper saw a case of congenital encephaloid of the eye, in which that organ at birth was as large as a walnut.

The first physical change observed in an organ or part affected by Fungus is swelling or the production of a tumor. Augmentum morbosum is more true of this than of any of the species of carcinoma or cancer. Bérard saw one in the thigh of a female as large as the body of a man. We have measured one at the shoulder-joint over thirty inches across. In its incipiency attracting but little notice, a blow, injury, or some other violence may occasion the tumor rapidly to enlarge. Fluctuation is now often so evident that a puncture has not unfrequently revealed the error of diagnosis. The contents of the Fungus are not of the same consistence, some parts may be as soft as clotted blood, and others as hard as leaf-lard. Dupuytren, believing the elementary tissue of encephaloid to be erectile, sets down pulsation as one of the peculiarities of the tumefaction. We think this sensation has been manifest in some cases, but do not consider it a characteristic of Fungus hæmatodes. This would certainly confound it with aneurism. If we were to venture an opinion respecting the peculiarity of the tumor, it would be its persistent obstinate nature—being amenable to no course of treatment, progressing slow at first, then rapidly and continuously augmenting to ulceration and destruction of all invaded tissues.

Pain is not a constant or characteristic symptom of Fungus. There is no peculiarity respecting it. While all patients suffer more or less, during the development and progress of the affection, some complain only of the distention in the parts affected, a few of sharp, cutting or gnawing pains. It is, moreover, generally intermittent. One told Dupuytren it was like flashes of lightning.

As a local symptom even hemorrhage itself is only manifest-
ed after the period of ulceration. The blood is chiefly venous, but is also arterial. There is no pathognomonic sign of encephaloid so long as its envelopes preserve their integrity. The brain-blood-like structure alone makes evident the diagnosis.

Fungus originates everywhere; it respects neither internal nor external organs; it frequently co-exists in several of them. In Velpeau's celebrated case, in which the patient survived six years, it invaded nearly the whole body. Unlike schirrus, it affects many parts at the same time. For the eye, the extremities, but particularly the neck and shoulders, it has most frequently declared its partiality.

Although the local symptoms of this disease are obscure and insidious, the general system suffers so greatly as to be soon impressed by it. This is made manifest by the loss of appetite, impaired nutrition, hectic but without much fever, and a sallow greenish cast of the countenance. Great and evident constitutional distress exists sooner or later in all cases.

As we have confessedly no pathognomonic symptom, either local or constitutional of Fungus, when other means fail, a puncture may be made, and then any other further proceedings at once executed. As soon as the nature of the tumor is revealed, its total extirpation should immediately be performed.

This is one of the most formidable of all diseases—few affections are so malignant. Dr. Burns says there are few instances of permanent success attending operations performed after excrescences had taken place. Dr. Walshe uses similar language, in stating that few authentic cases are recorded of permanent recovery after ablation of this affection. In Dr. Allan's case, death from reproduction occurred after the fourth operation. This is the sad experience of all with Fungus hæmatodes, with scarcely an exception: it is fully confirmed by our own experience. Indeed, the great Scarpa laid it down as a law, that ablation of encephaloid invariably hastens death. Græfe, the late surgeon-general to the Prussian army, whose acquaintance we had the pleasure to make in Berlin, about the time this declaration was published in the Gaz. Méd. de Paris, (1835,) contradicted this by declaring he had often extirpated Fungus hæmatodes, without any relapse having occurred for sixteen, eighteen or twenty years. In
deciding the question for an operation in cases of encephaloid, we have been influenced by the considerations that all other means have heretofore failed, and extirpation or amputation may relieve the patient and retard the development of the disease, though neither should cure.

The following cases have come under our immediate observation in private practice.

Case 1. *Fungus hæmatodes of the Shoulder—a seton applied—death of the patient in about six months.*—This occurred in a son of a physician, but not a practitioner of medicine at the time. A successful planter, and now a merchant, Dr. P. had recently moved to our city: in 1837, I was invited to see, with the late Dr. Antony, Drs. Carter and Dugas, one of his sons aged seven. He had a large tumor under the right clavicle and scapula. It projected both below and above the former bone, and bulged out the latter considerably from the thorax. It was soft, doughy, elastic and lobulated. The skin over the swelling was not inflamed, neither was pulsation detected in it, nor was it painful when handled. There existed also another tumor in the left iliac fossa, which, though large and distinct, was undefined. The little boy seemed in great distress, had hectic fever and sallow complexion.

In the consultation I suggested Fungus, and the plan of treatment and prognosis not being satisfactory to the family, the patient was soon taken to their country-seat in Greene county, where his father subsequently passed a seton through the tumor at the shoulder, and the patient died in some six months from the commencement of his attack, exhausted by hemorrhage and the disease.

Case 2. *Fungus of the Face—operation—death in about eight months after it.*—August 18th, 1840, I was consulted by the Rev. Mr. D., of Edgefield village, aged about 40, for a very painful tumor in the right cheek. It occupied a position in front of the parotid gland, was under the masseter muscle and in contact with the coronoid process of the inferior maxillary bone. It was the size of an egg. No cause could be assigned for its origin. Dr. Dugas saw the patient with me; the acute
suffering was attributed to pressure upon the neighboring nerves, but neither of us would venture an opinion as to the nature of the tumor. Mr. D. attempted to visit Charleston, to see my friend Dr. Geddings, but found the motion on the railroad so to aggravate his sufferings, that he stopped in Aiken.

On the 11th of September the tumor was laid open by an incision parallel to the duct of Steno and the facial nerve, and encaphaloid matter mixed with blood rapidly poured out. The cyst-like cavity was emptied and the hemorrhage restrained by pressure with compress and bandage. The outer surface of the coronoid process and down to the angle of the lower jaw-bone could be felt denuded of periosteum. Our patient, made aware of the character of his disease, returned home in a few days after this operation, with sad forebodings of the future. A large, bleeding Fungus, soon appeared at the opening made by the knife, which nothing applied could repress.

The 6th of October, I found Mr. D. confined to his room, presenting on the right side of his face a tumor the size of a cocoa nut, the irregular surface of which was studied over with large spots of coagulated blood. I could compare it to nothing so well as the fungous growth occasionally seen on luxuriant cornstalks, except that this was blacker. The foetor and repeated hemorrhages in this case proved insupportable to the system, and death soon put an end to the patient’s sufferings.

[This case I have alluded to among those published on operations upon the jaws.]

Case 3. *Fungus of the left Lumbar Region—Speedy death.* On the 8th of August, 1844, I was sent for to consult with Dr. Keith, then of So. Carolina, now of Alabama, in the case of Mr. L., one of his patients. He was a youth of some twenty years, and had been afflicted about three months. His disease, though acute, was undefined; he was evidently cachectic, and I was specially requested to ascertain the nature of a large tumor persisting in the lumbar region. This was only under the skin, and about eight by four inches in size, uneven on the surface, lobulated, elastic when pressed upon, painful when compressed, apparently of different consistence, and presenting no distinct pulsation or fluctuation like pus or serum. It was pro-
nounced a Fungus. The patient died soon after my visit, and I learn nothing transpired in the case to affect this diagnosis. I do not recollect if ulceration with hemorrhage occurred, but Dr. Keith was of the same opinion respecting the tumor—still doubts may exist as to our correctness.

**Case 4. Fungus of the Inferior Extremity—Speedy death.**
December 21st, 1844, I was called near to Sandersville, to see with Dr. Haynes a patient, in whose family he was the attending physician. A lad of sixteen, son of Mr. W., had attempted in a carriage to reach me, but becoming exhausted by the way, returned home. He had a tumor over the instep of the left foot, rather flat, as if confined by the fascia, and a much larger one behind the internal malleolus; besides these, there was undefined tumefaction in the iliac fossa of the same side, and his lungs evidently had deposits in them. Amputation was unhesitatingly declined, and the patient sank a victim to disease in a few weeks. That this was a case of Fungus I have never entertained a doubt. The local and constitutional symptoms in it were quite positive. Dr. Haynes, an experienced and most judicious practitioner, who had only incidentally examined it previous to my visit, was equally certain.

**Case 5. Fungus of the Inferior Extremity—Speedy death.**
During the autumn of 1846, I saw a lad of eleven years old, from Lincoln county, having a large tumor on the external surface of the right leg. It was situated just below the head of the fibula, under the skin and fascia, of the size of the largest orange, but more ovoid. No special cause could be assigned for it. It presented more the character of a Fungus than any other described, and such it was pronounced to be. This youth returned home, and all I could learn concerning him was a rapid development of his disease and speedy death. There are some doubts respecting this case.

**Case 6. Fungus of the Shoulder—Speedy death.**—This was the case of a negro girl about 17 years old, sent to me in 1847, by the Rev. Mr. S., of Greene county. In situation the tumor was similar to case 1, but immensely greater in size, measuring
across the shoulder-joint thirty-one inches. It projected so much posteriorly, under and beyond the scapula, that the patient could only lie upon the abdomen, and then she inclined upon the opposite side. This tumor had been punctured by a lancet and there issued dark-colored blood. It is deemed unnecessary to detail the local and constitutional symptoms exhibited in this case, so plain and manifest did they point to Fungus hæmatodes. There was but one opinion respecting it—and the patient died soon after her return home. How her death occurred, whether from hemorrhage, fungous excrescences, &c., I could never learn; but recollect her master saying the case terminated in a short time after reaching home.

**Case 7. Fungus of the Axilla and other parts—operation, rapid reproduction and death.**—May, 1848, Mr. McM., of Macon, called upon me for an opinion about a tumor in his left axilla. This was of the size of a goose-egg, felt fibrous, appeared to be an enlarged gland and was obscure as to its source. The patient had received a blow three or four years ago, which he supposed had injured his back, and had ever since repeated attacks of hæmaturia. He was now evidently in a bad state of health, and dated the tumor to be only of a few months growth. There were also other morbid enlargements, about the size of rifle-balls, in other regions of the body. The paroxysms of nephritic distress were irregular, occurring about every two to four weeks and were aggravated by rough exercise. The tumor in the arm-pit was becoming daily more painful.

Mr. McM. had tried several plans of treatment, both for the hæmaturia and swelling in the axilla. He believed there was no connection between the two affections. He was now placed upon local and constitutional means, with instructions that should the tumor continue to enlarge and distress him, it ought to be removed. In less than a month after his return home, I was telegraphed to operate upon him. There was now, in addition, a sub-clavicular tumefaction. Not yet positive as to the nature of the disease, a deep incision was made into the tumor situated in the axilla. Blood and encephaloid matter of lardaceous hardness were turned out, and then the tumor was fully extirpated. Being now certain I had to deal with Fungus, and
knowing how little could be done for one whose system was so completely affected by it (all doubts being removed as to the source of the bloody urine), a most unfavorable prognosis was left with his physicians and friends. Although attended by excellent practitioners, the wound made in the operation never entirely healed, the disease rapidly progressed; our patient fell then into the hands of quacks and died in about six weeks after the removal of the tumor from the axilla.

**Case 8. Fungus of the Neck—two operations—death.**—On the 25th of January, 1848, I removed before the class, from the neck of a negro man, from Warren county, a tumor about the size of a turkey-egg. Believing there was nothing special about the morbid production, no minute examination was made of it. The 26th of May, 1849, this patient was sent again to me, having now a much larger tumefaction under the cicatrix of the neck, than he had presented before. Still undeceived as to its character, a second operation was attempted. While endeavoring to dissect it out of the sub-mental region of the right side, blood and brain-like substance poured out; so copious was the hemorrhage, and now convinced of the character of the complaint, the operation for extirpation was abandoned, a sponge was thrust into the wound and pressure applied. In a few days the patient was able to leave for home, where he lingered some months.

**Case 9. Fungus of the inferior Extremity—Amputation—no return in ten months.**—December 3d, 1849, Col. G., of South Carolina, brought to me one of his negro men, aged about 40, who says, eleven years ago he received a blow just below his left knee-joint. A tumor has gradually been developing ever since and has now attained the size of a large orange. Within a few weeks it has ulcerated, and at a small nipple-like projection has bled copiously, repeatedly and spontaneously. A probe introduced gives great pain, and its withdrawal is followed by hemorrhage. The volume of the tumor projects between the tubercle of the tibia and the internal surface of the joint. It is under the skin and fascia, but does not penetrate the articulation. The leg cannot be fully extended on the thigh.
In the presence of the medical class, chloroform was administered, the ulcerated opening in the tumor enlarged to verify the diagnosis that it was a case of Fungus, when blood and brain-like matter flowed out copiously. Amputation of the thigh was immediately performed. The head of the tibia was found involved in the destruction of parts attacked, the knee-joint being only partially affected by it. The patient had a good recovery, and was ready to return home in three weeks after the operation. There has been no return of the disease yet, none from special information received six months after wards.

Case 10. Fungus of upper Extremity—amputation, recent case.—This was a case occurring in a little girl, aged six years, daughter of Mrs. H. of So. Carolina. The Fungus developed itself in the muscular part of the left fore-arm, involving all the tissues and distending the skin in nearly every direction. For such an age it was an enormous tumor, and had to be suspended in a handkerchief around the neck, and when seated was supported by the little sufferer in her lap. There was also a flattish tumefaction in the sub-clavicular region of the same side. From the great swelling above and below the upper arm appeared quite small. The patient presented the usual cachectic condition of the system.

Mrs. H. had come to Augusta during my absence at the meeting of the American Medical Association at Cincinnati, and in June, 1850, revisited it in search of relief for her daughter. She was told little could be done for her child. An operation, while it might disembarass and relieve the patient for a time, did not promise a cure even remotely—death sooner or later was considered inevitable in the case. She asked for the respite, and with some reluctance the arm was amputated. Strange to say the stump healed by the first intention; it may be there was not sufficient vigor remaining in the system to produce inflammation in the wound. The swelling below the clavicle has somewhat subsided, and my patient continues to improve for the time in the country.

The amputated member was put into alcohol, but the tumor burst about the middle of the fore-arm, and has continued to pour out a large mass of encephaloid matter.
Case 11. *Fungus of the Female Mamma—operation, recent case.*—July 13th, 1850. I removed a voluminous breast of a negro woman aged about 35, sent to me by Mr. G. of So. Carolina. The tumor presented a mixed character, some parts soft, others firmer. There were no enlarged glands in the axilla. The patient complained greatly of the pain in the distended mamma. This was removed under chloroform, and laying it open a sanious fluid escaped to the extent of two or three ounces, and then were encountered masses of lardaceous-looking substance, which, when broken up, resembled brain. An unusual number of vessels were ligated, the hemorrhage having been considerable during the operation. The patient remains well so far.

Case 12. *Fungus involving the Parotid Gland—recent operation.*—This case has just been operated upon, and I was indisposed to admit it *Fungus hæmatodes*, thinking I might be too much influenced in making a decision, by the fact of being engaged at present in investigating this disease. Having a very ill patient in the country prevented an application of the microscope or chemical reactions in verifying the diagnosis.

Mr. H., of Lincoln county, aged about 30, called, Sept. 5th, to consult me about a tumor situated over the parotid gland of the right side. Two years ago he observed a small pimple-like projection in this region, which gave little inconvenience until recently, but had gradually enlarged to the dimension of an egg. A week or ten days since it was punctured, when dark blood freely issued mixed with matter, but which the patient admits might have been cerebriform. The tumor was lobular, presenting a small opening with reverted edges, and covered with cotton and a handkerchief to prevent a constant disposition to bleed. Probing produced pain and hemorrhage. The skin covering the enlargement was greatly distended, thin and of a dark purple color. The patient was of the sanguine temperament, with a constitution apparently unaffected specifically. He complained of sharp intermitting pains through the part affected. This could not be distinctly isolated from the parotid gland. Assisted by Dr. Litten, of Alabama, (incidentally here,) and others, the whole diseased mass was included in an ellipsis of one and a half by three inches, which was followed by a
vigorouss hæmorrhage. As was apprehended, a portion of the affection dipped downward into the gland beneath it. This was fibrous, or even hard as schirrus, while the other portions removed were soft and brain-like. Finding ligatures impracticable, a thick compress with roller and then a handkerchief arrested the bleeding. The dressing was removed on the second day, and the exposed surface cauterized. Iodide of arsenic internally, and the actual cautery as a local application, were the suggestions offered to arrest a reproduction of disease should it occur in this case.

I recollect being consulted in two other cases supposed to be Fungus, and am now engaged in one in which unfortunately too many symptoms of this dread affection are present, but cannot with propriety enumerate them among those here reported. Indeed, this article is not concluded without expressing the regret that greater distinctness and more minute description of the instances referred to could not be obtained. To several letters requesting information and particulars, no answers were received. In pathological anatomy the microscope is emphatically of recent application, and even now morbid alterations are not well defined by it. By it I have recognized the fusiform nucleated cells, said to be characteristic of cancer as a specific disease.

Of cases of encephaloid fungosity or ulcerations, as distinguished from Fungus hæmatodes, I have seen several, have operated on some of them, but have never succeeded in curing one. In only one instance have I removed a carcinomatous disease in which death or reproduction has not occurred, and that was an ulcer involving the whole mammary structure, resembling a cauliflower excrescence.

**RECAPITULATION.**

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<th>Region affected</th>
<th>Causes of the Disease</th>
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The present century is distinguished from all that has preceded it by the most important discoveries and rapid improvements in the Arts and Sciences. Medical men have reason to be proud, that in a profession whose aim is to relieve human suffering, the advance in knowledge has kept pace with that in any other branch of science. And it is a matter of peculiar gratification to the faculty, that in a disease, or set of diseases, involved in so much obscurity, and producing a train of suffering as wide as the human family, the discoveries and improvements have been so marked that we are enabled to approach them in their most formidable condition with a strong hope of relief, and permanent cure: I allude to functional and organic diseases of the uterus. The invention and use of new instruments for examination, the application of new principles, and the prying research of a deeper philosophy, have unmasked these "protean" forms of disease; by the aid of which the intelligent practitioner of the present day may come to the relief of suffering woman.

Uterine diseases are more numerous, and far more complicated than was formerly imagined. That organ is alike the seat of life and disease. Its great functions and nervous connections expose it to constant derangement. The Indian woman, borne down by the drudgery of a camp-life, and the luxurious lady, are alike its victims.

Those improvements which promise cure, or even mitigation, to suffering so wide, become, at least to the female sex, like the air we breathe, a blessing and a common inheritance. And to whom are we indebted for these improvements in uterine pathology? In Europe and America, the voice of the profession is loud in bestowing imperishable honors upon the names of Velpeau, Bennet, Whitehead, Jobart, and, though last, not least, the illustrious Madame Boivin, to whose labors France owes much for the reputation it enjoys, as the land where diseased woman may find a physician and a cure. Long may the
impulse that has been excited continue to animate the medical profession, until an entire knowledge of uterine disease, with its means of cure, has been ascertained. The spirit of research which, in Europe, is fast casting off the dogmas that have weighed down medical literature, is finding its way to our American continent, and is kindling into a glorious enthusiasm which promises much for "Medical Reformation."

The diseases that I have selected, as possessing material for several communications, are—1st, Leucorrhœa. 2d, Induration of the Os Uteri. 3d, Ulceration of the Os Uteri. 4th, Prolapsus Uteri. 5th, Vesico Vaginal Fistula.

The treatment of each of the diseases selected is illustrated by the recital of cases, as they occurred in the practice of my intelligent and worthy preceptor, Doctor E. Stephens, of Brazoria.

The first disease in the order of arrangement, and upon which I propose to offer some general remarks, is Leucorrhœa, a discharge from the female genital organs, which varies in quality, and quantity, in a ratio to the increase of functional derangement, or lesion of structure. It is of considerable value in practice, to discriminate between the character of the different vaginal discharges, for frequently they will be found to throw considerable light upon the cause or causes which produces them.

Sir Charles M. Clark has gone so far as to arrange and classify diseases of the uterus according to the condition of the vaginal discharge; and though many objections may be urged against such a system, still we must acknowledge that good has resulted from the investigation of the nature of vaginal discharges.

Those who have examined the observations of the older writers on this disease, cannot fail to detect a prevalent error: that of attaching too much importance to a single, or a few symptoms; or of overlooking the disease, and treating the result or phenomena of the disease as the pathological derangement. Symptoms are essential to the formation of a correct diagnosis, but in the application of our remedies we must look upon the external evidences of disease. From the deficiency of our knowledge on uterine diseases, it may be difficult always
to separate the symptoms from the disease; yet it is essential in order that our diagnosis may be consistent, and that our treatment may be based upon rational assurances. To illustrate the point. The hasty examiner would be too apt to treat leucorrhœa as an idiopathic affection, and an attempt to cure, would, in the majority of cases, result in failure; while the more skilful would look upon the discharge as symptomatic of functional change, or lesion of structure, and the quality of the discharge as a special diagnostic mark.

According to the recent researches of Mr. Whitehead, leucorrhœa exists under two distinct forms, both as regards the secreted fluids and the sympathetic disturbances by which such are attended; and also as to the nature, extent, and precise seat of the lesion upon which each depends.

The two forms are Mucous and Purulent. There are two well-marked varieties of mucous leucorrhœa, distinguished by the condition of the discharge, and the source from whence it issues. In one, the secretion is transparent, glairy, and communicates no stain. It indicates a state of high vascular excitement of the mucous membrane near the os uteri. The other variety is an affection of the lining membrane of the vagina. It is characterized by an opaque discharge of pure whiteness, and exhibits an intense acid reaction. The vagina is much relaxed in this form of the discharge.

Purulent leucorrhœa, from its being characterized by the appearance of pus, indicates a state of suppurative action, the discharge is of a yellowish or greenish color, and communicates a deep stain to the linen. It has an alkaline reaction. The vagina is not usually implicated in this form of the disease, but the lower part of the uterus is in a state of hypertrophy, sometimes indurated, and generally presents an ulcerated or exco-riated surface. Of the two varieties, purulent leucorrhœa is more fatal in its ultimate tendency, and unless the condition of the uterus upon which it depends is relieved sterility is often the result, or if conception should take place, abortion is the inevitable consequence. Recent researches as to the cause of abortion have established the fact, that the condition of the parts which gives origin to purulent leucorrhœa, is a very common cause of miscarriage.
The causes of leucorrhœa may be arranged under several heads:—1st. Derangement or prevention of the general health. 2d. Lesion of structure. 3d. Causes that cannot be classified under any special order, but include loss of uterine function, mechanical irritants, and the application of a specific virus.

The difficulty attending any attempt at an unobjectionable classification of causes, from the very nature of the subject, is an arduous task. To say that a single cause can be productive of several effects, is an illogical assumption, for it is demonstrated that no two effects follow the same cause, nor can a simple increase or diminution of a cause, give origin to different effects. There must be some essential element in each causation which impresses a difference in the intensity and character of diseases. What this element is we know not; it is a something which is capable of developing in one a fever, the second a myolitis, and in the third a neuralgia.

Treatment.—The first form, or mucous leucorrhœa, as it depends on an anæmic or debilitated state of the general system, must be cured by the exhibition of invigorating tonics; these, by giving tone to the constitution, alter that state of the mucous membrane which produces this too abundant secretion. The furruginous preparations are the best: of these, the iodide and chloride of iron, or the sesquinitrate of iron, are preferred. Cinchona may also be employed. Also the cold shower bath, unless the general health is too much enfeebled, or where there is a great deficiency of carbonaceous materials in the food and blood. The bath should always be followed by an agreeable reaction. Exercise will aid in imparting tone to the system, and should be regularly taken. Here, too, it is necessary to make an important exception, for when the dynamics are low, the strictest quietude should be enjoined. The deficiency of the dynamics of life is indicated by an inability to take the gentlest exercise without inducing fatigue.

The genital organs should be kept clean by frequent ablutions. Generally no local treatment is necessary; though should the secretion become very abundant, an injection of a solution of nitrate of silver thrown up the vagina will be found beneficial. As an almost infallible accompaniment of uterine disease, whether functional, or structural, we have an altered
action of the spinal nerves, which may develop itself in a general neuralgic condition. The spine is sometimes morbidly sensitive, and on pressing the spinous processes, if there is much irritation, the pain is referred in a great degree to the terminal extremities of the nerves. The nerve of organic life, from its intimate relationship with the spine and uterus, soon becomes implicated, and as the centre of a mighty power, extends its sympathetic influences over the entire frame. As to the pathology of spinal neuralgia, the limits of my subject does not allow me to enter into its discussion, but I must refer to the excellent description given of it by Breschet. It is necessary that this condition of the spine should be altered, and nothing promises more good than revulsions and counter-irritants, and of these, Granville's ammoniated solution, local depletion by cups, and tartar-emetic pustulation, are the best.

As purulent leucorrhoea usually depends on an alteration of structure, as ulceration or induration, I shall offer but few remarks as to the treatment, reserving any special notice until those diseases are taken up in detail. When this discharge exists we should have recourse to vaginal examination, and if the cause, which produces it, can be detected, it must, if possible, be removed. In an investigation of uterine diseases, no physical examination can afford such conclusive evidence of its existence as will be afforded by the speculum uteri, and in the application of our remedies we can, with this instrument, overcome the difficulty presented by the anatomical relation of the parts. To lessen the discharge, we must remove the offending cause: if it is inflammation or ulceration of the os uteri, nitrate of silver offers a speedy cure; if it is induration of the uterine neck, caustic potassa is a good remedy. The condition which gives rise to the discharge, must be changed before we can hope for a radical cure.

Leucorrhoea connected with functional derangement and mechanical irritation, must be treated with an eye to the exciting cause. If the discharge depends on amenorrhœa, menorrhagia, or dysmenorrhœa, these conditions must be relieved by their respective remedies. Masturbation is sometimes a cause of leucorrhœa, and no medicine will give relief so long as the faulty habit is continued. In such cases, moral cultivation is of more
value than any pharmaceutical remedy. Ascarides of the rectum and vagina, may cause a persistent leucorrhœal discharge which will continue until they are got rid of. A very interesting case of leucorrhœa, caused by ascarides of the vagina, was brought to my notice by Dr. Powhatten Archer, of Texas, which I intended to embody in this communication, but space will not allow. The too frequent use of pessaries often results in vaginal discharge, and is frequently the source of aggravated uterine disease. A pessary cannot usually remain a length of time in the vagina without resulting in serious mischief. In prolapsus uteri the mechanical irritation it superinduces causes a general increase of morbid derangement, and seldom, if ever, succeeds in effecting a permanent and satisfactory cure.

I shall bring forward but one case of leucorrhœa, and that of an obstinate purulent form.

Rose, a negress, aged 50, naturally of a vigorous and robust constitution, has enjoyed uniform good health until within the past few years. She has been subject to a vaginal discharge, but never so abundant as to prevent her from attending to her occupation, until within the last six or eight months. She came under medical care November, 1847, three years after the first discovery of the leucorrhœal discharge. The woman was unable to assign any cause that gave origin to the disease. I am positive, that some time before she became sensible of her condition her husband was affected with gonorrhœa. I have no evidence that he communicated the disease to her, though I strongly suspect it. She was never subjected to any treatment for gonorrhœa. For three years the discharge gradually increased, up to the time she was placed under treatment, in November; at that time it amounted to sixteen or eighteen fluid ounces in twenty-four hours. It was thick and tenacious, of a greenish color, and left a deep stain on the linen. It was purulent, and so very offensive as to render it impossible to approach her person without nausea and disgust. Her health was very much enfeebled, and she was emaciated to an incredible degree. She had no strength, and was unable to walk; inability to speak without great sense of fatigue; appetite generally good, though digestion was imperfect.
She complained of pain in every part of her body, especially in the back, upper and lower extremities. On examining the spine, it was found quite sensitive to pressure, and a painful sensation referred to different parts.

The first day that the woman was seen, directions were given to have the vagina well syringed out with warm water and soap: afterwards to use as an injection a weak solution of chloride of soda, to correct the fetor; which was followed up for several days. She was directed to keep perfectly quiet, and to have good diet; bowels to be moved once daily.

Nov. 6th. Gave her an astringent injection, to be repeated several times a-day, until the discharge diminished; gave her Carpenter’s ext. of bark, as a tonic; applied a blister over the spinal column.

Nov. 15th. The discharge not so offensive, and some less in quantity. After the blister drew well, she experienced marked relief from her neuralgic condition. It was kept discharging a week. Ordered a continuance of injections for some time.

Dec. 1st. Considerable alteration in leucorrhoeal discharge. Stopped the use of bark, and gave her iodide and chloride of iron, ten drops three times daily.

Dec. 20th. Her general health begins to improve; iron agrees well with her. Examined spine, portions of it quite tender: applied to it Granville’s solution. The discharge still thick and yellowish, and extremely offensive. Ventured an examination to-day with the speculum, which was quite unsatisfactory. Saw the os uteri, but so covered over with the tenacious discharge, that I could see but a small ulcer. Discontinued astringent injections, and made her use the black wash.

Dec. 25th. Used speculum again; after clearing away the mucous from the field of the instrument, saw the os uteri distinctly. It felt rather hard, and had several very distinct ulcers upon it, touched them with nitrate of silver, passed a small sized bougie into the mouth of the uterus. She is much stronger and digests better.

Jan. 10th, 1848. Examined with speculum; painted over the os with tinct. iodine; stopped use of black-wash; discharge not so offensive, and considerably less in quantity. Continue iodide and chloride of iron, increased to fifteen drops three times daily.
Jan. 15th. Os uteri not quite so hard; ulcers still very distinct. Use no injections; keep the parts clean, by cold ablations. Her difficulty of talking is leaving her; discharge not more than a fluid ounce daily. Touched ulcers with nitrate of silver; blistered her back with Granville's solution.

Jan. 20th. Painted os uteri over with tinct. iodine.

Jan. 25th. Ulcers appear in a much more healthy condition. Used again nitrate of silver; stopped use of iron, and put her on tinct. of bark and hydriodate of potassa. Says she feels quite well; discharge troubles her but little. The old woman has fattened up considerably, walks about freely and talks with ease—bowels regular and appetite good.

Feb. 10th. Examined with speculum: no discharge; all of the ulcers healed except one small one—touched it slightly with nitrate of silver. She is entirely clear of all neuralgic symptoms; her spine is free from all irritation; the os feels quite natural, and admits of a good large bougie.

Feb. 28th. All of the ulcers healed—no discharge. Sufficiently strong, feels well, and says she wants to be discharged. Gave her tincture of bark, to take occasionally. Discharged, well.

This affords a bird's-eye view of a very interesting case. I have only selected those portions which are of most interest, and which clearly show the incalculable advantage of medical treatment.

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ARTICLE XXX.

Case of Pustular Eruptions, from Vaginal Manipulation.

By E. M. Pendleton, M. D., of Sparta, Ga.

On the 13th ult., I was called in consultation with Dr. Stone, on a case of difficult parturition in the person of a healthy negro woman, belonging to Mr. Samuel Hall, of this county. She was about 27 or 28 years of age, and this was her fifth accouchement. On Monday night, the 11th, she was taken in labor; a midwife attended and delivered her of a fine, healthy, female child, at 3, A. M., on Tuesday. On examination, a second child was found in utero, which, however, after severe
labor pains during the day made no progress. Dr. S. was sent for at night, and found the right arm and shoulder presenting at the upper strait. He made an effort to turn, but failing, sent for me, with a request that I should bring my instruments to perform embryotomy, if necessary. I reached the place at noon, on Wednesday, a distance of seventeen miles, put the patient partially under the influence of chloroform and proceeded to make an effort at turning. The manipulation lasted about one hour; during which time, with the exception of short intervals of rest, one or the other fore-arm rested on the fourchette at a point just below the elbow; and from the frequent change of position, no doubt considerable friction took place between the arms at this point, and the vagina—amounting almost to abrasion of the skin. I succeeded at length in bringing down both feet and delivering her of a stout boy, who had doubtless been dead some time. The right arm was used the most during the operation, but it is doubtful whether at the point mentioned, it was in contact with the mucous membrane of the vagina, or the decaying placenta of the living child which lay in the vaginal passage.

On the subsequent Friday, I observed a few small pustular eruptions breaking out over each fore-arm where they had rested on the fourchette. They were attended with an intolerable itching during the first day. The next day considerable inflammation had taken place, extending along the whole course of the fore-arm, with soreness and enlargement of the glands near the elbow and under the axilla. The fever and constitutional disturbance was considerable, with partial loss of appetite, bad taste in the mouth, aching of the limbs and some thirst, and great restlessness at night. I think the disease reached its culmination on Sunday, being the fourth day after its inception.

I did not succeed in establishing any etiological data until about this time, though fully convinced that I had imbibed a disease by inoculation from some source, and had been busy in endeavoring to bring it to light. At length the case of turning presented itself, and the mystery was explained at once. I became fully convinced that it had originated from acrid secretions of the vagina, or, from contact with the decaying placen-
ta. Drs. Brown and McKie, who saw the eruptions, were of the same opinion, and each expressed their surprise at the near resemblance of the pustules to varioloid. All admitted that there was nothing syphilitic in their appearance, and the sequel proved that they were the effect of an acrid poison, acting topically on the skin like tartar-emetic, and presenting no greater evidences of malignant or constitutional disease. On the right arm were some seven or eight pustules, embraced in a circle of three inches in diameter, and not quite so many on the left, but in an exactly corresponding situation. Some of the pustules broke on Monday, and others remained a day or two longer. When fully natural, the circumference of the largest was about equal to that of a half dime. They all ultimately run into each other, however, forming a solid scab on each arm, which did not entirely scale off for several weeks. After they had entirely healed, I was plagued for several weeks with small risings similar to those in the neighborhood of blisters, and tartar-emetic eruptions, but differing very essentially from the first crop of pustules.

The most important question connected with this case is, as to its etiology. Whether it is a specific disease, and can be propagated by inoculation, or whether it is simply the effect of an acrid poison, which may have been secreted by the vagina, or generated from the placenta, which was now in an incipient state of decay, having been expelled from the womb some thirty-six hours. This being the fact, might not a similar poison have been produced, to that originating in dead bodies, the fatal effects of which are familiar to every student of medicine who is timely forewarned by the demonstrator to be cautious in his dissections, at the risk of life? The placenta is a living substance, and undergoes a similar death and decay to other organised masses of human flesh, and my present impression is that the arm rested upon it, instead of the pressure of the vagina. I therefore incline to the latter opinion, though it is a new field of observation with me, as it is the first case I have seen, and do not now remember any reports of a like character. Deeming all such cases of direct interest to the profession at large, I have thought it proper to report it, hoping thereby to elicit further information on a subject which will doubtless be new and interesting to many.
The only prophylactic means that I am able to suggest, is to oil well and wash well, as it is very probable that in the instance above neither of these means were used as thoroughly as they should have been at so high a point on the forearm.

ARTICLE XXXI.

Remarks upon Gangrenopsis—in a letter from Prof. Dugas, to the Editor.

Mr. Editor,—The publication in the last No. of your Journal of “Two cases of Sloughing Phagedæna,” with the details of successful treatment, will recall to many of your readers the melancholy remembrance of similar cases. In this section of our country, the occurrence of gangrenous affections of the cheeks, lips and gums, in children, is by no means uncommon, and there are few communities in which there may not be found some living evidences of its havoc upon the face, as well as of the possibility of occasionally preventing a fatal result. I do not know of any satisfactory explanation of the fact that it affects exclusively those of tender years, and most frequently those between 5 and 8 years of age. The object of this communication is to direct attention to a corresponding susceptibility of children of this age to mercurial salivation and sloughing, and to elicit the inquiry into the probable influence of mercurials in the occasional causation or excitation of such a state of things. Without denying, for a moment, that sloughing phagedena, cancrumoris or gangrenopsis (as the affection is variously denominated) may and does occur in individuals who have never taken mercurials, is it not possible, nay, is it not probable, that the use of an agent which does of itself sometimes induce a very similar destruction of tissues, and which is especially prone to do so at the very period of life most subject to gangrenopsis, may increase the tendency to this disease, if any exist in the system? The affirmative would seem a necessary or at least a rational corollary. Having had my attention very early drawn by a practitioner of genius and fine judgment (my preceptor), and one who was never accused of being afraid of mercurials, to the danger of giving calomel to children during the period of second dentition, I have never
forgotten the lesson, and feel strongly disposed to attribute to it the fact, the remarkable fact, that during a practice of twenty years, I have never had a case of gangrenopsis to originate under my treatment! I have, of course, seen cases of it, but they had always originated in the hands of others. I have now vividly in my recollection a family of five children, three of whom had during the same autumn been successively taken with remittent fever and died with most awful sloughing of the cheeks and lips. They were all treated with calomel. Discouraged at the result, the parents determined to change their medical adviser, and I was requested to see the other two children when similarly affected with fever. These were treated without mercurials and recovered, without gangrenopsis. Far be it from me to wish to generalize from isolated cases, or even from the mere results of my own experience. Yet I have deemed it a duty, in a matter of such vital importance, to make the above remarks, with the hope that they may incite others to endeavor to determine how much should be legitimately attributed to an original defect of constitution, and how much to the treatment instituted. It will be observed, that in the cases published in your last number, nothing is said of the treatment to which the patients had been subjected prior to their admission into the hospital.

PART II.

Reviews and Extracts.

Treatment of Erysipelas. By Albert J. Walshe, M.D., &c. (Dublin Journal.)

I have come to the conclusion, that erysipelas is a peculiar kind of fever, or constitutional irritation, producing an inflammation of the skin, or skin and subjacent areolar membrane, for the following reasons:

First. The disease, like small-pox, measles, &c., is subject to metastasis.

Second. There is always the same train of symptoms preceding and attending each case.

Third. A very minute dose of tartar emetic, which would
have comparatively no effect in other inflammations, generally causes severe vomiting and purging in this.

Fourth. In mild cases, the disease will wear itself out; the part where the eruption first appeared getting well, while the disease is spreading to sound parts; and this continues until the system is completely rid of the poison which caused this peculiar fever. The patient then is in better health than for some time previously.*

Fifth. It often recurs in the same patient at stated intervals; or if a patient who has had an attack lives irregularly, he is almost certain to suffer from a recurrence of the disease.

Sixth. That it is propagated by contagion will most probably be acknowledged, though I have myself seen but two instances; yet the observations of Lawrence, Copland, and others, appear to establish the point.

Erysipelas has been variously classified in all ages, but the following division appears to me to be the most natural and practical, viz:—First, Idiopathic Erysipelas, that which arises spontaneously without any manifest cause; and second, Traumatic Erysipelas, or that which arises from some external or manifest cause, such as surgical operations, wounds, &c. Having propounded the opinion, that erysipelas is a poisoning of the blood caused by derangement of the chylopoietic viscera, and that nature excites a peculiar inflammation to get rid of the poisoning, I shall now attempt to prove that the plan of treatment which I have followed, and which is founded on that theory, is the most efficacious.

The treatment recommended in erysipelas has been as opposite as possible. Some practitioners advise it to be treated as a purely inflammatory disease, by venesection, local bleeding, purgatives, and low diet. For this plan, high authority, both ancient and modern, can be brought forward. Others, taking a far different view of the disease, look on it as a species of putrid fever, and recommend tonics and stimulants, such as bark, ammonia, and wine, and object to all kinds of evacuations. Mr. Lawrence, who has written one of the most valuable treatises on the subject,† is at the present day the most strenuous supporter of the antiphlogistic treatment. He thus speaks:—

"As erysipelas resembles other inflammations in its causes, symptoms, and effects, it should be treated on the same principles, that is, on the antiphlogistic plan. Venesection, local bleeding, purging and low diet, are the first measures, to which saline and diaphoretic medicines may be afterwards added.

* There are cases of this kind recorded where the eruption passed over the entire body.
He then says, the earlier these means are employed the better. Vigorous treatment in the beginning seems to him most calculated to shorten the attack and prevent the disease from spreading beyond its original seat. This treatment, Mr. Lawrence states, must be, like that of any other inflammation, modified according to the age, constitution, previous health and habits of the patient, and the period of the complaint. He likewise recommends, in that form of erysipelas which he calls phlegmonous, one or more long incisions to be made through the inflamed skin and the subjacent adipose and areolar textures, which are the seat of the disease, and these incisions to be made at the commencement of the attack. If this be not done, the inflammation, he says, will pursue its course, both in the areolar membrane and skin, in spite of bleeding, whether local or general; suppuration and sloughing rapidly supervene, and these destructive processes soon extend over a large portion of a limb. Medical practitioners, he states, are in general too anxious to begin the strengthening plan, which often causes relapses; he considers that ammonia is the best stimulant when there is doubt on the subject, bark next, and that wine should be given very sparingly. Mr. Lawrence has followed in the steps of Sydenham, who says: "I bleed from the arm at once; next day I give my usual mild cathartic; and at bed-time, in case the patient has passed too many motions, a paregoric draught, such as syrup of poppies. In the meanwhile the patient must live on barley broth, oatmeal gruel, and roasted apples. He may take a little of the smallest beer, and leave his bed for a few hours daily. To this method the fever generally gives way in a short time; if not, I bleed a second and a third time."

Such are the opinions of two of the most strenuous supporters of the antiphlogistic plan of treatment. I shall next mention that of Dr. Fordyce, who is one of the strongest advocates of the stimulant plan. He says, "that he has always found bleeding and evacuations hurtful, and Peruvian bark the best remedy. It should be exhibited in substance, if the patient's stomach will bear it (and in this disease it always will) and in as great quantity as the patient will bear, which is commonly to the quantity of a drachm every hour." Dr. Fordyce is followed by Dr. Wells, and other practitioners, both foreign and English, who to the present day strongly advocate the tonic plan of treatment.

Having mentioned the antiphlogistic and tonic methods of treatment, I shall now allude more particularly to the third plan, that recommended by Desault. He says: "In the bilious erysipelas, whatever degree of fever and heat may exist, I give in the first instance, a grain of tartar emetic dissolved in a con-
siderable quantity of fluid. The symptoms generally diminish as soon as the effects of the medicine have ceased. I have seen them entirely subside, although the medicine produced no other sensible alteration in the animal economy than an increase in the secretions of the insensible perspiration and the urine. Sometimes the symptoms resist the evacuations, and we are obliged to have recourse once or twice, or even more frequently, to the use of emetic drink.” “When the erysipelas is cured and the bitterness in the mouth and fever have subsided, two or three purges of cassia and manna, with a grain of tartar emetic, are exhibited. During the treatment the patient is ordered to drink freely of a diluting ptisan acidulated with oxymel. As soon as the symptoms are mitigated, the diet of the patient is enlarged; for when it is too rigidly observed the acrimony of the humours is apt to be increased, and the bilious erysipelas to be reproduced, particularly in hospital, where the air, generally speaking, is unhealthy. I have invariably observed that the cases of persons who had been bled previously to their admission into the hospital were more serious and obstinate, particularly when it had been frequently repeated. The same practice is not applicable to the phlegmonous erysipelas: in this kind emetics and other evacuants augment the irritation and tension already considerable, nor should they be had recourse to till the plethora and irritation of the patient are diminished by one or more bleedings, according to the urgency of the symptoms and the strength of the patient. The bilious erysipelas that then appears points out the necessity for evacuants, and the proper time for their exhibition.”

I have now alluded to the different modes of treatment recommended both here and on the Continent. The first and second are diametrically opposed; and the last agrees with the first, with this exception, that in it is employed an agent which, in my opinion, may be called a specific. But Desaut says we are not to bleed in the bilious erysipelas, but to depend on the tartar emetic; in the phlegmonous, on the contrary, we are to bleed even more than once if necessary, until we have reduced it to the bilious, and then we are to commence with the tartar emetic. Now, in my opinion—an opinion borne out by the results of sixty-three cases of erysipelas which I have treated—there is no form of the disease which should not be attacked from the first with tartar emetic, whether there be high inflammatory fever, low typhoid fever, vomiting, or purging; and under all and every circumstance we shall find that the disease yields to this remedy. But I must be understood to say, that we are not to give this medicine in large doses, as recommended by Richter and other practitioners, who adopt his plan
of treatment; for then it produces too violent an emetic effect, causing much general irritation, which being superadded to the irritation of the disease, the beneficial effect of the remedy is prevented: but I advise it to be given in very small doses, as recommended by Desault, which may have to be repeated three or four times, so as not to allow the action of the medicine on the system to subside, for if it does we shall very likely find the disease to make more rapid progress after the first check.

Tartar emetic appears to me to act specifically in erysipelas for the following reasons, which depend on its sensible effects: In most cases it vomits and purges after the second dose, or it vomits only, or it purges only: and what is vomited is green bile, and the same is passed by stool. I have known the second dose to cause from twelve to fourteen stools of bilious matter, with a decided remission of the symptoms. Now I have ordered this medicine in the same proportion in other diseases, as in phlegmonous inflammation, without the least perceptible effect on the patient; I have given it in bronchitis without any visible effect; and in other diseases I have administered it in the same proportion, and have found no such violent action as I have invariably seen even in the mildest cases of erysipelas.

If, from what I have now said of tartar emetic, it is to be expected to cure every case of erysipelas when administered alone, disappointment will ensue, as all that it seems to do is to remove from the system the morbid matter which appears to have caused the disease, and which nature was attempting to get rid of; as soon as that is done we must give the patient, tonics, either wine or porter, strong broth, bitters, bark, ammonia, or quina: of all these I have found the sulphate of quina the most successful. It may be asked, at what time are the tonics to be given? The general rule I would lay down is, that as soon as we find the erysipelatous surface to be getting a yellow tinge, and the skin shrivelling a little, the tongue cleaning, and the pulse, which generally falls under the influence of the tartar emetic, becoming more frequent, the proper time has arrived to commence with tonics and omit the tartar emetic. In some cases where we have not so marked an improvement in the symptoms, and we are afraid the strength is failing, we shall have to commence the tonics, while we are still continuing the tartar emetic. In other cases, where there are low typhoid symptoms, with prostration of strength, we shall have to give, with the tartar emetic, stimulants and tonics from the commencement.

While the patient is taking tartar emetic the bowels may be constipated, and we shall have to give some aperients: the sa-
line aperients are what are generally recommended, but I usually order the compound rhubarb pill, with blue pill, in the proportion of three grains of the former to one of the latter, to be made into a pill; two of these to be taken for a dose, and, if necessary, to be repeated in six or eight hours. I prefer this combination, as it acts on the liver and large intestines.

I will next refer to the different local means that have been recommended in the treatment of erysipelas; first premising that I am opposed to any local application, except in idiopathic erysipelas, in which flour or powdered starch may be used, which I consent to, more to gratify the patient than from any idea of their efficacy; and in traumatic erysipelas I recommend the part to be enveloped in a large linseed-meal cataplasm.

The first local treatment I shall mention is the abstraction of blood by the application of leeches; against this there is a great prejudice, as erysipelas often ensues from the bites. The second is that recommended by Mr. Hutchinson, viz., making from four to eighteen incisions of about an inch an a half in length, and from two to four inches apart, down to the fascia, with the intention of relieving the tension of the parts, of abstracting blood, and allowing the serum and other fluids to drain off. Mr. Lawrence has proposed a modification of this treatment: he makes one long incision, the entire length of the diseased surface. The objections to these plans are, that in most, if not in all cases, they are unnecessary, unless when the case has gone into the third or suppurative stage, then incisions are required to give exit to the matter and sloughs; they cause the cure to be very tedious, and there is danger of a greater loss of blood than the patient can bear. The long incision recommended by Mr. Lawrence is that which is most generally approved of in this city; but, from my own experience, I am satisfied that the antimonial treatment, if adopted at an early stage, is quite adequate to obviate the necessity for any of these plans of local treatment, at least in the great majority of instances.

Dr. Fahnestock of Pittsburgh recommends the local application of creasote: “In every case of local erysipelas,” says he, “we must apply the purest creasote, with a camel’s-hair pencil, over the whole affected surface, extending some distance beyond the inflamed part; but at the same time we must administer a dose of calomel, followed by a sufficient quantity of jalap to insure free catharsis.” * I have never seen this application used, and therefore cannot speak of its effects.

Another local application, and one which is strongly recom-
mended by professor Velpeau, is sulphate of iron, either in solution or ointment, the former in the proportion of an ounce of sulphate of iron to a pint of water, to be applied every second or third hour to the affected parts; the latter in the proportion of two drachms and a half of sulphate of iron to an ounce of prepared lard, to be applied every third hour. But he says, "Should the disorder appear to be produced by some internal cause, we must first direct our remedies against this; the sulphate of iron being only really efficacious when the inflammation is purely local." For my part I consider all cases of erysipelas to depend on some internal cause.

Nitrate of silver has been recommended, by Mr. Higginbottom of Nottingham, to be applied over the entire of the inflamed surface. He says: "I have never in any case seen metastasis or any other bad effect from its use." He uses it in the following manner:—nitrate of silver, four scruples; nitric acid, six drops; distilled water, half an ounce; mix. This is to be applied several times on the inflamed parts, and for two or three inches beyond the inflamed on the healthy skin.

M. Piorry has recommended the use of linear blisters, by means of which he states that he has discovered a method of effecting the desired limitation of inflammatory action with great certainty. At the commencement of the disease he applies narrow blisters around the entire circumference of the inflamed skin, at the distance of one or two inches from its border. Nitrate of silver and solutions of sulphate of iron have been long used with the same view, but they have for the most part failed.

The only other application which I shall mention is mercurial ointment. This is to be smeared over the entire of the inflamed surface. It was first recommended by Ricord, and is still strongly advocated by some of our leading men.

The last is the only local application which, in my opinion, is worthy of consideration, as it acts not locally but constitutionally, for we know that in a very short time the system is affected by the mercury, and as soon as that takes place the erysipelas gradually declines. But with respect to the other local applications, I consider that they are injurious without constitutional treatment, and with it unnecessary. As, if my ideas are correct, viz., that the erysipelatous inflammation is the method taken to throw off the morbid state of the blood, anything that tends to check that eruption will be the means of preventing the efforts of nature, and probably cause a metastasis to some other part of the body, it may be to a more vital organ, for we have on record many cases of metastasis of erysipelas to the brain, larynx, and pericardium.
As a summary of these remarks I would draw the following conclusions:

First. That erysipelas is a constitutional disease, depending solely on a morbid state of the blood; and that the eruption and fever are the means nature takes to get rid of this poison.

Second. That, for all practical purposes, it is only necessary to divide the disease into idiopathic and traumatic.

Third. That tartar emetic seems to act specifically in erysipelas, by assisting nature in her efforts to throw off the disease.

Fourth. The best method of administering this medicine is by dissolving one grain in a quart of any bland fluid; the solution to be taken in the twenty-four hours.

Fifth. That as soon as the tartar emetic has acted sufficiently, sulphate of quina, or some other tonic, is to be administered.

Sixth. That if the patient is debilitated we must administer tonics at the same time that we give the tartar emetic.

Seventh. That under this treatment the erysipelatous inflammation may spread, but not with the same violence, nor to the same extent, as if the disease were left to itself.

Eighth. That we shall often require to give aperient medicine during the course of the case, as it is absolutely necessary to keep the bowels free.

Ninth. That local applications are unnecessary, and often injurious.

Tenth. That incisions are not necessary, except in the third, or suppurative stage; and if the antimonial treatment be early resorted to, it very rarely occurs that suppuration takes place.

Lecture on Irritable Bladder, &c. Delivered at St. Thomas's Hospital, by John Simon, Esq., F.R.S. (Lond. Lancet.)

To pass urine too frequently; or to pass it without an effort of will, as during sleep; or to pass it with pain—the pain either preceding, or accompanying, or following the contraction of the bladder; or to pass it with an impediment, laboriously; or to pass heterogeneous elements with it—blood, or pus, or ropy mucus, or cancer-cells; any one of these symptoms may occur, as you have seen, either separately, or in combination with some one or more of the others.

The fact of a too frequent urination may arise, as you all know, independently of any real disease of the bladder. Nervous persons, laboring with some temporary fidget, are apt to suffer in this manner to a ludicrous extent; it is noticed particularly where there is mental disquietude, accompanied by bodily inaction—a state of expectation, or suspense. It depends
partly, no doubt, on the greater attentiveness, or vigilance, as to one's bodily sensations, which exists under these circumstances; but partly, also, I dare say, on some qualitative change in the urine, which, by operation of the same class of causes, will often, for the time, have become alkaline.

In gonorrhoea, too frequent micturition is an almost invariable symptom; and, in most cases, it arises in a simple sensational sympathy between the bladder and urethra; a reverse of that same consensual relation, which causes pain to be felt in the urethra when the bladder is being hurt by a calculus. In other, and severer cases, there is no doubt that the specific inflammation of gonorrhoea diffuses itself from the urethra to the mucous lining of the bladder, as is evinced by the copious cloud of mucus which the urine contains, and by pain (sometimes of severity) in the region of the bladder. Under the latter circumstances, you will rarely fail to relieve your patient by the hip-bath, the recumbent position in bed, and an opiate clyster. It may, however, happen to you in the management of gonorrhoea, to find cases of the former class, where the bladder is presumably free from inflammation, where the frequency of micturition is sympathetic only, but yet is so extreme as to be a source of serious inconvenience, and to require distinct treatment. Now, in these cases, (which are very frequently accompanied by much scalding, and often by not much discharge,) having quite satisfied yourselves of the absence of pain, tenderness, or mucous secretion, referable to the bladder itself, you may often give speedy and effectual relief by applying a bougie, smeared with nitrate of silver, to the first two or three inches of the urethra. This application exhausts the sensitiveness of the mucous passage, and thus, indirectly, cures the consensual irritability of the bladder. Very often, indeed, if judiciously used, it fulfils the additional purpose of terminating the gonorrhoea. You would, of course, refrain from trying this expedient, not only (as I have said) where there is evidence of inflammation in the bladder, but also where the testicles are at all swollen and painful, or where there is œdema of the prepuce, or other inflammatory infiltration of the superficial parts.

We have now in the ward a lad, John Roche, in whom considerable irritability of the bladder accompanied an obstruction. The prepuce was almost imperforate, and the anterior part of the urethra was also much contracted. The former evil was congenital, and (probably by its interference with the flow of urine) had caused irritation and inflammation of the urethra, sufficiently to produce its partial closure. I have often before noticed this concurrence of a very close congenital phimosis, with a strictured state of the spongy part of the urethra. The
dresser operated on this lad's prepuce a short time since, and is now dilating his urethra. On completion of the latter process, his irritability of bladder will cease. I had a very similar case here last summer, in a child of three or four years old, where the frequency of micturition and other symptoms were such as closely to mimic the signs of stone in the bladder.

You have had many opportunities of observing, in ordinary cases of stricture in the adult, that irritation of the bladder causes a noticeable part of the symptoms, seen, in the slighter cases, only as a more frequent desire to urinate, which will disturb the patient in the night, and oblige him to rise, once or oftener, for the purpose; but at other times, in inveterate cases, (such as that of the old man now up-stair, or of Vesey, who was under treatment in the summer,) manifested in all the additional results of chronic cystitis—great deposit of ropy mucus, streaked with phosphate of lime and often tinged with blood; ammoniacal foetid, discolored urine; pain extending throughout the whole urinary apparatus; and constitutional disturbance commensurate with the local symptoms in its severity. I will not now dwell on these more aggravated cases, since they lie beyond the question of irritable bladder, and I may have some more convenient time for speaking about them. I may only remind you, that in Vesey's case, after full dilatation of his stricture, during which process we had to support and soothe him with abundant supplies of stimulus and large doses of opium, the remaining irritable and catarrhal state of the bladder was very quickly and remarkably relieved by the daily injection, through the catheter, of a weak solution of chloride of lime.

There is no cause in which the phenomena of irritable bladder so commonly arise as in chemical derangements of the urine. Persons of adult life sometimes suffer in this way, but it is immeasurably more frequent in children.

In adults, you will usually find the derangement of the secretion to be dependent on a depressed and exhausted state of the general system, and you will find the urine alkaline at the time of being passed, and containing copious crystals of the triple phosphate. These cases do not so often come under notice in hospital patients as in private practice, for they have their origin in circumstances to which the humbler classes of society are comparatively strangers—viz., in conditions of mental fatigue after protracted intellectual labor, nervous prostration consequent on sensual excesses, of prolonged anxiety and restlessness, &c. In these, as in many other cases, the irritable bladder only serves to draw our attention to more important ailments, for it is often the first symptom which excites the patient's notice. The disordered urine provokes the bladder to
frequent contraction, just as an altered secretion of bile will irritate the intestinal canal.

As we have not recently had under treatment here any case exactly of this description, I may wait for some future opportunity of dwelling on their management. I would now only tell you, that, as regards the bladder merely, you may alter that condition of urine which renders it irritable, by giving a few minims of mineral acid three or four times a day; but your patient will require much more treatment than this. Mindful of the fact that this disordered chemistry of the urine arises in conditions of exhaustion and debility which are peculiarly nervous, you will of course employ those tonic remedies which are most calculated to re-invigorate the nervous system. The most powerful pharmaceutical agents will rarely succeed in restoring the patient, unless in combination with temporary repose from labor, or with relief from such other depressing influences as have shattered the health; and in respect of London patients, I may confidently assure you, that a fortnight of country air (especially at the sea-side, and with cold shower-baths) does more for recovery than an unlimited quantity of medicine taken amidst the patient's previous and unhealthy circumstances.

In children, almost invariably, that alteration of the urine which produces irritable bladder, is in the opposite direction to the one just alluded to; the secretion is excessively acid, and contains crystals of lithic acid, forming in the chamber-pot a granular sediment like cayenne-pepper. Such cases are very frequent in hospital practice; but they are also very often met with in the wealthier ranks of society, among the children of dyspeptic and gouty parents. It is a common remark, that calculus, as a disease of infancy or early childhood, belongs almost exclusively to the poor. I believe that the truth of this remark (for true it certainly is) depends on the fact, that among these classes there is far less probability than among the rich, that the gravel-stage of the disease, as presented in children, will obtain attention and proper treatment. The tendency to form crystalline concretions is probably not unequal in the two classes; but among the poor the requisite treatment is rarely sought till the symptoms have become very severe, and the child very clamorous for relief; whereas among the rich, those slighter and earlier symptoms, which I am at present considering,—those of irritable bladder and crystalline sediment in the urine,—generally attract attention in time for the hinderance of further mischief. Irritability of the bladder in children usually takes, with more or less completeness, the form of incontinence of urine: the child wets its bed. Whenever this symptom is
presented to you, if you proceed to examine the urine, (as in every such case you should do,) you may pretty confidently expect to find copious crystals of lithic acid. This condition of the urine in children is very far from painless; and in severe cases the symptoms cannot at first sight be distinguished from those of calculus: the child makes water very often, and a little at a time, doubles itself up, and cries with the pain of each effort, and pinches and pulls its prepuce, just as it would with stone in the bladder. The pain experienced is a severe scalding in the urethra, and sometimes this passage will be so much irritated as to inflame and secrete pus.

You have recently seen a case under my treatment in Abraham ward, which, though not one of incontinence of urine, (for it was in an adult,) will yet serve to show you the manner of dealing with such inconveniences, generally, as depend on the passage of crystals of lithic acid, in the urine. The patient, Wm. Matthews, aged twenty-two, had for two or three years suffered occasionally with symptoms, which make it probable that he has a calculus lodged in his left kidney; but the immediate cause of his admission to the hospital (Dec. 18) was the circumstance of his then habitually passing lithic acid gravel, occasionally mixed with blood. His urination was frequent and painful. His pulse was feeble, and he was of little muscular power; his skin acted fairly; his tongue was white and coated, his bowels a little constipated. I ordered him five grains of Plummer's pill every night till his tongue was quite clear, and then changed the treatment, giving him quin. disulph. gr. ii. twice a day, and potass. bicarbon, half a drachm, five hours after his chief meal. He left the hospital, after a month's stay, quite free from uneasiness in his urinary organs, and materially improved in general health.

This case will illustrate to you the sort of treatment which I generally pursue in similar instances of chemical derangement of the urine. If the tongue is coated, and if (as is usually the case with children) the intestinal secretions are unhealthy, I give hydrarg. c. cretâ, or some other preparation of mercury, till that evil is remedied; I then commence the exhibition of alkalies, giving usually a single large dose daily, after the completion of the digestion of the chief meal of the day; and almost invariably I find it highly advantageous to give quinine twice a day during the same period. Tonic treatment is often singularly useful in curing errors of the digestive process; in those which give rise to the ailment under our notice, quinine, in my hands, has answered far better than any preparation of iron, and especially so in the combination I have mentioned. I give it usually before breakfast and before dinner, and the alkali in co-
pious solution five hours after the latter meal. I need scarcely inform you, that extreme attention to the quantity, quality, and, above all, to the simplicity of the diet, is essential.

With this treatment you will seldom, I think, have occasion to resort to blistering over the sacrum and other measures of a similar nature, which have been recommended for the cure of incontinence of urine in children.

You have lately had under your observation a case of irritable bladder, in which I was unable to give the patient any relief. I suspect that there must have been some slight tubercular affection of the mucous membrane.

"Thomas Ellenden, aged fifteen, admitted, under Mr. Simon, Sept. 4, 1849; is of general strumous appearance, pale, slightly made, red-haired, with light irides; his father died of phthisis. Ever since he can recollect he has had some enlargement of either epididymis, and this enlargement has gradually increased of late years. About two years ago he suddenly became unable to retain his urine for more than three-quarters of an hour at a time, but it did not escape involuntarily. A few weeks later he had pain in the region of the bladder, and the urine became thick and cloudy. From that date to the present time he has felt this pain, and has had difficulty in holding his water for more than an hour. His general health has been tolerably good; he has no pain or tenderness in the loins, no cough or nocturnal perspiration. When the urine was examined, it was found to have an acid reaction in the normal degree; it contained a small quantity of albumen, and on cooling deposited a slight cloudy sediment; the microscope showed in it only the nuclei and nucleated cells of muco-purulent secretion from the bladder. There was no stricture of the urethra. On firm pressure, directed downwards from above the pubes, some tenderness was felt; as also in the examination per rectum."

The points to guide an opinion, in this case, were the following: absence of chemical disorder in the urine; presence of inflammatory products derived from the bladder; pain, increased by distention and relieved by evacuation of the bladder; personal and inherited scrofulous diathesis; tubercular disease in one part of the genito-urinary apparatus; and guided by these, I felt little doubt as to the nature of the complaint. If you look in the museum, or if you read the history of cases of scrofulous disease in these quarters, you will find that the epididymis is apt to suffer with the urinary system. When you have tubercular deposit in the testicle or epididymis, it is a matter of extreme probability that you will have the same sort of disease at the opposite extremity of the vas deferens and in the vesicula seminalis; and in such cases there is (as you will
easily believe, and as experience shows) great likelihood of the bladder participating in the same affection. I remember a case, (the worst I ever witnessed,) in which there was uninterrupted continuity of tubercular deposit from the kidney to the epididymis; that is to say, down the ureter, throughout the bladder, (which was ulcerated,) and from the prostate into the vesicula seminalis, and along the vas deferens to the epididymis. In Ellenden's case, I thought it very likely that there was some such prolongation of the disease as I have described, and I was therefore little surprised at its obstinacy; for during the two months and a half that he remained in the hospital, no material impression was made on the complaint. A variety of treatment was tried, both constitutional and local; and with the effect of producing little, if any improvement.

Cases of this nature are very apt to advance, in spite of any known treatment, till the bladder is extensively ulcerated; and then, whatever difficulty of diagnosis may have existed originally, it will no longer be experienced. The severity of suffering and of constitutional disturbance, the tenderness on pressure, both above the pubes and by the rectum, the extensive and protracted pain, the constantly-increasing irritability of the cavity, the presence of pus in large quantity, mixed with tubercular detritus, and often, towards the close of the disease, a bloody, serous condition of urine, (as if raw beef had been washed in it,)—these symptoms will be more than sufficiently indicative of the mischief which is advancing.

Gentlemen, I need hardly tell you, that in the progress of diseases of the bladder many symptoms originally distinct may become mixed and blended; and if they are suffered to advance uncontrolled, all, or nearly all, at last merge their individual characters in those which I have just given you as the signs of extreme inflammation and ulceration of the bladder. Thus, if you mentioned it as pathognomonic of stone in the bladder, that severe pain is felt only at the close of the process of urination, no doubt you would be right in regard of the earlier part of the disease, but wrong, of course, when the disease has lasted long enough to inflame the mucous membrane, and to render the cavity of the bladder as impatient of distention as if it had been idiopathically inflamed. Similarly, if you spoke of the pain of inflammation of the bladder as confined to the period of the organ's fulness, and as consisting chiefly in an extreme intolerance of distention, so that it is great when the bladder contains urine, and little when it is empty, such a description might be accurate as regards an early stage of the disease, but wrong subsequently, when the bladder is severely inflamed or ulcerated, and when every part of the process of urination, and
every attempt of contraction of the bladder, is almost as pain-
ful as if a calculus were contained within it. So with hemor-
rhage; it does not belong symptomatically to stone in the blad-
er or to inflammation of the bladder, except where these dis-
eases have continued for a long time, and where their other
symptoms have acquired great severity: and if you have hem-
orrhage from the bladder accompanying or following the effort
of urination, and not coupled with other very obvious symptoms,
the presumption is great for the presence of a malignant tumour
in the bladder. A certain degree of irritability belongs to all
the cases enumerated, but if you endeavor to draw a distinc-
tion in their histories, you will observe this: the primary sign
of an inflamed bladder, or of a bladder irritated by abnormal
chemical conditions of the urine, is that the bladder has become
intolerant of distention; so that the patient refers his pain to
the fulness of the organ, and is relieved by its evacuation; the
primary sign of a foreign body (e.g. a stone) in the bladder is,
that pain is referred to the contraction of the bladder, and is
greatest when that contraction completes itself; and the sign
(perhaps chiefly negative) of malignant tumour of the mucous
membrane of the bladder is, haemorrhage attending the con-
traction of the bladder, without either of the preceding signs
being developed in a marked degree. No doubt, you might
have the haemorrhage, as a symptom coincident either with
stone or with ulceration; but such could only be the case when
these diseases had for some time produced their more charac-
teristic symptoms, and had caused great suffering to the pa-
tient. By attention to these points you may often save your-
selves the necessity of sounding the patient's unnecessarily:
and I need hardly tell you, that however indispensable this
operation may be for satisfactory proof of the presence of a
stone, yet it is bad practice to perform it needlessly in cases of
simple irritability of the bladder from chemical disorder of the
urine, or in cases of inflammation or ulceration from other
causes. Especially I would add that, where the presumption
is of malignant disease in the bladder, it is particularly inexpe-
dient to use the sound superfluously.

Physiological and Therapeutical Effects of Tannic Acid. By
Dr. Alison. (London Jour. Med. Ranking's Abstract.)

As an astringent, I have found tannic acid exceedingly effica-
cious, certainly as much so as any other agent, vegetable or
mineral, that I have ever employed. It has equalled the salts
of lead, copper, and zinc, without producing any of those poi-
sonous effects which are liable to follow the free use of the salts of the first two metals.

Internal Use.—In the chronic bronchial catarrh of weakly and elderly persons, unconnected with disease of the heart or great blood-vessels, and attended with copious and debilitating expectoration, the administration of tannic acid by the mouth, in doses of one, two, and three grains, two or three times daily, has greatly and gradually abated the secretion, relieved the frequent cough, and improved the strength of the patient. In the second stage of pulmonary consumption—viz., that of softening, when bronchial catarrh has been present to a large extent, weakening the patient, causing frequent cough, and disturbing sleep, the same results have followed, and have greatly contributed to the comfort and welfare of the sufferer. But in pulmonary disease, the greatest amount of benefit has obviously been derived when large cavities have been present in the lungs, the walls of which have thrown out large quantities of purulent matter, occasionally mixed with blood. In such cases the discharge has been effectually controlled, and the rate of tear and wear of the system obviously restrained, without the induction of oppression or other evils.

In chronic diarrhœa, which had resisted the ordinary treatment by chalk, opium, and regulated diet, and was not dependent on obstructive disease of the heart or liver, tannic acid, in a solid form, has proved of surprising efficacy. In cases of severe disease, depending on irritable mucous membrane, I have not known of one failure; and of those examples connected with chronic inflammation and disorganization of the mucous membrane, only two proved beyond the influence of this remedy. These two cases occurred during the last autumn, while cholera was prevalent, and the disease of the mucous membrane was extensive. The complaint, in one of the examples, was of long standing, and the patient had been addicted to habits of intemperance. But it was not tannic acid only that failed; the salts of copper, iron, lead, and zinc, in large doses, proved to be of no more avail. In this form of disease tannic acid was administered in the form of pill, in combination with opium.

In leucorrhœa, unconnected with inflammatory action, I have found tannic acid efficacious in restraining the discharge, and in increasing the strength of the patient. The aqueous solution, combined with a small proportion of dilute nitric acid, was the form usually employed in these examples of disease. In menorrhagia, not dependent on a plethoric state of the system, or on local congestion, it was also serviceable, administered in the same form.

The excessive sweating in phthisis, and in other diseases
running on to a fatal termination, has been usefully restrained by the use of tannic acid, combined with dilute nitric acid; and the habitual cold damp upon the skin of soft, weakly constitutions, has been corrected by the same means. I have had no opportunity of testing the virtues of this remedy in the hemorrhagic diathesis; but I am strongly disposed to believe they would be found very considerable, conjoined with other suitable means. I believe it would prove serviceable in albuminuria, dependent on chronic disorganization of the kidney, and not associated with obstructive disease. When the egress of albumen results, as I believe it often does in no small degree, from reduced tone and elasticity in the organ, and is not (as in a great majority of cases) a wholesome outlet necessary for the relief of the circulation, tannic acid offers the promise of benefit. Such a case, however, I have not lately met with, and consequently have not had an opportunity of testing the treatment.

Local application.—In the form of aqueous solution, used as a gargle, tannic acid has been most useful in correcting relaxation of the throat. Sponginess and hemorrhage of the gums have been greatly controlled by a lotion of tannic acid, and by the application of the dry powder. By this means loose teeth may be retained for a time, and the impediment to articulation thereby prevented, which would result from their removal.

In prolapsus ani I have prescribed tannic acid, dissolved in water, as an injection. This remedy is particularly indicated when the disease is associated with great relaxation of the solids. Applied to hemorrhoidal tumours, free from inflammation, in the form of a fine powder, mixed with lard, it would doubtless prove more efficacious than galls, the usual remedy. It is assuredly due to the tannic acid which it contains, that uva ursi proves serviceable in catarrhvs vesice.

In gonorrhæa, chronic or about to become such, tannic acid, applied externally as a lotion, has proved serviceable. In the latter mode it has induced no smarting, although the parts have been tender, and though it has been applied with little intermission for several days. It is as a local astringent that tannic acid produces the most obvious effects, as Dr. Garrod has remarked.

Of tannic acid as an astringent, I have merely further to say, that it is of special excellence as an external application to the skin, when such a remedy is required. I have found it of extraordinary efficacy when reduced to a fine powder, mixed with lard, and applied to the skin. The parts soon acquire a healthy aspect; very little of the smarting or pungency is experienced, which so generally results from the use of the salts of alumina, lead, zinc, or copper. I have found it far superior to gallic acid.
By way of testing their comparative powers, I lately employed an ointment of gallic acid to one spot of psoriasis, and one of tannic acid to another. The strength of both was the same. The spots were of old date, and had resisted much treatment. In the course of two days, the spot to which tannic acid had been applied was all but healthy; that for which gallic acid had been similarly employed was more enflamed than before. The gallic acid had caused smarting, and brought away the protecting scales. This treatment was adopted merely to test the comparative powers of the two acids, and not as curative practice. Astringents, if they be applied in psoriasis, must be used only as subsidiary to other treatment.

As a peptic, tannic acid is very efficacious. This I soon found, while employing it as a pure astringent. Symptoms of dyspepsia disappeared under its use; the appetite increased, flatus and sense of distention were abated at the same time; and in several instances the bowels, far from becoming constipated, acquiring a more healthy tone, actually became more free. A lady affected with phthisis, who has been under my care for three years, during which time she has taken tannic acid alternately with cod-liver oil, complained very lately of loss of appetite while taking the oil. The morning dose of the oil was replaced by tannic acid, combined with dilute nitric acid, and the result was a very striking restoration of the appetite. With such obvious improvement in the condition and action of the stomach, it is reasonable to believe that one of the results is the formation of a more perfect chyle. The action as a peptic is in accordance with the statement of one of the best writers on materia medica. Dr. Pereira says:—"Administered in moderate doses, they (astringents) promote the appetite, assist digestion," &c.

As a histogenetic, in promoting the genesis, and in improving the quality of the blood, tannic acid, it may be inferred from what has been stated above, would probably prove effective; but that it is really so, I have the evidence of improved complexion, greater fulness of the blood-vessels, increase of strength, buoyancy of spirits, and improved secretions, in numerous examples of anaemic and other diseases, in which this agent has been long employed.

The formation of structures in the young, I have reason to believe, is subserved, to a valuable extent, by the long-continued administration of tannic acid, in moderate doses. It is nearly six years since I began to prescribe this remedy in cases of curvature of the bones in children, with short shafts and enlarged epiphyses. The number of cases placed under this treatment while I was physician to the Northern Dispensary, was consid-
erable, and not a few occurring in private practice were similarly treated. The general health was improved in all. The secretions, in many cases exceedingly offensive, were greatly corrected. In the course of a year or two, an obvious improvement in the shape and form of the bones was manifest. The curve was reduced, and the heads of the bones had lost no small amount of their disproportionate prominence. I have lately seen two or three children, presenting no appearance of having suffered from this affection of the bones, who some years ago really were deformed, and who were put under the influence of tannic acid, and also, it is true, of suitable regimen. In most of these examples of disease, when they came under my care, the urine contained an undue proportion of lime. This continued to be the case, at least for some time, even under the use of tannic acid, though perhaps not to the same extent. If tannic acid really possesses the power of correcting the tendency to rickets, or of staying the progress of this affection, it cannot be through any astringent action on the kidney arresting the exit of an undue quantity of lime, which is only a sign or consequence of the disease, and not its cause. It must act by invigorating the general health, and by imparting a more healthy character to the formative processes, by virtue of which lime and other mineral ingredients in the blood are more forcibly attracted to, and fixed in, the osseous structure. Further evidence of the power of tannic acid to improve the formation of tissues has been afforded by the increase in the volume and firmness of the soft parts of children placed under its operation, which I have frequently observed.

As a nervine of a lasting character, I have found tannic acid useful in several cases of nervous debility, languor, and excitability. These distressing conditions have been relieved; and the benefit, in one or two examples, has been permanent. Under the use of moderate doses of this medicine, I have known even the symptoms of weakly organization,—or, as I have thought, of impending softening of the brain, such as lightness of speech and manner, impatience of attention or of application, hasty judgments, weakness and unstable gait,—to lose not a little of their prominence. It has always, however, been my object to guard against depending on this or any other such remedy where there has been good reason to suspect the presence of inflammatory action, even in a subdued form. When thus used as a nervine, tannic acid should generally be combined with camphor, hops, or hyoscyamus. The shower-bath has been employed, and the secretions have been attended to, at the same time. Thus exhibited, I believe that tannic acid, by improving the natural galvanic battery, if our brain and
Effects of Tannic Acid.

nerves may be so figuratively designated, will really, in many cases of feeble volition and muscular action, produce not a little of that benefit which has been sanguinely looked for from galvanism and electricity, and which, when obtained, has been so fleeting—at least in my experience.

Practical Remarks upon Ipecacuanha, with a formula for a more uniform and efficient preparation of the syrup, than that laid down in the Dispensatories. By Edward Jenner Coxe, M.D., New Orleans.—(N. O. Med. and Sur. Jour.)

Before noticing the main object of these remarks, it may prove neither uninteresting nor unprofitable to direct attention to some of those diseases in which this medicine, or some of its preparations and combinations, may be employed. The value and efficacy of ipecacuanha, as an emetic or expectorant in many affections of the respiratory organs, more particularly of children, are too generally conceded and acted upon to require an extended notice.

In dysentery, ipecacuanha has been and continues to be much used.

By Mosely who held it in high repute, ipecacuanha was given in doses of half a drachm to two scruples, and by the late Professor B. S. Barton, it was regarded as almost a specific, particular in cases of a typhoid character. In chronic diarrhoea, small doses of the powder repeated several times a day, either alone, or preferrable in conjunction with opium or Dovers powder, will be found of great value, and frequently, with strict attention to a proper regimen, will succeed in curing many most unpromising cases.

In these last cases, when dependent upon, or connected with, derangement of the biliary secretion, additional power will be given to the above by uniting with them two or three grains of blue mass to be repeated every night for three or four nights, and subsequently every third or fourth night as long as may be deemed requisite or advisable for the individual case. In hemorrhage from the lungs, or uterus, small doses of ipecacuanha, combined with sugar of lead and opium are used, with decided benefit.

In hemorrhage from the stomach, large doses of ipecacuanha have been strongly recommended, more particularly by Dr. Condie who has published some valuable practical remarks upon the subject.

In the early stages of the bowel affections of children, no less than in adults, an emetic of ipecacuanha, will often succeed in
arresting the progress of the disease, and rarely fail to prove beneficial.

Combining from one fourth to half a grain of ipecac, with a minute portion of opium, and two or three grains of blue mass, the alterative properties of this last are materially enhanced, and will be found of great benefit in most of the mild cases of biliary and bowel derangements so prevalent in this region, at different seasons of the year.

With the exception of that sudden and often fatal disease, croup or Hives, there are perhaps none of the pectoral diseases of children, in which the syrup of ipecacuanha may not be resorted to with advantage; but in croup, no little experience, and an almost uniform success in its treatment, authorize the confident belief, that we possess no one remedy or combination of remedies comparable or equal to the well known Coxe's hive syrup, provided it be properly prepared. Dr. Good has remarked, that the ipecacuans concur in operating very generally upon the skin, at the same time that they excite the stomach, increasing in a slight degree the discharge of mucus from the lungs, and adding a little to the peristaltic motion of the bowels, while the antimonials act more violently upon the stomach, bowels and skin, but less upon the mucous secerments.

To recur to the syrup of ipecacuanha, I may remark, that being obliged to prepare it frequently, and finding the process recommended in the United States Dispensatory attended with unnecessary trouble, and, without constant care, great probability of a want of uniformity in the preparation, I adopted, after many trials, the following formula, which can be depended upon at the bed-side, and which has been found to keep well in this climate:

B. Ipecacuan. Rad. Contus. 3 iv.
   Aqua . . . O. ij.
   Ip. Vin. Rect. . . 3 x.
   Sacch. Alb. . . lbs. iii.

Macerate the bruised ipecac. in one pint of boiling water for 12 hours, then add the remainder of the water and alcohol, and continue the maceration for five or six days. Place the whole in a small displacement apparatus, returning the fluid that passes until it becomes perfectly clear, and then continue to pour a small quantity of water occasionally upon the surface, until two pints and ten ounces by measure shall have passed. Now add the sugar, and with a gentle heat, evaporate until the syrup shall be of a proper consistence, readily ascertained by occasionally taking out a small portion and allowing it to cool. When of a proper consistence, pass it through a small quantity of fine tow placed in the tube of a funnel to render the syrup clear and
transparent. Three pints and ten ounces of syrup is the quantity obtained, and is in point of strength nearly double of that prepared by the usual formula, which I consider an additional recommendation.

BIBLIOGRAPHICAL NOTICES.

1. *The Unity of the Human Races, proved to be the doctrine of Scripture, Reason, and Science, with a Review of the present position of Professor Agassiz.* By the Rev. Thomas Smyth, D. D., Member of the American Association for the advancement of Science. New-York: George P. Putnam. 1 vol., 12 mo., pp. 404. 1850.

Among the various questions which are at this time under the discussion of men of science, none possess more interest, or are entitled to a larger share of attention, than those connected with the natural history of man. The doctrine of the unity of the human races has been admitted, and is yet received by the great mass of the Christian world, but there are able, scientific men, who dissent from this doctrine, and their efforts for its overthrow, have brought into the field some equally able advocates of human unity. Among the ablest of these last, are Drs. Bachman and Smyth, both of Charleston.

Dr. Smyth's work is devoted to "a comprehensive survey of the whole subject in its relations to Scripture, Reason and Science." It evinces great ability and research, and its positions are sustained by facts and arguments of great interest and force. A careful perusal, we think, will scarcely fail to lead the reader to adopt Dr. Smyth's conclusion, that all the races of men have sprung from one pair. Prof. Agassiz, and some others who hold to the plurality of origin of the human races, profess to rest their theory on the declarations of Scripture; upon this question Dr. Smyth's argument is complete and unanswerable, and such must be the conclusion of every impartial reader, even should he incline to the views of Agassiz in other particulars.

Dr. Smyth's work richly merits, and will doubtless have an extensive circulation. We understand that an edition will soon appear in England, and from some notices we have read, we doubt not, it is destined to attract considerable attention, and secure for the author the same high reputation in that country, which he now enjoys in his own.

N. S.—VOL. VI. NO. X. 40
2. General Therapeutics and Materia Medica; adapted for a Medical Text Book. By Robley Dunglison, M. D., Professor of Institutes of Medicine, etc., etc. One hundred and eighty-two Illustrations. Fourth edition, revised and improved. In two volumes. Philadelphia: Lea & Blanchard. 1850. pp. 996.

The Therapeutics and Materia Medica of Prof. Dunglison has met the general approbation of the profession, and in this edition the author has noticed the new remedial agents which have come into use, and in other respects, has brought the work down to the present improved state of the science. Although this work is not so full in many matters pertaining to Materia Medica, as Pereira’s great work, yet we believe that nothing is omitted which is essential; and we have no hesitation in recommending it to medical students, and to the profession generally, as richly entitled to a place in their libraries.

3. Materia Medica and Therapeutics, with ample Illustrations of Practice in all the departments of Medical Science, and very copious notices of Toxicology, suited to the wants of Medical Students and Practitioners. By Thomas D. Mitchell, A. M., M. D., Prof. of the Theory and Practice of Medicine in the Philadelphia College of Medicine, etc., etc. Philadelphia: Lippincott, Grambo & Co. 1 vol. 8vo., pp. 738. 1850.

This work, we are informed, is the substance of Prof. Mitchell’s lectures on Materia Medica and Therapeutics, delivered in the Medical department of the Transylvania University, in eleven successive winters. An opportunity has not been afforded us to give the work more than a cursory examination, and we are therefore unable to express any decided opinion as to merits or defects. It contains a considerable amount of valuable practical matter, but we confess that we are not favorably inclined to the alphabetical arrangement of the subjects which has been adopted in this work. We perceive that the author has omitted many “dry details on the natural, botanical and chemical history” of the various articles; but it may well be questioned whether many of these details, “dry” though they be, are not of too much importance to be overlooked. To many persons, unfortunately, the whole subject of which the author treats, is dry, but it by no means follows that for this reason it may be dispensed with. Yet we doubt not the valuable practical remarks which the work contains will amply compensate the reader for the time spent in its perusal.
PART III.

Monthly Periscope.

Some observations on the Contractile Properties of the Blood-Vessels and Lymphatics; By Professor KÖLLIKER. (Köllicher and Siebold's Zeitschrift. British and Foreign Med. Chir. Rev.) Professor Köllicher gives in this paper a number of experiments on the vessels of an amputated limb, as a sequel to those performed by him on several placentæ, for the details of which he refers to a dissertation by Dr. Wild.

The leg of a boy, aged 15, was amputated above the knee for necrosis of the os-femoris. The limb was subjected to a series of experiments by means of an electro-magnetic apparatus, from the moment of its removal at 25 minutes past 10 a.m., until 12 o'clock.

1. The vena saphena minor was touched in the fossa poplitea, on the lower part of the leg and on the foot, the vena saphena magna on the lower part of the leg and dorsum pedis. A few seconds after the application of the wire, contraction took place; at the end of a minute the parts touched contracted so much, that the blood they contained in large quantities was pressed out, until the vessel had the appearance of a white cord. On smaller veins of the skin, the effect was not so rapid or so powerful.

2. Three applications of the wire had no effect on the vena poplitea, but it was already very flaccid and empty before the experiment. The vena tibialis postica was emptied by contraction in a minute.

3. The almost empty arteria poplitea contracted a little after the wire had been applied for two minutes. The effect was greater on the arteria tibialis postica.

4. Five well-filled lymphatics on the skin of the dorsum pedis, \( \frac{1}{3} - \frac{2}{3} \) in diameter, contracted powerfully in the space of \( \frac{1}{2} \) to 1 minute; the lumen of the vessel did not entirely disappear, but it was diminished at least one half.

5. No effect was produced on the skin of the shin.

6. The effects on the nerves and muscles were the same as is usually described; the irritability remained longest in the muscles.

Duration of irritability in veins - - - 1 hour 15 minutes.
" " arteres - - 1 " 10 "
" " lymphatics - - 1 " 12 "
" " muscles - - 1 " 35 "
" " nervus ischiadicus - 0 " 35 "
" " nervus tibialis posticus 0 " 45 "

In the first four the irritability still persisted, when the experiment was interrupted at 12 o'clock, and existed in the vessels in a powerful degree. The writer does not consider these experiments as in every respect conclusive, but urges that they prove the existence of contractility in the coats of the blood-vessels and lymphatics, and he promises to carry his inquiries further.
Aphonja.—(Trans. Philad. Col. of Physicians.) Dr. Parrish stated that within the past three months, he had met with three cases of complete, though temporary, loss of voice, occurring under circumstances so peculiar, as to render them worthy of record.

The first case was that of a young man residing in Camden, N. J., who was seen by Dr. P. in consultation with Dr. Cooper of that place. This patient was about nineteen years of age, tall, and of rapid growth, and of a highly nervous temperament. He had been subject, for some months prior to his attack, to epistaxis, proceeded by head ache, and coming on after a fast walk, on entering a heated room, &c.

In 4th month, (April) last, the young man’s father was taken very ill, which caused him much anxiety; he lost several night’s sleep in watching over his sick parent, during which time he had eaten but little, and was in constant apprehension of his father’s death. A few hours prior to this event, he commenced weeping aloud, and on being checked by some of the family, he immediately left the room, and went into another apartment, where he was seized with a violent hysterical convulsion.

Dr. Cooper was sent for, and found him lying on the floor, perfectly insensible; on becoming conscious he complained of his head, and of a severe pain in the left side over the heart, which continued most of the time for several days. Several of these convulsive attacks occurred during the day, in one of which Dr. Parrish saw him.

The muscular contractions were very violent, with episthotonos and tearing of the hair, requiring several persons to restrain his movements.

During the intervals he was conscious but unable to articulate, communicating his ideas by gesticulations and indistinct mutterings. After he had been conscious for several days, it was thought proper to communicate to him the fact of his father’s death; this, though done in an indirect manner, brought on a most violent convulsion, which continued for more than half an hour, requiring the united strength of several men to hold him.

On recovering from this he was totally unable to articulate, or indeed, to raise a sound, although his mind appeared perfectly clear, and his expression was natural.

After several days he attempted to communicate his thoughts by writing, but was unable to connect sentences, having first to practice upon single letters. At the end of nine days he was able to write out his ideas intelligently, and on the 12th day his voice suddenly returned soon after awaking in the morning.

Since his recovery he has described the sensation under which he labored, as though something were in his throat, preventing the use of the tongue, the will having no apparent power over it.

Since this attack the young man has suffered from a slight convulsive seizure, without any of the severe symptoms which marked the first attack; with the exception of this, he has enjoyed his accustomed health.

The next case was that of a young unmarried female, who had suffered a number of hysterical attacks dependent upon disordered men-
struation. She was subject to pain in the left side, palpitation of the heart, and other nervous symptoms.

During a recent monthly period, the symptoms were so severe as to bring on a hysterical convulsion, succeeded by paralysis of the limbs of one side, and complete loss of voice.

For several days after the return of consciousness she was unable to move the right arm or leg, although she distinctly apprehended the wishes of those around her that she should do so, and would make the attempt. At the end of three or four days the power of motion returned, but she was still totally unable to speak, although she could communicate her wishes by signs. In about a week from the attack the voice also returned suddenly, and she has since been well.

The next case was more extraordinary. A lad of sixteen years of age, in good health, and not considered nervous, was attacked with hoarseness and slight sore throat, after a check of perspiration brought on by violent exercise of a hot evening. During the first day he could scarcely speak above a whisper, but it was only regarded as a common sore throat, and he went to school as usual. On the second day his voice was so far gone that the teacher sent him home, and he retired to his room to rest. On awaking from a nap, he felt as though something gave way in his throat, and he was from that time unable to speak.

On the next day Dr. P. saw him, his voice was now entirely gone, and though he made repeated attempts, at my urgent request to cry out, he was totally unable to produce a sound. There was no inflammation of the throat to be perceived; he had no fever; his expression was good, pulse natural, appetite and sleep as usual; the only uncasiness of which he complained, was a sense of tightness across the chest. A strong solution of nitrate of silver was applied to the fauces, and powerful sternutatories and the shower bath were recommended. Dr. P. at the same time expressing a confident opinion that the voice would return. This state of things continued for eighteen days, the boy all the while using a slate to converse with; his hearing was not impaired, and his mind was as clear and active as usual.

One afternoon while bathing he made a plunge into the water, whereby he got some water down his throat, which caused him to struggle for breath, in which effort he cried out aloud. On attempting to speak he found he could make a noise, and immediately spoke to his companions. He soon dressed himself and ran home with delight to tell the news. For a few days he stammered in his speech, but this gradually wore off; and he now talks with his usual fluency.

In these cases there was no apparent inflammation or lesion about the organs of the voice, or any defect in the movements of the parts concerned in the act of speaking; there was no want of ideas, nor of the power of communicating them by signs or writing, but a simple want of power to execute the commands of the will. So far as Dr. P. could judge, the medical treatment had no influence in restoring the voice, unless the strong excitement and efforts to which the last patient was subjected while in the water, may be viewed in the light of a remedial measure. The cases are chiefly interesting, as illustrative of that
mysterious power which operates through the nervous system, and without the presence of which, even our volition fails to execute its office.

_Tænia Solium: Experiment with the Kousso._ By Dr. Budd. (London Lancet.)—Dr. Budd, considering that the most certain and trustworthy remedy (turpentine) for _tænia_ often gives rise to very unpleasant symptoms, was lately induced to give trial to a plant, the Brayera anthelmintica (Rosaceæ), or Kousso, which has lately been found very effective in France. In that country a very proper way of introducing a new remedy to the notice of the profession is the following:—A memoir on the subject, with samples, is sent to the Academy of Medicine; if the society think the matter worthy of a trial, they appoint a committee, principally composed of physicians, in a case like the present: these make experiments, and report to the Academy the result they have obtained, with their opinion as to the efficacy of the remedy. The report in this instance was extremely favorable; the kousso had been experimentally used in various hospitals with complete success, and the conclusion of the report stated, that the kousso is a valuable remedy for _tænia._ (Meeting of May 25, 1847.) A favorable opinion was likewise expressed by the Academy of Sciences. The flowers of the plant, reduced to powder, are mixed with lukewarm water, allowed to infuse for a quarter of an hour, and the whole infusion, along with the suspended powder, is swallowed either at once or in two or three portions, the intervals being very short. Lemon-juice should be taken before and after the ingestion of the remedy. A young female servant was lately admitted under the care of Dr. Budd, who exhibited all the symptoms of _tænia._ From notes taken by Mr. Jordan, clinical clerk, it appears that for the last year and a half the girl had been living in London, principally in Tooley-street; she did not know any one in that neighborhood with tape-worm, though she thinks she got it there, as she never felt uneasiness previous to her leaving Ireland. One year ago she passed a large portion under the influence of turpentine and castor-oil; her symptoms were then general languor, weakness, and at first ravenous appetite; lately the appetite had fallen off, but there had been a permanent feeling of flatulence in the stomach. About six months ago she was often passing small portions of the worm, and felt much better. For the last four months the patient had taken various remedies, among which turpentine was the most frequent; with none of these, however, did she pass any portion of the worm. On the 7th she evacuated a piece without medicine, and on the 11th she was admitted into the hospital. She was ordered compound powder of jalap, ten grains, and low diet. After various purgatives and a better diet, the kousso was administered before breakfast. It made rather a thick infusion, owing to the powder being suspended, and looked much the color of ergot of rye, the taste being somewhat like that of senna, but not so unpleasant. The kousso did not cause the slightest feeling of sickness, nor give any pain in the bowels. She complained, however, of headache, and unusual
depression and languor; and it seemed, according to her account, to have a decidedly diuretic effect. About a quarter to one she passed, without any motion, a portion of worm about three feet in length; the head was not attached to this, but there was about an inch and a half of the narrow segment leading to it. In the afternoon she took some castor oil; this opened her bowels, but she brought away no portion of the worm that could be detected, though she says she saw something like a thread, of which no notice had been taken. The worm brought away is evidently torn off at both extremities. On the next day she felt very sick, her appetite was bad, and it should be noticed that on the day she took the kousso she passed water very frequently, and in large quantity; since then her urine has been scanty and passed with some pain; the bowels have been rather loose and the motions very dark, and accompanied with a certain amount of uneasiness. If further trials yield favorable results, the plant may prove a valuable addition to our pharmacopeia.

Second Case.—The second case refers to a woman, aged forty-four whose history, as taken from Mr. Jordan's notes, is as follows:—

The patient is married, and seventeen years ago went to the Cape of Good Hope; she lived at first at Graham's Town, and moved afterwards to Fort Beaufort, where she thinks she became affected with the worm, as it is very prevalent in that neighborhood, especially among the natives, who often die from it. So long as sixteen years ago, she first passed joints of the worm.

The remedies in use among the natives are—1st. An infusion of pomegranate-bark in milk; before taking this they prepare themselves by drinking daily, for a short time previously, an infusion of orange-peel in brandy. 2nd. They likewise use caster-oil and turpentine, as introduced by the English. 3rd. The native treatment consists in giving the root of a plant called Cacay; it is round like a turnip, sweet to the taste, and when scraped, white in appearance.

The patient took these three remedies: with the pomegranate-root, she passed seven yards and a half at a time; with the castor-oil and turpentine, she passed lesser portions; but with the Cacay root, she only evacuated isolated joints. It is now sixteen years since she first felt the symptoms peculiar to tape-worm, and passed portions of that entozoon; since then, the longest interval of time which has elapsed without her passing any joints, has been five days.

The symptoms caused by the presence of the worm were, gnawing pain, and a constant feeling of sinking, referred to the epigastrium; pain in the limbs, general feeling of lassitude, and dimness of sight; there was, however, no increase of appetite, but a constant sensation of faintness. At present her appetite is slight, the tongue white and coated; she suffers from nausea, especially on first getting up in the morning; still the bowels are generally regular; there is a slight cough, and she has lost strength. At times, the patient fancies she feels the movements of the worm. She has lately been in the surgical wards of this hospital for prolapsus of the uterus, under the care of Mr. Fergusson. It is now four years since she passed any number of
joints connected together, but she has not, for sixteen years, as above stated, gone a longer interval than five days without passing isolated joints. The day before she took the Kousso she passed four of these joints, which looked much like gourd-seeds, and apparently belonged to the tænia solium.

The patient took the Kousso at half past nine a.m., before breakfast. She states that the medicine tastes very much like pomegranate bark; she had after it a feeling of nausea, which lasted about a quarter of an hour.

An immense tape-worm was passed, just before two o'clock, in two pieces, one about two yards and a half in length, and of unusual size, the other piece about three quarters of a yard. Connected with the larger portion was a narrow slip, coming from very near the head. The worm was evacuated without any faecal matter passing at the same time. In the evening a few more joints appeared, and the patient took some castor-oil.

On the next day, joints, and a portion about a foot in length, were evacuated; and in the evening a part of a smaller tape-worm about a yard and a half in length, and also a small portion of the larger worm, were ejected.

On the 12th, two days after the first ingestion of the kousso, an immense number of isolated joints were passed, apparently long dead, and decayed. Up to the 15th of April, no more joints have been seen, and the patient remains in the hospital to be treated for the prolapsus uteri under which she labors.

It thus appears that the kousso has an almost certain effect upon the tape-worm, and if further trials confirm Dr. Budd's practice, we shall have a fair chance of removing the unwelcome guest whenever we are called upon to promote its evacuation. Turpentine has doubtless rendered great services, but it does not act uniformly, and is very repulsive to take. It must, on the other hand, be confessed, that the kousso is very expensive, (17s. 6d. the dose;) this circumstance will, of course, prevent its rapidly coming into general use.

Clinical Remarks on Gangrene of the Lungs. By Wm. Stokes, M. D. (Dublin Journ.)—In this interesting paper on one of the most terrible and unmanageable of the diseases of the lungs, the author presents the following conclusions as justifiable in the present state of our knowledge of the subject.

1. That gangrene of the lung is met with under a variety of forms, differing from one another not only in the duration and violence of the symptoms, but also in their relations to various local and constitutional diseases.

2. That in a great proportion of the cases, the disease is attended with putrefactive action engaging the necrosed portion of the lung, and affecting its secretions.

3. That in the progress of a case, we may observe the septic action singularly variable. It is increased by over-stimulation of the system.
4. That we cannot explain the symptoms in many cases of this disease, without assuming, either that a spot of mortification, so small as to be undiscoverable by physical means, causes severe symptoms, and is attended with super-secretion; or that a process of putrefactive secretion precedes, in many cases, the death of the lung.

5. That pain of the most extreme kind may attend this disease; and in the remittent form, appear on each access of the affection with unmitigated violence.

6. That the contact with air is not necessary for the formation of a gangrenous eschar or cavity.

7. That hemoptysis commonly attends each access of the remittent disease.

8. That in the earlier periods of this disease, auscultation and percussion often fail in detecting any signs of organic change: or, if such is discovered, it appears incommensurate with the gravity of the symptoms.

9. That, in many cases, the evidences of congestion and parenchymatous infiltration seem to follow rather than precede the symptoms of gangrene.

10. That dextocardia, from diminished volume of the lung, may occur in gangrene of the right lung.

11. That gangrene may attack a lung previously hepatized from ordinary inflammation, or in a chronic tubercular condition.

12. That from the pre-existence of signs and symptoms of the stages of pneumonia, or from the early appearance of signs of excavation, we may be able to distinguish between fleted abscess of the lung and gangrene.

13. That in certain cases of chronic bronchitis, the breath and expectoration may become fetid, and yet no gangrene appear to have formed.

14. That the diseases with which gangrene may be found complicated are divisible into general and local affections; but that its occurrence in the class of general diseases, termed putrid or asthenic, is much more rare than might be expected.

15. That it is rarely observed in the typhus fever of this country, even were the secondary bronchial affection is intense; but that in typhoid pneumonia it may be occasionally observed.

16. That it may complicate a previously existing disease of the lung, such as pulmonary tubercle, or an unresolved hepatization.

17. That it may be directly induced by the pressure of a tumor on the nutrient vessels and nerves of the lung, so that, in cases of cancerous or aneurismal tumour, the patient may die, not from the extension of the original disease, but from its inducing a rapid mortification of some portion of the lung.

18. That the disease, though always of a formidable character, is not necessarily fatal."

On the Dyspepsia of Liquids. By M. Chomel. (Union Médicale. Med. Chir. Rev.)—There is a symptom of dyspepsia having its seat in
the stomach of great value, and one to which sufficient attention is not paid, viz. gargouillement. This stomachic gargouillement depends especially upon a dyspepsia of liquids, i.e., a difficulty of digesting them. They remain in such cases a long period without becoming absorbed, those taken in the morning still being in the stomach in the evening. For the production of this gargouillement it suffices to shake the body forcibly, or to apply both hands at the opposite points of the epigastrium. It is a valuable sign, as it indicates that the quantity of liquids taken should be diminished.

The saliva, too, in dyspepsia is very frothy, and on this account gives rise to a sign that should direct attention to the stomach. Two white lines are formed along the edges of the tongue, in consequence of the action of this organ during speaking having frothed the saliva, which then accumulates at its edges.

On the Shivering of Pneumonia in the Aged. By M. Chomel. (Ibid.)—The shivering of Pneumonia is remarkable, inasmuch as it is very intense, and of long duration, and hardly ever accompanied by the chattering of the teeth observed in the cold fit of ague. A shivering fit occurring after the age of from 55 to 60, almost always announces the onset of this disease; and this may be accompanied with alimentary or bilious vomiting, or more or less disturbance of the mind, without diminishing its semeiologic value. Pneumonia is the commonest of acute diseases in the aged, and one the possibility of whose existence we should always have in mind in doubtful cases, even when phenomena, referable to the nervous system, which ordinarily have no relation to it, are present. An old gentleman, on returning from the theatre, was seized with a shivering fit, and very considerable disturbance of the mind, which were succeeded next day by intense fever. Although there was neither cough or dyspnce present, M. Chomel, in opposition to his colleagues, pronounced the case one of pneumonia, and soon afterwards a return of the intellectual powers and the development of the symptoms proper to the disease, justified his diagnosis.

One form of the initial shivering may give rise to considerable embarrassment, namely when a second attack occurs twenty-four or forty-eight hours after the first, which, when the ordinary symptoms of pneumonia are absent, may easily lead to the belief of the existence of an intermittent. A robust man was seized with a violent shivering fit, which was followed by delirium, and a slight cough. Next day a second shivering, with embarrassed breathing occurred; and on the third day small crepitation was heard. Treated thus far by quinine, he was now energetically treated by antiphlogistics, and although 66 years of age, easily cured. A double shivering is not a very rare symptom, and may be due to successive development of the disease in the two lungs.

On the Morbid Appearances observed in sixteen cases of Arsenical Poisoning. By Prof. Geoghegan, of the Royal College of Surgeons,
Ireland. (Dublin Med. Press. N. Y. Jour. of Med.)—The following results have been arrived at from the examination of sixteen fatal cases:

1st. All (with one exception, in which maceration had altered the parts) exhibited signs of irritation in the form either of—\(a\), vascular injection, \(b\), ecchymoses, or \(c\), coloration. The mucous membrane was engaged in fifteen; the submucous coats also, in five; the peritoneal in two; and the venous arrangement of the great extremity in one case. The ramiform vascularity I have only found in the submucous coat, which seems also not subject to any of the other varieties of injection. The punctiform, or closely stellate, is by far the most common variety, occupying extensive tracts of the mucous surface, and either uniformly distributed, or disposed in sinuous lines or scattered patches. The striated vascularity I have met with but in one instance.

2nd. Diffuse redness, although more frequently present, according to my experience, than any other deviation from the natural state, I have not enumerated under the head of vascular injection, since, without denying its occasional morbid character, I feel disposed to view it as a pseudo-morbid change resulting from the influence of transudation and imbibition in the punctuated vascularity. Accordingly, I have observed the latter to degenerate into diffuse redness by the influence of time and exposure to the action of the stomachic contents. The diffuse redness may exist alone or in combination with other results of irritation.

3d. Ecchymosis as a consequence of arsenical poisoning has presented itself to my observation under the form of—\(a\), well defined blotsches, oval, angular, or circular, and generally small; or \(b\), of lengthy streaks, parallel or areolated. Both are formed of a thin stratum of altered, nearly black, and apparently coagulated blood, deposited in the tissue of the mucous membrane. They are scarcely elevated, and (the mucous membrane at the point occupied being much softened) are readily removed by gentle scraping, leaving behind an erosion of corresponding figure. A variety of ecchymosis which I venture to designate the petechial (seen in five cases) is essentially different from the foregoing. It consists of invariably small and rather florid blotsches of fluid blood, thinly scattered for the most part on the summit of the rugae, and unaccompanied by softening of the membrane. This condition might be confounded by the inexperienced observer with the punctuated injection, from which, however, it is readily distinguished by the lens, which reveals the vessels of the latter.

The ecchymoses just described do not appear to me to result, as might be supposed, from the lodgement of small masses or particles of the poison on the mucous surface, which I have not observed in any instance. On the contrary, I have seen them produced by fluid poisons, as ardent spirits, &c., which can only act by creating a violent determination of blood in the entire surface, and consequent rupture of the weaker vessels. One at least, of these conditions, may moreover exist under circumstances in which the poison could have only
reached the affected part by absorption; as in the external application of arsenic, or where the spots involve the endocardial membrane. The only effect which I have observed as strictly traceable to the local action of arsenic on the mucous coat, is a fungous thickening (forming an elevated ridge or circular raised patch), with or without the effusion of lymph, and surmounted by adherent arsenic.

It is possible that the non-occurrence of sloughing of the mucous membrane, from the local contact of arsenic, is due either to its high vitality, or to a partial protection of its surface by these mucous or fibrinous effusions.

4th. Erosion of the lining membrane I have met with in one-fourth of the cases examined, and under two forms. 1. The circular. 2. Long narrow sinuous streaks. Both expose the submucous coat. The former, which generally occupies the splenic end, presents a soft undefined non-elevated margin free from red coloration. The margins of the eroded streaks, on the contrary, are sharp. A careful examination of these erosions has impressed me with the belief that they are produced by the removal of the mucous membrane where occupied by the black extravasation. Accordingly, they can be produced by gently scraping the latter; and in one instance (fatal in thirty-six hours) in which I found extensive linear erosion, a portion of the eroded surface was found still coated with the black matter.

I have never encountered true ulceration of the stomach in arsenical poisoning, although I have seen it extremely well defined on the posterior part of the buccal mucous membrane (in the case fatal in four days and a half).

I have not been able to trace softening of the mucous tunic to the action of the arsenic, not having seen it in cases examined sufficiently early to preclude the possibility of its pseudo-morbid origin. From the great tenuity of the membrane at the splenic end, a very short contact with the contents will suffice to produce considerably softening, particularly when the latter (as often occurs) have a decidedly acid reaction. In such I have witnessed from the latter cause, in arsenical poisoning, another pseudo-morbid change; namely, extensive brownish black staining of the mucous surface of the splenic end, similar to what is occasionally seen from the action of oxalic acid. This arises from the influence of gastric acid (lactic?) on the blood contained in the highly inflamed mucous surface; and a like color is imparted to the contents when bloody. Although softening of the mucous membrane appears not an equivocal result of the influence of arsenic, to the latter it may be referred.

5th. Diminished adhesion of the mucous to the submucous coat. This is best observed at the pyloric third, where traction will often furnish a flake of an inch and a half to two inches in length, being probably three or four times the natural amount.

Having spoken of the mucous and submucous membranes, I have only to state, that in two instances I have observed diffuse red coloration, and in two, capiliform injection of the peritoneal coat, without effusion of fibrine or serum.
Insanity from the Use of Chloroform. (Psychological Journal. American Journal.)—In our preceding Number, we noticed a case of Insanity from the use of chloroform during parturition, communicated to the Westminster Medical Society, by Dr. Webster. Three similar cases were related at a previous meeting by the same gentleman, and we now give the report of them:

Case 1. In this instance the patient, who had been delivered under the influence of chloroform, was, for three days subsequently, constantly incoherent and rambling. She soon after became perfectly maniacal, and so furious as to require confinement in a lunatic asylum, where she remained for twelve months, when the lady was discharged, cured.

Case 2. This patient never recovered from the effects of the chloroform exhibited during her confinement; and soon afterwards became quite maniacal, and continued so for many months, but she recovered ultimately.

Case 3. As this example might perhaps be considered by some psychologists not a true instance of insanity, Dr. Webster related the chief symptoms manifested by the patient, in order to remove all doubts on the subject. In the case reported, the cerebral disturbance following the exhibition of chloroform during delivery, never ceased entirely; the patient could not sleep at night for a long time, and often said she felt as if in the presence of a madman who was going to murder her. Three weeks afterwards she became almost maniacal—exhibited much mental excitement, laughing frequently; had a strong desire to sing, with other extraordinary feelings; conducted herself like an infant, and lost her memory; in which state the patient continued during five months, when recovery took place.

Formula for the External Use of Glycerine. (Ranking's Abstract.)—M. Startin furnishes the following useful formulae for superficial burns, scalds, or excoriations: intertrigo, chaps of the lips, herpes labiorum, &c.:

R Gum tragac. pur. 3 ij. ad. 3 ss ;
Liq. calcis, 3 iv;
Glycerine purif. 3 j;
Aq. roseæ dest. 5 ij;
to form a soft jelly, to be used by way of ointment or embrocation.

For prurigo, lichen, strophulus, lepra, psoriasis, pruritus &c.:
R Acid. nitric. dil. 3 ss ad 3 j;
Bismuth. trisnitr. 3 ss;
Tinc. digitalis, 3 j;
Glycerine purif. 3 ss;
Aq. roseæ, 3 viiss.
M. for a lotion, to be used by dabbing the part.

For chapped nipples or hands, fissures of the lips, irritation of the
skin of any kind, as after shaving, exposure to the sun, for pityriasis, &c.

R Soda baboracis, 3 ss ad. 3 j
Glycerine pur. 3 ss;
Aq. rosim, 3 vi ss.
M. for a lotion, to be used by dabbing the part affected.

For alopecia following fevers, &c., or for the falling off of the hair, dryness, or want of action of the scalp, thinness of the hair, &c.:

R Sp. Ammon. co. 3 j;
Glycerine pur. 3 ss;
Tinct. cantharid. 3 j ad. 3 i j;
Aq. rosmarin, 3 vij.
M. for a lotion, to be used with a wet hair-brush once or twice a day.

For "hot" rheumatism, or arthritic gout, neuralgic pains, sprains, bruises, stiffness, &c.:

R Lin. Saponis comp. 3 i ss;
Glycerine pur. 3 ss;
Ext. belladon. 3 j, &c.
M. for an embrocotion, to be used twice in a day in the ordinary manner.

Medical Miscellany.

Dengue—Sun Fever—Break-bone Fever.—A disease known by these several appellations has been prevalent for some weeks in many of the cities on the seaboard, and to a limited extent in some parts of the interior. It bears a very strong resemblance to the Dengue which prevailed along the coast some twenty years since. In Charleston, where it is known as the Break-bone fever, it began in the latter part of July, and in its march visited almost the entire population. The Editor of the Charleston Medical Journal estimates the number of cases existing at one time (22d August) at from ten to twelve thousand. In New Orleans, where it is called "Sun fever," the cases are also quite numerous. We learn that it prevails in Savannah also, to a considerable extent. Our own city has not entirely escaped, though the cases are not very numerous, or severe. We have heard of several cases occurring in the country.

This fever is of short duration, and rarely, if ever, proves fatal. The Journal already referred to, states that, after the most minute enquiries, in no single instance could death be referred to the disease per se. The fever in some cases is ushered in suddenly with chills, or violent pains in the head, loins, and limbs; in others it is preceded by slight headache, soreness of the flesh, &c. The pain in the head is generally supra-orbital, extending from one temple to the other; the eyes
are injected and watery, with intolerance of light. The pains in the various parts of the body and limbs are often very severe, but there are cases in which there is little pain except in the head. The appetite is destroyed, but generally the stomach in other respects seems but little affected. Sometimes there is vomiting, and diarrhea, though most commonly the bowels are constipated. The pulse is frequent, in some cases full, and hard, in others soft and compressible; the skin is hot and dry, though in a few cases perspiration continues throughout the fever. In a vast majority of cases the fever is continued, and consists of but a single paroxysm lasting from 24 to 48 hours; in a few instances it is remittent. Although of such short duration, the muscular prostration which accompanies the disease is very great, and the convalescence is very slow. In a large proportion of the cases, after the subsidence of the febrile symptoms, a rash very similar to that of scarlatina makes its appearance. Occasionally the eruption assumes a purpuric character.

The symptoms of the disease as it exhibits itself in New Orleans, are similar to those which it presents in other localities. It is said however to have proved fatal in a few instances. Dr. Fenner states, that in New Orleans the convalescence is usually "easy and rapid."

We are unable to state what is the treatment in Charleston. In New Orleans, in young and plethoric subjects, a few ounces of blood are taken from the arm, followed by local depletion from the loins and nucha. Mild purgatives are employed in some cases, and full doses of Quinine are administered as soon as the vascular excitement subsides, and the pain in head and limbs are somewhat relieved. In our own city, we believe most cases are treated with gentle aperients, and stimulating sudorifics. Opiates, especially in the form of Dover's powder, are generally given, and their effects are highly satisfactory. Some physicians administer Quinine freely during the convalescence.

A full account of the disease, we presume, will hereafter be furnished by some of the medical gentlemen in whose vicinity it has prevailed.

New Hampshire Journal of Medicine.—We have received the first number of a new monthly Journal, bearing this title, published at Concord, N. H., under the Editorship of Edward H. Parker, M. D. In his salutatory, the editor announces that he does not intend to depend upon extracts from other Journals, or to be their copyist, but hopes to be furnished by the profession with reports of cases and other original articles sufficient to fill his pages. We shall see, but if the physicians of New Hampshire are as free from the caeathes scribendi
as those of most other sections, our friend will be compelled to write most of his articles himself, or fail to redeem his promise. We rather suspect that occasionally, that is to say about once a month, he will find it necessary to borrow a little matter from some of his exchangers. Whether this should be so or not, we wish the Journal great success, and shall be happy to receive it in exchange.

Medical Examiner.—In the September number of the Examiner, we find that the interesting article of our Paris correspondent, Dr. Harris, on the Discovery of the Renal Circulation, by M. Bernard, which appeared in our August number, has been copied without proper credit being given to the source from which it was derived. We presume the omission was accidental.

METEOROLOGICAL OBSERVATIONS, for August, 1850, at Augusta, Ga., Latitude 33° 27' north—Longitude 4° 33' west Wash. Altitude above tide, 152 feet. By Dr. Paul F. Eve.

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18 Fair days. Quantity of Rain 6 inches. Wind East of N. and S. 16 days.

At the Cohutta Springs, Murray county, Ga., at 4 P.M., Thermometer was 82° on the 25th. At sun-rise on the 28th it was 59°—some ladies were seated around a fire. The temperature of the Springs is 59°—waters calybeate—one contains a little sulphur.