SOUTHERN

MEDICAL AND SURGICAL JOURNAL.

EDITED BY

I. P. GARVIN, M.D.,
PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS AND MEDICAL
JURISPRUDENCE, IN THE MEDICAL COLLEGE OF GEORGIA.

Medical College of Georgia.

"Je prends le bien où je le trouve."

VOL. VI.—1850.—NEW SERIES.

Augusta, Ga.
JAMES McCAFFERTY,
PRINTER AND PUBLISHER.

1850.
PART FIRST.

Original Communications.

Thoughts on the Present State of Medicine. By Charles Todd Quintard, M. D., of Roswell, Ga.

(CONCLUDED.)

In this brief glance at the history of medicine up to the beginning of the present century, we see a gradual improvement, as well in theory as practice. We find that the advanced state in which Cullen left the Science was the result of attentive observation. By observation, we mean something more than the mere act of taking cognizance of simple and abstract phenomena. "Observation," says Prof. Leslie, "is the close inspection and attentive examination of those phenomena which arise in the course of nature; experiment, as the word implies, consists in a kind of trial or artificial selection and combination of circumstances for the purpose of searching after the remote results." The philosopher, therefore, who observes, may be said to listen to nature, while he who experiments, interrogates her. Newton, by observation, was led to the discovery that the refractive power of transparent substances was, in general, in the ratio of their density, but that of substances of equal density, those which possessed the refractive power in a higher degree were inflammable. By analogy he concluded that, on this account water must contain an inflammable principle; and experiment enabled Cavendish and Watt to demonstrate the surprising truth of Newton's induction, in their great discovery of the chemical decomposition of that fluid. The beginning of
the 19th century found the science of medicine, on a firm and solid foundation.

The study of anatomy had been cultivated by men, whose great aim and object was the solution of the various vexed questions which had originated in a too superficial knowledge of that fundamental part of medical science. And this study, which, until the 16th century, had been pursued, merely to illustrate the writings of Galen, brought to light many of the most important principles embraced in organic composition. Fallopius, Eustachius, Veral and Varal, in the 16th century, had made important discoveries, which were further prosecuted by Harvey, Wirsung, and Schneider in the 17th, and by Pacchioni, Valsalva, Keil, Sancisi, Haller, Boerhaave, Vicq d’Azir, and others in the 18th century. Anatomy was made to assume its true, philosophical and scientific character under the researches of these eminent men. Hitherto anatomists had founded comparative anatomy on the unity of the functions, because they did not know how to proceed, except upon perfect organs, exercising determinate functions, and did not recognize identities, except in pursuing the inexpressible gradations of forms. But the philosophical spirit which had begun to prevail, adduced new inquiries and still newer discoveries. The doctrines of St. Hilaire were founded on the following propositions: 1st. That identity does not always depend upon the organs, as a whole, but only on the materials of which each is composed. 2d. That inquiries after identity should regard the mutual, necessary and consequently invariable, dependence of the parts. 3d. That the organic elements which touch, are, from their position, necessarily constrained to assist one another reciprocally. 4th. Finally, that any organ, whether in its normal or pathological state, never possesses extraordinary activity, unless some other one of the same system, or of those connected with it suffers proportionally, and in the same ratio—(Vide Meckel.) Conclusions drawn from premises like these, exercised a direct influence on the science. It is seen in the splendid discoveries of Sir Charles Bell, in Neurology.

For a long time the hypothesis that a nervous fluid was derived from the brain, and transmitted by nervous tubes, was deemed consistent with anatomical demonstration, and there
was no hope of improvement; and although the points to which he directed his investigation had been examined by Monro, Santorini, Wrisberg, Prochaska and Scemmerring, to him alone belongs the merit of discovering the true anatomy of the nervous system. It is true, these celebrated men had approached this knowledge very nearly, but they, as also their followers, were not directed by any principle, and the multiplicity of anatomical facts that had been accumulated, served rather to retard than promote the acquisition of that knowledge. In anatomy, however, which depends more immediately upon the accumulation of matters of fact, and which require for their attainment little more than industry and observation; errors were more readily discarded, than on those subjects requiring a greater degree of mental discipline and reasoning, and in which it was rather an inference from facts, than the facts themselves, which constituted the object of investigation. We may also instance the introduction of auscultation, as a means of diagnosis, to show what the close inspection and attentive examination of the phenomena of nature may do towards advancing truth. It is true, there is one great obstacle in the way of acquiring knowledge by means of percussion, and this consists in so cultivating the sense of hearing as to enable it to appreciate minute modifications of sound. We are obliged, nevertheless, to consider this one of the greatest improvements ever made in physic. But the limits of this paper will not admit of further particularity. There are thoughts (ideas) which, occurring in or to minds properly disciplined, shed a flood of light on that which had been for ages hid in darkness. This is true of the discoveries of Volta, of Galvani, of Newton, and of Franklin. It is true of the hypothesis of Glisson, relative to muscular irritability, which he considers a specific property attached to the living fibre, and from which is deduced its peculiar power of contraction. And how marvellous has been the change wrought by the improvements of Bell, Hall, Anenbrug, Laennec, Volta, Glisson and Baglivi. The publication of Glisson's treatise, "De Venticulo et Intestines," which appeared in 1671, is regarded as the foundation of the change of opinions which afterwards took place in reference to humoral pathology, and of which Baglivi was the first systematic oppo-
Quintard, on the Present State of Medicine. [December,

..., We are to consider all legitimate medicine as a truth established by an immense accumulation of facts—of facts which have been collected by the industry and perseverance of centuries. It is a fallacy to look upon medicine as a "conjectural art." The enlightened practitioner has instead of "guess work," a knowledge guided by reason and science. The alleviation of disease depends upon the application of natural principles, and consequently the art of medicine is true when it is in accordance with these principles. Viewed as a certain art, says Dr. Shapter, we possess the assurance that our hope is not in vain, and that, though from our blindness, we may not always perceive the truth, yet we are surrounded by it, and that by seeking it, it may be found. Have we not a rich inheritance in the almost infinity of facts which have accumulated during the last three centuries? It is an inheritance for which philosophers have long labored. It is an inheritance of knowledge, and not of knowledge only, but of excellent wisdom. With this knowledge, which has come down to our times, the science of medicine has been built up by the Hunters, the Monroes, by Cullen, Cooper, Black, Baillie; by Pinel, Andral, Breschet, Broussais, Crovisart, Cruveilheir, Dupuytren, Laennec, Bayle, Gendrin, Foville, Chausser, and Velpeau; by Camper, Blumenbach, Ludwig Schemmering, Meckel, Tiedemann, Spreuzel Jacobron, Carus, Pfaff, Oken, Oriander, Ackerman, Rosenmüller, Gmelin, Walter, Triveranus, J. Müller, Wagner, Heule, Gerber, Bischoff, Burdach, and Valentin, and many others throughout Europe, who have made most important additions to our knowledge, on the subjects to which they have directed their attention. We may point to Italy also—"Italy, which so long took the lead in all scientific pursuits, but now offers the prospect of a splendid ruin"—and there we find recorded in a niche, high up in the temple of fame, the names of Scarpa, Caldani, Marcagni, Rolando, Bellingeri, and Tommasini. And the profession in America can justly boast of such men as Rush and Shippen, Wistar, Bard, Mitchell, Hosack, Post, Warren, and Godman. The inheritance belongs not alone to the profession of medicine, but to the whole human family. There is no department of science which medical men have not helped to advance, and the services of the medical profession, have been...
among the most disinterested ever rendered to mankind. Medical science has been, and is to be, for centuries to come, a mighty moral agent, which in its application to social and political economy, promises the most brilliant results. We may mention the arrest and extinction of epidemics as one of these.*

True for many of the results we have to

"Learn to labor and to wait."

* The application of an efficient medical police to our larger towns by the establishment of "Boards of Health," with the requisite powers, may be reckoned as one of the most important results accomplished by the social influence of the profession. Under this head is included the introduction of a supply of pure water within the limits of a city, and a system of domestic sewerage. Let us take for example the city of New York. The want of a sufficient supply of good water was early felt in New York, and even while the State was a colony of Great Britain considerable expenditure had been made to supply this want. Various proposals were made previously to 1778, when Dr. Joseph Brown recommended the introduction of the waters of the Broux river. He argued the question in his communication on the subject on the score of health, safety and comfort. The yellow fever had made great ravages in the city, and Dr. B. who believed in its domestic origin, demonstrated that its virulence was much aggravated by the insufficiency of the supply of water and its impure quality. He says "I do not presume to say that the introduction of a large quantity of water into the city would alone prevent the rise and spreading of putrid diseases, but I am warranted in saying that under Providence it would more than all other things contribute to this most desirable end." The Manhattan Company, incorporated in 1779, was a mere speculation, and did little towards affording a sufficiency of water, and, moreover, when analyzed was found to be quite too impure to answer the great purpose of improving the public health. An analysis of it, as made by Mr. Chilton, yielded 125.80 grs. of solid matter to the gallon, consisting of the following ingredients—Mur. Soda. 45.20, Mur. Magnes 40, Sulp. Magnes. 6, Carb. Lime with Carb. Magnes. 12.80, Sulp. Lime 4, and extractive matter with combined water 17.80. The next attempt was to bore an artesian well. Water was found at a depth of 442 feet, but loaded with solid matter in the proportion of 80 grains to the gallon. The only water suitable for domestic purposes was that obtained in the upper parts of the city, or in the neighborhood of the squares, as the pavements in the lower part of the town, carried off about one half of all the water which fell, and the remainder so contaminated by the action of the vast quantities of excrementitious matter daily deposited in the soil as to be unfit for use. The quantity of excrement deposited has been estimated at 100 tons every twenty-four hours. It was found, therefore, that from this circumstance, the quality of the water was annually deteriorating with the increase of the city, and that a better supply must be obtained, not within the city, but elsewhere. In May, 1834, an act passed the Legislature authorizing the introduction of the Croton Water, and in July, 1842, it was introduced into the Distributing Reservoir, a distance of 40 miles. The limits of this note prevent our saying anything of the public sewers of New York. To show the bearing they have on health, we may quote the language
Wait the evolutions and development of the minute and searching investigations of science itself. There are many who sneer upon the progress of legitimate medicine, and point triumphantly to the systems which the credulity of man render successful. By others we are told that the profession is behind the age—that its votaries are wedded to the past, and fail to keep their minds open to new convictions. To all such we would commend the following eloquent quotation, from the "Anniversary Discourse, delivered before the New York Academy of Medicine," on the 10th Nov., '47, by the distinguished Dr. John W. Francis, at one time President of that institution:—"Have those who cast this reproach upon the laborers in our science of being contented with the past, ever seriously examined into the actual state of the profession, at distant and distinct eras of its cultivation? Have they compared the different systems and theories of medicine which have held sway at different times and among different nations at the same time? Have they weighed the facts and reasonings which have led to the diversified results which have crowned both, in the speculative and practical branches of the art? Have they observed the evil and the good arising from the authority of renowned names, and been prepared to fathom the difficulties inherent in the vast study of the philosophy of life, and the means of its preservation? Have they been able to weigh the controlling influences of the kindred branches in physic upon the art of healing? All these circumstances have exercised at various periods a modifying power in the advancement of the great science. Have they, fortified with the requisite knowledge, compared the anatomy taught in the schools some forty years ago, with the knowledge of the human structure as now set forth by the teachers of these days? Have they compared Monroe and Fyse, with Bichat and Cruveilheir? Have they looked at Blumenbach, and Andral, and Edwards, and Müller, to find whether there be progress in physiology? Have they

of Dr. Smith, Physician to the London Fever Hospital, which we find in Hunt's Merchant Magazine, Jan. 1845. Dr. Smith says, that "when a fever exists its locality may be determined by an inspection of the map of London, in the office of the Commissioner of Sewers, for where the sewers are, there the fevers are not, and where the sewers are not there the fevers.
ascertained what Gall, and Spurzheim, and Tiedemann, and Solly, and Noble, have done with the brain and nervous system? Have they sought knowledge of cerebral structure by the methods of procedure formerly in vogue, by the researches of the scalpel, and then compared it with the elucidations of the encephalon, derived from the new system of investigation, notwithstanding the preceding great efforts of Varolius and Willis? Have these skeptics dwelt upon the coincidence which obtains between particular structural developments and functional manifestation and mental phenomena? Have they arrived at a determinate result whether Charles Bell's discoveries on the sensitive and motor nerves have real foundations, and simplified a mighty train of complex disorders? Do they know that that philosopher presented us with new revelations of richest results; and have they opened the pages of his volume in order to comprehend its diagnostic problems in perilous intricacies?

Allow me to propound a little further:—Have these doubters and disputers of our progress compared the materia medica of former times with that had recourse to at present? I mean not the corrections of disease, and the auxiliaries of health indicated by palmistry, and astrology, nor the treatise of Culpepper, nor the primitive physic of Wesley. I will limit myself to the materia medica of our immediate predecessors. Let, then, an estimate be formed of the articles modern discovery has introduced, drawn from the several kingdoms of nature, and let scrutiny be directed to the qualities of the substances now added as remedial agents to our pharmacopœia. Look at that once universally admired book, Duncan's Dispensatory, and then turn to Pereira, or to the commanding volume of Wood & Bache. Therapeutical science was never enriched with such copious treasures as at this day, nor ever before yielded a moiety of her benefits."

Are we asked, "What has been done in Surgery? We point triumphantly to the records of skill in this branch of healing, and challenge them to compare the deeds of Abernethy and Cooper, of Dupuytren and Larrey, of Physick and Post, and of Mott, with what had been accomplished by all their
predecessors. We feel confident that facts will bear out the assertion, that the profession of medicine has never before occupied so proud an eminence, and that when compared with other sciences, it loses nothing by the most careful scrutiny. It is wrong to consider the field of medical science as of no greater extent than those of the mechanical sciences. It embraces the whole science of living bodies or biology. The phenomena of living bodies are much more various than those of inorganic bodies. The collection of the physical sciences, then, which concern inorganic matter, are all together to be placed in comparison with the science which relates to the laws of living matter.

"Now," says Dr. John Ware, "when we compare the amount of labour which has been bestowed on mechanics, or astronomy, or chemistry, individually, these sciences are found in advance. But compare the whole of the labour which has fallen to the lot of astronomy, mathematics, chemistry, natural philosophy, geography and geology, on the one hand, with that which has been bestowed on medicine as a science, on the other, and the progress it has made is rather a subject for pride than for humiliation." And yet, with all that has thus far been accomplished, we yet lack many things. We require an established system of medical philosophy, which shall have in its definiteness and completeness, and in the universality of its application, the same kind of claim to general assent as that which is conceded to the Newtonian physics. The present is a sort of transition period in our history. We are rapidly acquiring a knowledge of the principles necessary to the completion of the science of life. Something more is necessary to understand what has been done, and what is yet doing, in this science, than a mere casual glance at individual cases or theories, for, like the chrysalis stage of insect life, (to use the language of M. Rennard,) while nothing appears to change externally, an admirable metamorphosis is operating within, the progress of which is not revealed. It becomes a question then,—what is the duty of the profession generally, in view of the advanced and advancing state of medical knowledge, and what means are best calculated to secure to the profession the rights and immunities which have been withheld by the public, in
consequence of an improper and perverted estimate of the science itself? It is not to be denied, that numbers of the profession have, in some measure, helped to bring reproach on the body, by lending countenance to the fashionable whims and follies, and the absurd theories and systems, which captivate the credulous and entice the unwary; but this has a mere temporary effect on the science itself—it can in no way stay its progress. The hosts of homœopaths, hydropaths, and other Charlatans and empyrics, who jog along on the uneven legs of a short mortality, and a long love of lucre, are not to be reckoned in the same evils with which legitimate medicine has to contend. These must have their day, and it is worse than folly for us to spend our time in exposing their trickery to those who encourage and uphold their knavery. In the place of continual denunciations, let there be more of calm, candid, and patient investigation and discussion. We are not to look for sympathy and support from legislatures: this were, indeed, to ask quackery to destroy itself. Science is in no way dependent upon the action of legislative bodies. The whole history of legislation on the subject of medical education and medical practice exhibits the most glaring absurdity. What our legislature does, another undoes—so, "unless," as Horace Walpole says, "one could cure men of being fools, it is to no purpose to cure them of any folly, as it is only making room for some other."

At the last session of the Legislature of our own State, a memorial was presented from the Medical Society of the State, asking the passage of an act for the registration of births, marriages and deaths, and there were found in that body, men, whose capacity for ridicule, was greater than their wisdom, and who, in the plenitude of their little brief authority, actually sneered at a memorial, originating with some of the highest intelligence of the medical profession in the State. Whether this memorial was rejected because the sapient legislators were unable to comprehend the importance of statistical details, (to the political economist, as well as the medical philosopher,) or whether "party," that eternal bugbear of democracy, frowned upon it, because of the dollar and cent philosophy it involved, we are unable to opine. It teaches us, however, to rely on our
own strength, and in the truth of our cause to labour more earnestly for the accomplishment of the great ends and objects we desire. Nor are we to look to the newspapers of our day—not even the so-called "religious press"—to do one jot or tittle towards elevating the profession in the estimation of the public. "If," says a late writer, "there is one nuisance in the country, which stands next to the use of intoxicating drinks in its injurious influence on the public health and morals, it is the advertising and lying puffing of patent nostrums in the newspaper press." Take up any sheet, whether of town or country, and we find a large portion of it filled with these infamous advertisements. It will not do for the proprietors of these papers to tell us that such advertisements are mere business cards, for which they are not responsible; for this is only saying that a business card is legitimately a licensed vehicle of falsehood. Falsehoods they know them to contain. Let any one examine the advertisements of Townsend's Sarsaparilla, Ayers Cherry Pectoral, &c., in such a paper as the "Religious Recorder," or almost any other that is issued from the press,* and ask himself if the enlightened and pious editors do not know that these advertisements are directly and positively false, and artfully designed to obtain money by false pretences; and yet these men would start with horror at the idea of adopting the Papal practice of selling indulgences to sin, while they make no scruples in selling the columns of their journals, for a few dollars, to the base purpose of falsehood and deception. We speak particularly of the religious press; for it scouts at the idea of admitting anything immoral in its columns. Oftentimes these insane puffs are certified to by men calling themselves "preachers of righteousness,"† who step down from the platform of their morality, and

* It gives us pleasure to except the Southern Presbyterian, and the Southern Literary Gazette.

† Hear one of the most distinguished divines of our country: "Another point, akin to that just noticed—I refer to the ready endorsement, by clergymen, of puffed specifics, panaceas, and legions of various inventions, surpassing all the marvels of that most marvellous inventor, Ferdinand Mendez Pinto. Truly, if we are to believe all that is certified to us every day, the doctors may shut up shop, the undertakers will soon be bankrupt, and the world will have no occasion to deplore the failure of that romantic expedition of Ponce de Leon to Florida, in search of the 'Fountain of Youth;' nor the fruitless search of the
despite their clerical cloth, testify that they have been cured of "piles," or some of their family of "fits," by such and such a nostrum, and that they would be glad to see it adopted as a panacea by all their friends. These men know that they are incompetent to judge of matters of this kind—matters which involve alike the life of multitudes of their fellow-men, and yet they put forth their glowing puffs as though their statements were ex-cathedra. What, then, is the course to be adopted? One of the most effectual means of continuing and advancing the improvements we have already noticed, is the promotion of a thorough education of those who seek admission into the profession. The higher the standard of education is among medical men, the less will be the number of ignorant pretenders who will gain admission into their ranks. In a letter recently received from Dr. John W. Francis, on the subject of medical education, he remarks: "We must enjoin the necessity of more general elementary education. Men who take the M. D. ought to possess some knowledge of Latin and Greek, in order to comprehend our technicologia; and to secure accuracy in formulæ and ordinary materia medica prescriptions, classical knowledge must be enforced." How few, comparatively, are the cases in which the preliminary education of young men intended for the profession of medicine is at all adapted to the end proposed. How few are they who have even a smattering of chemistry, to say nothing of languages. We are not one of those, who, in magnifying our office, reckon in the affair of literature, Latin, and Greek, and French, and Italian, and German—or in science, mathematics, and metaphysics, and mechanics, and optics, and hydraulics, and pneumatics, miner-

alchemists for the 'Philosopher's Stone;' and the 'Elixir of Life.' I have seen a string of ministers names appended to recommendations and certificates, in newspapers and pamphlets, thrust in at your doors, of all sorts of healing inventions of which they could know little or nothing—perhaps somebody, unable to pen a decent advertisement, has sent a box of patent pills—and, presto, it worked like a charm. The disease is gone, and forthwith comes forth an endorsement of—what not? But some one will say, 'have we not read the pamphlet? and did we not see the cure? and must we not trust the evidence of our own eyes?' No, not always; sometimes the liberal gulled will take in not only one little 'powder, pill, or potion,' but with equal facility, will swallow a whole system.'—[The Reciprocal Relations of Physicians and Clergymen—Rev. John M. Krebs, D. D.]
alogy, botany, zoology, and geology; for such are the portentous forms that guard the threshold of the medical temple: but we do advocate such a knowledge of the languages as will enable the student to comprehend medical terms and phrases, and such a knowledge of chemistry as will fit him to appreciate the lectures, on that subject, which he is to hear in the medical college. As it is, many students spend their first course, not in learning, but in hearing how to learn. Their minds are not habituated to the reception of knowledge, and, consequently, when they enter upon their professional course they can only darkly apprehend what is presented to them. And when once the pupil has entered upon his medical curriculum he attends to nothing else; and so goes stumbling on with a fearful foreboding of the "green room." Nor has he time to attend to anything beside the course of study laid down, because it is amply sufficient to occupy his whole time. It must be evident to every one, that if the mind of the student were disciplined, trained, and prepared to receive the teachings of the medical professor, previously to his entering the medical college, his progress would be greatly facilitated, and his advance more satisfactory and sure.

Says Dr. Ware, "The habit of acquiring knowledge is not attained at once. It is not sufficient that the mind be opened to knowledge. It does not flow in spontaneously. It must be sought and actively appropriated. The power of doing this to advantage, is to be acquired; and it is in no way so easily or so well acquired, as by the teaching of the school and the college. The graduate, other things being equal, starts in his course with some advantage. He has already learned how to learn, and has only to occupy himself in the appropriation of knowledge." (Med. Dis.) There are many reasons why chemistry should be embraced in the elementary studies of a young man, instead of being made a part of his medical curriculum. At present, few students acquire more than sufficient knowledge of chemistry, from the eighty lectures which constitute the course, to enable them to pass an examination. They gain nothing of those applications to practical medicine which constitute its real value to the medical practitioner. They may, indeed, pick up a few disjointed principals which will apply to physiology,
pathology and pharmacy, but of its real value they learn, comparatively, nothing. It is a little surprising, too, that so indispensable a department of the science, as pathological anatomy, should be so neglected as it is at present. The pathological researches of the last half century, have done more than all other causes combined to advance the art, from an empirical to a scientific character. Says a recent writer, "Before every other inducement to the study, I feel bound to give you this: Pathology is the scientific foundation of medicine; your success in the practice of your profession—your success in prolonging human life and lessening human anguish, will (caeteris paribus) be exactly commensurate with your pathological acquirements. I am not unaware that the ingenuity of indolence may find partial contradictions to this sanguine belief, and may point complacently, no less to the imperfections of our present knowledge, than to the occasional felicities of the merest empiricism; but such arguments are almost hourly losing their low and limited application; and for the general accuracy of my statement, I appeal, without hesitation, to the enlightened members of the profession. I am sure that their experience corroborates my assertion, and justifies me in stating that your chief inducement to the study of pathology is included in those motives which should impel you, with hopes of distinction and utility, to labour in your profession generally."

These are the words of a master in the profession—the distinguished Mr. Simon—and they were delivered before a medical class in one of the celebrated hospitals of the British metropolis. They are surely worthy of consideration on this side the Atlantic, where Pathology is only incidentally introduced in the lectures of our medical schools. Very few of our colleges possess the means of presenting the subject, practically, to the attention of their classes, and the present students are obliged to learn it as well as may be from the various authors who have shed such brilliancy on this department. This, though it is seeing "through a glass, darkly," must be borne, until the intelligence of the profession and of the public is more awakened to the necessity of a better state of things.

Next in order to the reforms which are required in our present mode of teaching, stand the obligations which the members
of the profession are under, to advance the improvements in the science; and here the importance of a more careful study of disease, in all its ramifications, presents itself. The practitioner must, if he would practice with success, in common parlance, "find out what is the matter." He should have a knowledge of temperaments, constitutional peculiarities, and be alive to the necessity of studying the patients constitution as well as his particular disease or infirmity. He should beware lest in his speculations on particular forms of disease, he be tempted to disregard the great principles which have been received as leading doctrines from the labours of Hippocrates down to Cullen and Rush, and Andral, &c. The experience of twenty-five hundred years is not to be discarded for the phantasms of the day. A more careful study of the diseases of our own climate, our localities and their influence on health and disease, is required. This subject was well brought to the notice of the Medical Society of our State, in a comprehensive resolution introduced before that body, by Dr. W. L. Jones, at its session in 1849. Dr. Jones remarks, in a preamble to this resolution, that, "The great desideratum for establishing the laws of the phenomena of life and death, of health and disease, is an immense accumulation of facts; and the determination of these laws is the only sure foundation of medical science." The resolution reads as follows:

"Resolved, That the attention of physicians in this State is respectfully directed to the subject of keeping records of physiological, pathological and meteorological phenomena, and that it be recommended to the auxiliary societies to take measures for obtaining full and accurate data in reference to the diseases of their districts; also, records of the states of the thermometer, barometer, atmospheric electricity, thunder-storms, rains, clouds, winds and dew-point, during each day of the year. Also, to prepare geographical and geological maps of their districts, containing descriptions of the surface of the country as relates to hills and valleys, land and water; also a description of the soils, of the nature of the vegetation, and of the relative abundance of cleared and woodlands: and that such records and maps be deposited in the archives of the society."

Of course it is not to be expected, that all physicians can find
time to comply with half of the provisions of the above resolution; but all can do something towards it. Practitioners in the country, engaged in the toil and labor of an arduous profession, can hardly find time for the relaxation necessary to health, while the fatigues attendant upon their professional duties, as well as the duties themselves, oftentimes interfere with the systematic observation of pathological and meteorological phenomena. They can, however, do more in the way of pathological research, in obtaining a knowledge of the diseases of their particular localities—in pursuing the attractive studies of geology and botany—and in establishing a kindlier intercourse, and in a more strict observance of professional etiquette than they at present do accomplish. Could the members of our State Medical Society be made so to feel the importance of this matter, as to induce each one to make one single report at each meeting of the Society, we should soon have a mass of interesting matter that would illustrate the medical topography of Georgia, the history of our local diseases, and tend to elevate the character of the profession of our State, as well as improve the art of medicine. Let members of the profession throw off those indolent habits of mind which unfit them for the prosecution of scientific enquiry, and do, every man, his duty, as best he can. The foundation and encouragement of societies is doing much towards improving the character of our profession throughout the Union. It is developing a degree of energy and solid wisdom which heretofore has been circumscribed in its influence. Much, too, is being done by the press, that mighty engine of revolution and reform; and we look to our medical periodicals, as direct agents in spreading throughout our land the influence of scientific minds. In periodical literature we are still somewhat deficient—much yet remains to be done in improving the character of our medical journals, as well as in increasing their number. "The opinion of plenty (says Lord Bacon,) is amongst the causes of want; and the great quantity of books maketh a show rather of superfluity than lack: which surcharge, nevertheless, is not to be removed by making no more books, but by making more good books, which, as the serpent of Aaron, might devour the serpents of the enchanters." As it is, we are proud of our journals and
reviews,* for they come to us laden with the riches of observation and experiment, but we would have them made the medium of diffusing that philosophic spirit, which, as Dr. Thomas Brown justly observes, is far more valuable than any limited attainments in philosophy, and which is becoming the characteristic of our age. We would have them garners into which may be gathered the fruit of every gleaner in the field of science. We would be glad to see them expressing more fully the experimental researches of the "workers" in the profession. It is, palpably, a duty of every member of the profession to lend his aid in supporting the literature of the profession. Let each one ask himself, what am I doing to encourage the establishment of a sound, distinctive literature for the profession of which I am a member?—what am I doing towards removing the evils of which I complain? And in answering these queries, let them remember that they perform but a part of their duty, by simply paying the small subscription price of their journals.

There is somewhat of a national character attached to medical science in this country. American physicians are probably unrivalled in the knowledge and use of "heroic remedies."† They have introduced new and rational doctrines respecting the operation and effects of remedies. We must build up our literature, if we would preserve the character and standing to which we are justly entitled. The achievements of the profession in this country, are the more surprising, when we contemplate the obstacles it has had to contend with. If a knowledge of the science of anatomy is the basis of medical skill—if pathology can unfold lessons of wisdom, in which we may learn how to prolong human life and lessen human anguish, then ought the state, to whose service the physician is devoted,

* In the United States, there are published, as we learn by the report presented to the American Medical Association, by the committee on Medical Literature, twenty American medical journals and four reprints of foreign journals. Of these, five are quarterlies, six are issued bi-monthly, six monthly, one three times a year—the Transactions of the Philadelphia College of Physicians—and one weekly.

† The writer would not be understood as introducing this fact to illustrate the superiority of American practice, but only to notice a peculiarity of that practice.
by liberal laws, legalize these studies. How stands the matter
in most of the states of this Union? Physicians and surgeons
are liable to prosecution for not possessing that knowledge
which it is a penal offence for them to obtain. The inattention
of the patient to the directions of the surgeon is often the origin
of prosecutions, and prosecutions the most wilful and malicious;
but there are instances in which men of limited means are ad-
mitted into the ranks of the profession, by "State Boards," who
have actually been prevented, by the stringency of law, from
acquiring a knowledge of human structure. It is true, the ad-
misson of such persons into the profession is wrong, and ought
not to be tolerated; but if the State will decorate them with
sheep-skins, it ought also to secure them from prosecutions for
mal-practice, though they be wolves in sheeps clothing. But
this is not the only class subject to damages at law. The most
accomplished practitioner of the healing art, will, in the course
of a few years, forget much of his minute knowledge of anato-
my; and to be even a tolerable surgeon, requires a constant use
of the scalpel. Take a case which actually occurred in our
State, not long since:—The patient, a gentleman, was thrown
from his horse, and in falling fractured one of the bones of his
fore-arm, and dislocated the other at the wrist. The surgeon
in attendance, did all that any one could accomplish to remedy
the case, and give the patient a good arm. But the bandages
becoming painful, were cut, and par consequence the arm, just
above the wrist, was slightly deformed. A few months after,
the surgeon was sued for the round sum of $10,000. A surgeon
at Lowell, was prosecuted, for not relieving, internally, dis-
eased eyes, for which he had operated in a most skillful man-
ner. Admitting that an error of diagnosis was the cause of
failure in both these cases, are the surgeons to be blamed for
those errors? Certainly not. The choice in surgical opera-
tions, lies between success and a state prison. But errors will
occur even to the most distinguished surgeons—even to those
who daily perform some half dozen operations, as well as to
those who do not operate that number of times in the course of
a twelve-month. One of the most distinguished surgeons of
Paris being about to operate upon what he supposed a common
cataract of the eye, observed to the students present, at the
close of a brilliant lecture,—Here is a cataract easy to operate on by displacement. The needle introduced into the eye was manoeuvred for a long time without causing the opacity to disappear. The instrument was then withdrawn, and the operator, without saying a word, turned his back upon the patient. A witty confrere, wishing to ascertain the cause, examined the eye, and, laughingly, said, "I see what it is: it appears that there has only been here a displacement of diagnosis."—(South. Med. and Surg. Journ., 1845.)

When the State shall see fit to encourage the efforts of the profession to obtain material for the study of practical anatomy—when it shall adopt a higher grade of requisitions for those to whose skill the life and health of the people is committed, then, we shall be glad to see bungling surgery rewarded "with many stripes." This is only one of the many obstacles which the profession, in the United States, has to surmount, before it will occupy its proper position. The office of a physician is a thankless one: he meets with the basest ingratitude: his services are received by many, as a matter of course, as something to which they have a sort of natural right. The tooth of calumny gnaws at his reputation, and the voice of malice oftentimes destroys his prosperity. That general respect to which the profession is entitled, by the public benefits* it has conferred upon society, are in a great measure withheld. The reasons which secure the respect of well-informed and intelligent men for other sciences, fail altogether, when they come to medicine. They even indulge in a playful contempt when speaking of its claims. In seasons of trial even, instead of extending to physicians their confidence and support, they reward their toils with an ungenerous and inconsiderate fault-finding. This ingratitude of the public is sometimes manifested in the most offensive manner. After the yellow fever in Philadelphia, in 1798, had subsided, at a meeting of the citizens, in which the committee who superintended the city during the prevalence

* To estimate the public benefits which the medical profession has conferred upon the world, you need only to look at the zealous, and, I may say, leading agency, which it has always exercised in instituting and maintaining hospitals, asylums for the insane, institutions for the instruction of the deaf and dumb, and the blind, and associations for the advancement of the sciences.—(Dr. Hooker Phys. and Patient.)
of the disease was honored with a vote of thanks, a similar vote was proposed in relation to the physicians, but was not even seconded, though nearly one-fourth of their number perished in their efforts to save the people from the ravages of the pestilence.—(Dr. Hooker.)

In this desultory paper, we have pursued no particular order in the arrangement of our subject, but have dotted down our thoughts as they have occurred. The position of the profession at present is a peculiar one: it has lost that veneration which, a half century since, almost amounted to superstition; but the true representatives of the science—they to whose lives and labors I have referred in the foregoing pages—must always command respect, and be venerated according as they triumph in the intellectual gladiatorship, which is the glory of our time. “The skill of the physician shall lift up his head; and in the sight of great men he shall be in admiration.”

“For of the Most High cometh healing, and he shall receive honor of the King.”—(Eclesiasticus, xxxviii. 2, 3.)

---

**ARTICLE XXXVI.**

*Case of Lithotomy.* By D. W. *Hammond, M. D.,* of Cullodens, Ga.

Notwithstanding lithotomy is regarded as one of the capital operations in surgery, it always has occurred to my mind, that the publication of a simple case of the kind, without something uncommon or extraordinary being connected with it, would not be likely to elicit much, if any, interest on the part of the profession. Having long entertained this sentiment, I have, up to the present time, with-held from the public any of my operations for stone. The following case, however, which I now tender to the Southern Medical and Surgical Journal for publication, being one of no ordinary character, is my apology for offering it to its readers.

I was called on the 19th March, 1849, near the Indian Springs, in Butts county, to see (with Dr. Shannon and Head) Mr. James Morris, a young man of 22 years of age, who, his parents informed me, had been afflicted with what they supposed to be gravel, from early childhood.
He was rather small for his age, of the lymphatico-sanguineous temperament, much emaciated and pallid; the expression of his countenance indicated great bodily suffering and mental anguish. He was tormented with incessant and unmitigated itching—not of the prepuce, but of the perineum; he had a discharge of bloody matter from the penis; red tongue, cephalalgia, anorexia, much derangement of the prime viae, together with a wasting, hectic fever.

The introduction of the sound detected the existence of an enormous calculus. Although the particular prognosis in this case was unfavorable for the operation, on consultation, it was thought best, under all the circumstances, to give to the unfortunate sufferer, the last, though forlorn alternative for life, by removing at once the calculus.

After being placed in the usual position, and properly secured, the point of a common size scalpel was inserted through the skin just below the insertion of the ejaculator seminis muscle, and carried down on the left of the raphe, terminating midway between the lower margin of the anus, and tuberosity of the ischium; the incision being about three inches in length. By a few successive strokes of the scalpel, the membranous part of the urethra was brought into view—with the sharp-pointed bistoury, the groove of the staff was now laid bare to the extent of a half inch or more. One of Physick's three-quarter inch gorgets completed the operation by dividing the prostate gland, and neck of the bladder. The stone was now readily felt with the finger. By manipulating for some minutes, with various size forceps, with the aid of the scoop, syringe, and flax-seed water, &c., the bladder was freed entirely from the calculous deposit. Fortunately for the patient, as well as the operator, the calculus was of the fusible kind, consequently very easily broken down. Its external surface was laminated, friable and easily separated, being held together by minute crystals of the triple phosphate of magnesia and ammonia. An anodyne being administered, the patient was removed from the table, and placed in bed.

The fragments of the stone were now gathered up from the floor and table, and after being carefully dried in the sun, weighed a few grains over six ounces. The following is its analysis, by Professor A. Means:—
Dear Doctor,—At my earliest convenience, I have made the analysis of the fragments of the urinary calculus enclosed under your envelop, and submitted to me for examination.

Its external characteristics, viz,—its lamellated structure, white hue, chalky trace, friable texture, and harsh powder, led me at once to regard it as the fusible calculus—an opinion verified by the application of the blow-pipe, and appropriate chemical tests. It is a compound of the Phosphate of Lime, with the Phosphate of Magnesia and Ammonia,—its chemical elements being expressed by the following lengthy formula, viz: \((8 \text{CaO}, \text{HO} - | - 3 \text{PO}_4) - | - (2 \text{MgO}, \text{NH}_4, \text{O}, \text{PO}_4 - | - 14 \text{HO})\)

This form of calculus frequently attains a large size in persons of advanced age, or exhausted constitutions, but the specimen extracted by you, and weighing 6 oz. (from a portion of which the above analysis has been made,) must be regarded an extraordinary growth for a subject of only 22 years of age.

Very truly, your's, &c.        A. MEANS.

Dr. D. W. Hammond.

The patient spent a restless night after the extraction, from excruciating pain in the region of the bladder and sacrum. On the morning of the 20th, his pulse beat quick and feeble, numbering 130 per minute; he complained of nausea and headache—had considerable tenderness and tympanitic distention of the abdomen—bloody water passing out of the wound with the urine. In this unfavorable condition, I left him in the hands of my worthy and esteemed friend, Dr. Shannon, of Gullettsville, the family physician—through whose kind attention and skillful management, after a tedious and protracted struggle, he finally recovered—not, however, until after the lapse of six or eight months.

I visited him in the latter part of the year, at which time the opening had firmly coalesced, the urine passing per vias naturales. His health, though still feeble, was rapidly improving. I saw a gentleman last summer, who saw him at the Indian Springs: he informed me, that his health was almost entirely restored; so much so, that he amused himself by taking short
excursions in the woods, with his gun, shooting birds and squirrels.

There were several circumstances connected with this case worthy of consideration:

1st. In regard to the composition and chemical analysis of the calculus. The fragments sent to Prof. Means, consisted of the crust of its periphery alone; but I find in an examination, made recently, that the central portion, which weighs over two ounces, is of a dark, brown color, very rough and tuberculated, hard, quite dense, and imperfectly laminated, and composed of the Oxalate of Lime. This is what is denominated the Mulberry Calculus. Here we have a specimen of the alternating variety—the nucleus consisting of the oxalate of lime, whilst the exterior crust is composed of a mixture of the phosphate of lime, and phosphate of magnesia and ammonia.

2d. This is the largest calculus ever extracted from the human bladder, in the State of Georgia, and—may I not venture the assertion—the largest ever extracted in the United States, save one, where the operation was followed by a complete recovery. I cannot now call to mind but one; this was a case operated upon by Prof. Dudley. I will here allow him to speak for himself. In a letter, which he addressed to me on the 22d of May last, he says—

"Taylor, a youth of the mountain region of this State, came to Lexington in his eighteenth year, after six years suffering, and had a calculus removed from his bladder, of eleven inches in its great circumference and three inches in its smallest diameter, weighing about nine ounces. The extraction was followed by sloughing of the bulbous portion of the urethra, together with the whole of the accelerator urinae muscles, and a large portion of the perineal cellular tissue.

"At the end of the sixth week, the wound was healed. The patient was dissatisfied because the contents of the bladder could not be projected as far as he had expected; a defect originating in the loss of the accelerator muscles. He is, however, the father of a large family of children, and was living last fall, thirty years since the operation.

"Very respectfully, your obd't serv't,

"Lexington. B. W. DUDLEY."
3rd. The opening through the perineum in this case, was small, which should always be less than the calculus, in every case. I do not mean to convey the idea by this assertion, that it is better to tear than to cut, but I contend, that it is better to dilate than to cut. I must therefore be permitted, without arrogance or presumption on my part, to differ in opinion from the ancient and distinguished Celsus, who, in writing on this subject, lays down the following maxim: "plaga, paulo major calculus sit." I would prefer substituting the word minor, for major.

4th. The prognosis in this case was very unfavorable, both before and after the operation, yet it terminated favorably, and as did the case of Taylor, who is still living, thirty years since the operation, and has raised a large family of children.

5th. From the favorable termination of these two cases, I am of the opinion, that when the death of a fellow-being is inevitable, from the existence of stone, that the surgeon should assume every responsibility, regardless of consequences, and extend to him the last, and only chance for life, by performing the operation without any preparatory treatment.

---

PART II.

Reviews and Extracts.

Report on the Medical Treatment of Insanity, and the diseases most frequently accompanying it. By James Bates, Physician and Superintendent of the Maine Hospital.—Read before the Association of Medical Superintendents of American Institutions for the Insane, June 18, 1850.—(American Journal of Insanity.)

Were I to write an essay for the student, some mode of classification would be deemed indispensable.

The various forms of disease, the different organs to be acted on, or the classes of remedial agents to be had in requisition, would form convenient modes of arrangement, to assist the understanding and the memory.

But to a class of gentlemen who have spent their adult lives in the midst of disease, only general remarks may be made, avoiding chapter and verse, grains, scruples and drachms.

The medical treatment of insanity at the present day, is far
from being uniform among well informed medical men, though sufficiently so for all useful purposes, with that branch of the profession who have made the treatment of the insane the principal field of their labors.

When, however, we contrast the practice of the present, with that of the preceding century, the difference in the medical, is scarcely less than in the moral treatment of the insane.

It is, I believe, everywhere admitted by educated physicians, that the medical, as well as every other curative indication in the treatment of insane persons, is a problem to be solved by an investigation of each individual case.

To lay down distinct and specific rules for the management of the various phenomena exhibited by insane people, of all ages, sexes, and temperaments; modified by instincts, propensities, sentiments, intellect and habits, embracing every form of the malady, is a labor which never has been, and probably never will be satisfactorily accomplished.

The task is not simplified by the various and often discordant opinions which exist, and have heretofore influenced the profession, in relation to the pathological condition of the organ or organs, on which the instincts, propensities, sentiments, and intellect depend for their normal or abnormal manifestations.

No man can prescribe understandingly in a single case, much less lay down general principles of practice for himself, or the guidance of others, without notions more or less satisfactory to himself, at least, of the morbid condition of the organs he wishes to affect by his remedies.

Special physicians are very minute in their inquiries into the causes which have produced the mental troubles they have to investigate; whether they have been physical or moral, or both; whether primary as affecting the brain and nervous system without the agency of other organs; or secondary, as having originated in disordered action of the latter, disturbing the operations of the sensorium through the medium of the nervous or other communications.

All this is well and useful, though it should happen that precisely the same pathological changes have been produced by the one class of causes as by the other.

To understand myself, and to be in any good degree understood by others, as to the objects to be accomplished by the medical treatment of the insane, it is proper that I say something of what I conceive always to exist in the brain at the time insanity, properly so called, commences.

Whatever may take place afterwards, I believe no case of prolonged aberration of the affections and intellect manifests itself without the existence of irritation.
Whether it is caused by super-excitation of external or internal, physical or moral agents, directly; or by the absence or exhaustion of the amount of excitation necessary to healthy action, indirectly, I believe the primary forms of insanity never exist without it.

Undoubtedly this may be followed by inflammation more or less active, by which both the disease and the appropriate remedies will be essentially modified.

Whether this condition is less frequent than formerly, may not be easy to determine; for some cause the treatment has undergone a great change.

If remedies, relied on, as late as the beginning of the present century, for combating the inflammation, supposed to exist in almost every case of acute mania, were as freely resorted to, I think we should not be greatly flattered with our success, whatever may have been that of our predecessors.

I may hazard the opinion, that physical and moral changes have gradually pervaded whole communities, whereby the brain and nervous system have become more frequently the seat of diseased action than formerly, giving rise to a more marked and rapid prostration of the physical and vital forces, exhibiting more frequently mental troubles, requiring, not only in insanity, but in most grave diseases, greater caution in the use of active, depleting remedies.

Possibly, these circumstances, added to the fact, that most persons admitted to institutions for the insane, have already passed the most vigorous stage of vascular action, may have a tendency to lead to conclusions and a practice apparently ultra, so far as depletion is concerned, in our hospitals for the reception and treatment of this unfortunate class of sufferers.

So far as I am advised, there does not remain, anywhere, the mode of practice formerly pursued at Bethlehem, and other hospitals, of bleeding all the curable patients on the first of June and last of July; enabling one physician to say, "that although he had bled one hundred and fifty in a day, he had not seen a single accident follow." Nor do I believe the man is living, who, like Dr. Rush, would order the abstraction of 470 ounces of blood at 47 bleedings in ten months; nor like Plater, direct 70 bleedings in 70 weeks. Nor do I think the administration of cathartics and emetics at stated seasons of the year, anywhere finds countenance at this day.

Few, if any, in our time, would let blood "because the contents of the cranial cavity had not the same facilities for relieving itself of fluid turgescence as have those of the other great cavities." Nor should we much fear that local, practiced previously to general bleeding, would be dangerous, by inviting an increased flow to a debilitated organ.
Fifty years since a physician who should manage a case, in which there was evidence of congestion in the vessels of the brain to such a degree as to produce long continued insensibility, without general or local blood-letting, or both, would have been considered little less than a madman or a fool. There may be localities where he would be thought so now.

It is peculiarly unfortunate for the practitioner in medicine, that he is compelled to select one of the two or more pathways which seem to lead in varied directions, to the same point. Could all be followed at once, it would be easy to strike the balance, and to arrive at a degree of certainty, approaching that of an axiom. Only one selection is properly at our disposal, and our decision must be made in each case by the aid of the best analogical information in our possession.

I confess to having repeatedly occupied a most anxious position, in such cases, (in one instance during eight days,) watching the recuperative action of nature, aided by such external and internal applications as could be administered, without the volitions or consciousness of the subjects.

Perhaps it will be said, I should have been more uniformly successful had I added to my remedial agents the abstraction of blood.

This is the very point on which I desire proof, wishing most religiously to pursue the best mode possible.

It cannot be doubted, that there are cases, perhaps more than some of us imagine, in which, if we saw them in their stage of most active vascular action, we should resort to depleting and antiphlogistic remedies entirely beyond what is customary with us now.

At the risk of being considered ultra, (for which I have certainly no ambition,) truth compels me to say, the most of the blood-letting my patients have undergone, since I had the care of an institution, has been practised on themselves. Some of the cases seemed as likely to be benefitted by it as any I could have selected, but I have known no good to result from their bold operations.

Nor will my experience coincide with that of Mayo on this subject, viz: that dementia is not the result of the practice.

I have not doubted that several cases have come to me, in which acute dementia had been produced by abstraction of blood, and that recoveries, if they took place, had been delayed months by this cause.

In cases where natural or abnormal evacuations are suppressed, a judicious use of cups or leeches, may not only assist in restoring them, but in relieving the nervous irritation arising from their absence.
Both these modes of abstracting blood are often either offensive or frightful to our people, and care should be taken, that injury from this cause does not outweigh the benefit.

Many of the observations on blood-letting are applicable to depletion by drastic purgatives, but probably not to the same extent.

From the first history of the medical treatment of the insane, until recently, drastic purgatives have been extolled, especially in melancholia and hypochondriasis.

Their use latterly has been mostly confined to cases in which the disease is not only recent, but exhibiting symptoms unequivocally requiring antiphlogistic treatment, beyond what could be accomplished by the use of milder means, or a state of constipation which has resisted milder methods—I may add to such cases, perhaps, the class of persons who evidently need the evacuation of the first passages, and who resist all our efforts to administer the requisite medicines in their usual forms, when we feel called on to administer secretly, in a concentrated form, an efficient purgative.

Those who have had much experience, will not need to be told that extreme caution is required in certain persons at all seasons, and all persons at some seasons, lest diarrhœas, not easily controlled, follow the use of strong cathartics.

In most cases, the exhibition of mild preparations of mercury followed by common aperient medicines, is much more judicious than giving those of a more debilitating class.

I do not know that the hellebore is now much in use—the Croton oil seems well adapted to our use when an active medicine is required in a concentrated form, and when formed into a pill with powdered nutmeg or other mild aromatic, may be so divided as to be as safe in its action as any simple laxative in use.

The compound Colocynth pill and the common infusion of senna and anise, with sulph. of Magnesia, are medicines in daily use with such patients as require their action.

There is an inactive state of the first passages which indicates a kind of paralytic state of the muscular coat of the organs. In these cases, whether the person be insane or not, the use of nux vomica, compounded with aloes, rhubarb, or other mild cathartic drug, in small doses, steadily preserved in, will often overcome cases of obstinate constipation.

As I have prescribed to myself no particular arrangement to be adhered to, I may as well speak of other states of these organs, which sometimes tax all our skill, and occasionally bid defiance to our best directed efforts.

From the effect of our own remedies, the peculiarities of the
season, or the state of the individual, we are frequently called on to treat troublesome, and sometimes incurable cases of diarrhœa. On two or three accounts the insane are more difficult to treat than the sane. The state of the nervous system seems to render the local affection more grave—the general restlessness renders the adjustment of external applications, and even proper covering, difficult, if not impossible, and our internal remedies, however we may direct their administration, are rendered irregular and uncertain.

With due weight given to exceptions like these, there is nothing very peculiar in the treatment of this affection in the insane. Every attention should be paid to sustain an equal and natural heat on the surface, and as vigorous capillary action as may be—a duty as difficult to accomplish, as important to the well-being of the patient.

The application of external heat, wet or dry, frictions and concentrated stimulants to the skin, locally or generally, should constitute our first efforts. They may be aided, but never superseded, by appropriate internal remedies. Alteratives, opiates, astringents, stimulants, and tonics, all have their proper time and place, in the course of treatment. There are cases which seem to have arrived near a fatal termination, in which spirits of turpentine both internally and externally, combined with anodynes, have appeared to give a favorable change to the action of the mucous membrane and the glands connected with it. To all of us the various modes of moderating the effect of the most exciting remedies, by judicious combinations, are too familiar to require further remarks.

The most formidable disease of this class of organs, which has come under my care, I shall take the liberty to call Asthenic Colonitis. This affection which has its seat high up in the large intestines, mostly, has been fatal in many locations in families, and not less so in some of our hospitals for the insane. It has been epidemic at the season when bowel complaints are usually most prevalent.

In our institutions for the insane it has chiefly attacked those whose physical energies had been diminished by protracted disease, and many such have fallen victims to it.

The disease is not attended with the same degree of pain, vascular action or febrile heat, usually present in dysentery. The discharges from the bowels are generally frequent and abundant; at first resembling newly made soft soap, more or less streaked or tinged with blood. In its progress, the blood is no more seen, but a sort of muco-purulent fluid in great quantities is voided day after day. The odor is peculiar, and not like that from epidemic dysentery, as usually encountered.
Anodynes, alteratives, astringents with lavements of laudanum and solution of tannic acid were with us often powerless to arrest the progress of the disease. If any prescription was better than others, it was the free use of Laudanum, Bals. Copaiva and mucilage.

No disease can require greater vigilance as to the application of external and internal means. No precaution of cleanliness produced even a tolerable state of purity in clothing and rooms without the aid of chlorine gas.

An apology may be necessary for speaking of affections not necessarily connected with insanity.

It is not easy to treat a malady considered by many as only a symptom of peculiar troubles in physical organs, without remarks on the occasional affections which, often accompany and influence these troubles, or are modified by them. These combined circumstances call for more care and caution, as to the quantity and quality of remedial agents, than in cases where the symptom of insanity does not exist.

The remarks to be made will relate more exclusively to the medical treatment of the organs laboring under their peculiar physical derangement manifested chiefly by mental aberration.

The classes of agents mostly in use for this purpose are alteratives, calmants, and tonics. The first class is required for the same purposes and under the same circumstances as in cases where all the other symptoms existed without the insanity.

When I speak of alteratives, I allude to the moderate use of mercurials and other medicines considered, as having a tendency to restore deficient secretions or to correct such as are vitiated in quality. I can speak of the Extract of Conium, in its most efficient form, as entitled to no other credit than as an alternative, nor can I speak highly of it as such.* I am inclined to think some of us still use it, as much out of respect to the testimony of respected names, and because of the rather convenient form of its compounds for administering tonics, as from any conviction of its value as a narcotic.

To my mind it is rather an innocent affair, for one which has been so much extolled, and in cases where an expectant course is deemed advisable, I know of few drugs which may be more safely trusted as a placebo. I have not seen apparent injury from it, and must leave it to others to testify to the good it does.

The whole class of narcotics, has been had in requisition, and though each variety may come in, alone or in combination, for

* The writer is aware that many of his friends have a decided conviction that Conium is calculated to produce valuable sedative effects on the system. He believes also that the medicine in very large doses in neuralgia and spasmodic affections often produces happy results.
certain constitutional peculiarities or states of the system, one alone maintains its general superiority above every, and all others.

Although opium is not suited to all constitutions, nor to any individual case at all times, it has, when the system is properly prepared for its exhibition, maintained its superiority for ages past as a narcotic, and probably is destined to, for ages to come.

In the early stage of maniacal disease, the irritation and vascular action are such, that opium in any of its forms seems rather to increase than to allay excitement. But when this irritation is moderated and the vascular action somewhat equalized and diminished, by the well directed use of baths, antimony and saline draughts, some of the salts of opium or other compounds, in which the article forms the most active agent, may usually be safely and advantageously administered.

In chronic cases we have no need of these preliminary precautions in most instances, and frequently find benefit in adding to our opiate some active stimulant, as camphor, ether, &c. From a wish to find a substitute for this drug, in cases of extreme watchfulness, and in some measure influenced by the recommendations of others, I have administered almost every combination which has acquired credit with the faculty, such as the camphor, sulph. ether and infusion of hop, Hoffman's Anodyne, hyoscyamus, stramonium, belladonna, ex. of valerian by displacement, Brigham's mixture, &c. It is not unlikely that the cases and periods have been injudiciously selected, but I have rarely found a benefit from their use which would not be more certainly realized by an equivalent, so to speak, of opium.

Undoubtedly there are constitutions and stages, in which some of these would be tolerated, not only, but do good, where opiates would not. I think the necessity for a quieting medicine, in a case of insanity must be very slight, in which any of these remedies would answer the requisition. I fear the extensive use made of similar appliances in the medical world, is more a matter of routine than of judicious reflection and discrimination.

May we not frequently give credit to a long continued use of inefficient medicines, which is due to time and the recuperative efforts of nature?

One word on the danger of acquiring a habit of using opium, which it is not easy to abandon. My own experience has not been as fortunate in this respect, as was stated at one of our meetings a few years since, by a highly respectable member, now no more, who said, he had never experienced any diffi-
cully in stopping the use of the medicine, nor had known trouble to follow.

One of the most troublesome cases I ever saw, acquired the habit in the institution under that gentleman's care and the use of the drug followed for six years after leaving the Hospital. By very gradually diminishing the enormous dose she was taking when she came to me, it was wholly left off, at the end of six months: but the sulph. of quinine with which it was combined, was continued six months longer so that she never knew when the morphine was stopped. She has been my neighbor for four years, in good health and spirits.

I have now under treatment a case of melancholy, principally from moral causes, in which I have seen my patient get apparently well and happy, but no sooner did I omit the mor-

phine, than all the trouble was renewed. Three times I resumed and gradually discontinued its administration with similar results; which made me determine on another course, without the opium. The appearance is favorable for ultimate success.

I fully agree with the gentleman from Kentucky that it is generally best to commence with small doses, as 25 or 30 drops of Laudanum, or solution of morphine of equal strength, and gradually to increase the dose if necessary to a large amount. My experience however does not enable me to say, "if the design is not answered by less, give thirty drachms."

It is not easy to reconcile the discordant opinions of our best practitioners as to the value of narcotics in the treatment of the insane.

Some placing a very high, and others a very low estimate on their value. It may be those who extol them most, have gone far beyond those of more moderate expectations, in their use.

In this way, they may have experienced advantages, unk-

nown to those who have been more cautious in their adminis-

tration.

Not having prescribed them to the greatest extent, I cannot pretend to decide the question, but hope to hear testimony which will enable me to use medicines of this class more suc-

cessfully.

I have had no opportunity to make trial of the eastern compound called hachich, nor have I learnt that its use has been

---

*I am aware that many practitioners use, and as they think with decided ad-

vantage, enormous doses of Laudanum and solution of morphine in certain cases of mania, even in some cases as high as seven or eight ounces per day. I am not disposed to question their success, but have not gone myself to the same extent.
throughly tested in Europe or in America. From what I have
read and heard on the subject, it would appear to act like
stramonium, exciting a disordered action peculiar to itself; and
possibly may supercede an existing disordered action, by sub-
stituting one of its own, more powerful, but less prominent.
If this and similar poisons act on the principle of Hahne-
mann, I presume the dose must be some hundred-millionth parts
less than we usually administer.
I have used stramonium in severe cases of epilepsy, compli-
cated with insanity, without any benefit.
Two cases seem to have been successfully treated, one and
two years since, by spirits of turpentine in large doses for
several days, followed by a long use of oxide of silver, as much
per day as the mucous membrane would tolerate. In several
others no benefit followed any course.
I come to speak of vegetable and mineral tonics.
There are few cases of long protracted insanity which have
not seemed to require a free use of these, and I believe every-
where, they are administered in our Hospitals, in cases where
the physical vigor is much diminished.
In subjects where the tonic course does not require to be
prescribed for the relief of any particular organ, the prepara-
tions of cinchona, may represent most of the vegetable class,
as the oxides and salts of iron and silver do that of the mineral.
Every one's ingenuity must suggest the various additions
and combinations required to affect particular organs or special
cases.
There is a form of disease affecting mostly the young, in which
maniacal excitement alternates with acute dementia, possibly
from renewed congestions. From one or the other of these states
we see our patients gradually recovering, taking on the usual
appearance of health and intelligence, when suddenly a state of
phrenzy or stupidity comes, and the same goes over again.
If we carefully observe the first signs of amendment and in-
troduce a large seton in the back of the neck, I think we shall
often avert a relapse.
I have no remedy for cronic dementia, nor general palsy,
ever having seen either benefitted to any considerable extent.
I feel indebted to Dr. Stedman for his observations on the
use of ether for those who refuse nourishment and to Dr. Bell
for his excellent paper on the same subject.
I am not aware that I have advanced a single idea which is
not perfectly familiar to every member of the Association. I
would gladly have posted some new discoveries, if I had found
them on the blotters.
Having expressed some preferences, some doubts and some
objections, I expect them to be corrected where ever they meet your disapprobation.

Having designedly avoided any mention of moral treatment, it may be thought I consider the medical as the more important. I can give my views in a single and short paragraph.

In the first stage I deem the medical more efficient than the moral treatment, in the second equal, and in convalescence the moral has decidedly the preponderance.


The quantity of urine eliminated in a given time varies very considerably in health.

A similar variation exists in disease also, but to an extent even more remarkable.

Sometimes the urine is in excess in both health and disease, at others it is deficient in quantity.

It is proposed in this communication to ascertain how far these variations admit of satisfactory explanation.

The extreme rapidity with which, in many cases, a large quantity of urine is thrown off by the kidney is one of the most striking phenomena connected with the elimination of that fluid.

The excretion or elimination of the urine is, to a very great extent, a physical phenomenon, and is dependent upon those general laws which regulate the passage of fluids through organized membranes, both vegetable and animal.

One of the principal properties of membranes is that of permeability, the degree varying with the character of the membrane, the nature of the fluid or fluids passing through it, and the amount of pressure to which it or they are subject.

The fact or law of Dutrochet, that two fluids of different densities pass through the membrane by which they are separated, and mingle together, the lighter fluid permeating the tissue in the greatest proportion, and mixing with a denser, is familiar to all.

A little reflection is sufficient to show that this law does not apply to the elimination of the urine. In this case, there is really but one fluid, the blood; the urine is drawn off from the blood, and is carried away nearly as fast as it collects. Moreover, the operation of this law, if in action, would cause, not the water of the blood to pass into the tubules of the kidney, but the fluid which might be in those tubules to make its way into the blood vessels, thus keeping the organ in a void condition.
The elimination of the urine, or at all events of the watery part of it, as well as all those of its constituents, the presence of which in the blood has been satisfactorily ascertained, depends, then, primarily, upon the porosity or permeability of the membranes forming the coats of the bloodvessels, and of the renal tubules.

The permeability of membranes is shown by the gradual diminution in the bulk of any fluid either entirely or partially included in a membranous texture, as bladder.

The passage of fluids through membranes is greatly facilitated by pressure, their permeability being thereby much increased. A simple experiment will illustrate this.

Let the expanded portion of a curved tube be tied over with bladder, the wide part filled with water, and the upright narrow portion partially so with mercury. The external surface of the bladder will speedily become covered with drops of water; these, if the column of mercury be increased in height, will unite, and flow over, until, at length, an additional quantity of mercury being added, the bowl is entirely emptied of water and filled with mercury.

Now I propose to apply this experiment to the kidney, and to show how far it will explain the varying phenomena connected with the elimination of the urine.

That the contractile walls of the bloodvessels, great and small, especially those of the capillaries, exert considerable pressure upon the fluid contained within them, is undoubted; that this pressure varies, also, with the degree of contractility of the vessels, and the amount of fluid within them, is likewise very certain.

That, also, the quantity of urine which passes through the permeable membrane forming the tubuli uriniferi varies with this pressure, being greatest when it is greatest, and least when it is least, follows, from what has preceded, as a matter of course; and herein we have an exact and satisfactory explanation why, under certain circumstances, the urine is abundant, and under others, deficient, in quantity.

It now becomes evident how admirably the kidney is suited by its structure to accomplish the office here assigned to it—viz., that of a filter; inclosed in a dense and unyielding capsule, the repletion of the vessels of the kidney does not occasion any considerable distention and enlargement of the organ, but is just sufficient to put the fibrous investments on the stretch, giving rise to increased pressure, and determining the blood towards the free surfaces of the tubules, the only outlet of relief and escape for the contents of the surcharged vessels. Again, by the disposition of the organ in tubules, the greatest extent of
surface—an important consideration—is obtained, with the least expanse of space, and with the least complexity of structure.

We will now enumerate the cases in which we have either an increase or deficiency of urine, and then proceed to ascertain how far the principles laid down admit of application to each case.

There is an increase in the quantity of urine eliminated in health in the following cases:

- In a state of repletion of the vascular system.
- In impeded cutaneous transpiration.
- In deficient nervous energy.
- Under moderate exercise.

There is a decrease in the amount of urine voided in health:

- In a state of the vascular system the opposite of repletion.
- Where there is free cutaneous action.

There is an increase in the quantity of urine passed in disease:

- In hysteria.
- In certain structural lesions of the kidney.

There is a decrease in disease:

- Where the vessels are only partially filled.
- In inflammatory and febrile affections.
- In constriction of the small intestine.
- In certain organic changes of the kidney.

In a state of repletion of the vascular system, as after the imbibition of fluid in large quantities; as at breakfast, dinner, and tea, all persons must have noticed how very quickly the kidneys throw off the excess of water. Now, in this state, the blood-vessels are distended, the contractile walls react upon their fluid contents, and the results are, augmented pressure and increased penetration and escape of fluid through the membranes of the vessels of the system generally but especially through those of the vessels and canaliculi of the kidney.

Where previous to imbibition, the vascular system is in a state the opposite of repletion, where thirst exists, and the quantity of fluid drank is not large, consistently with the reasoning advanced, we should not in such cases have an increased and speedy flow of urine, the fluid imbibed being sufficient in quantity only to fill the vessels to their natural extent.

In impeded cutaneous perspiration, as from cold or damp applied to the surface, a state of repletion or congestion of internal organs, the kidney amongst the number, arises, and under which, as in the previous case, there is augmented pressure, and increased elimination of urine.

Where the nervous energy is weakened, as under the influ-
ence of the depressing passions and feelings, from fear, anxiety, disappointment, &c., the heart contracts with diminished strength, the blood is not propelled to the surface and extremities with the usual force, local repletion ensues, followed by the usual results, and terminating in augmented elimination.

Under moderate exercise, where the vascular system is in a medium condition of repletion, the activity of the circulation is increased, more blood passes through the kidney in a given time, and it is to this circumstance, rather than to pressure, that the increased elimination is due.

In the first of those cases in which the urine is deficient in quantity in health, as where the vessels are only incompletely distended, as happens when drink has been abstained from for a long time, but little pressure is exerted upon the contained fluid, and but little urine, in consequence, passes into the tubuli uriniferi.

In the second case in which the urine is deficient in health, viz., where there is excessive cutaneous action, as in the warm weather of summer, also under the influence of the hot bath, or immoderate exercise, a condition of vessels exists, although arising from a different cause, similar to that described in the previous case.

After recovery from an attack of hysteria, the condition of the nervous and vascular systems is analogous to that which obtains under the influence of the depressing passions and feelings, and the explanation of the increase in the quantity of urine thrown off by the kidney, already given, holds good in the present instance.

The majority of the structural alterations of the kidney are attended, not with increase, but rather with diminution of the urine; it is difficult, however, to account for the presence of albumen, unless on the supposition that the membrane of the tubules has undergone some change, which allows of the passage of that substance through it.

There are certain cases chiefly connected with disease in which the bloodvessels are not in a state of repletion, but are only partially filled, as where the watery portion of the serum is carried off either by the bowels or the skin, as in purgation from medicine, diarrhoea, cholera, or excessive diaphoresis, as in hectic fever; in each of these the quantity of urine eliminated is very small, and this arises partly from diminished pressure, and partly from increased density and inspissation of the blood.

Where considerable constriction of the small intestines exists, a mechanical difficulty is presented to the passage of the water along them; the absorption of fluid introduced into the
stomach is consequently impeded, and the bloodvessels are thus kept in a partially filled condition, and there is therefore but little filtration of urine through the membrane of the renal tubules.

An explanation, different from any yet given, is necessary to account for the diminution in the quantity of urine voided in inflammatory and febrile affections. Here the vessels may be in a state of repletion, and the pressure exercised by them upon the blood considerable, and yet the urine eliminated be small in quantity. This evidently depends upon increased density of the serum of the blood, and consequent augmented difficulty to the passage through the membrane of the tubules.

It is here proper to remark, that the elimination of the urine is in all cases dependent, to a certain extent, upon the condition of the blood as to density; where the serum is very dense, the elimination is retarded, and where it is of low specific gravity, it is facilitated, and which seems to account for the fact frequently observed, that in persons whose blood is habitually impoverished the kidneys act with facility.

The same facility of action of the kidneys is observable in individuals remarkable for the possession of a delicate organization, and in whom the coats of the bloodvessels and the membrane of the tubules may be supposed to be more than usually thin and permeable.

The organic changes of the kidney, accompanied by a diminution of the urine, are obliteration and destruction of the vessels and tubules.

Action of Saline Diuretics.—I am not aware that any satisfactory explanation of the action of the saline diuretics has yet been proposed, I therefore place before the profession what appears to be at least a very probable view of their modus operandi.

Liebig, in his "Researches on the Motion of the Juices in the Animal Body," has shown that membranes imbibe and retain a less quantity of a saline solution than they do of water unimregnated with saline matter, and less of a weak than a strong saline solution; and in these facts, rightly applied, we find, I believe, the correct explanation of the action of saline diuretics.

According to Liebig, 100 parts of animal membrane, dry ox-bladder, absorb in twenty-four hours, 263, in forty-eight hours, 310 volumes of water, and only 133 of saturated solution of salt. Hence it follows, he writes, "that when bladder, saturated with water by forty-eight hours contact, and well dried in bibulous paper, without pressure, to remove superfluous water, is strewed with salt, there is formed, at all points where salt
comes in contact with the water filling the open pores, a saturated solution of salt, the salt contained in which diffuses itself equally in the water of the bladder. Of the 310 volumes of water which becomes thus saturated with salt, only 133 volumes are retained in the bladder; and, in consequence of this diminution of the absorbent power of the bladder for the brine, 177 volumes of liquid are expelled, and run off in drops from the surface of the bladder."

The extent of membrane presented by the entire vascular system, including especially the capillaries, is evidently very great.

When a saline diuretic is introduced into the blood through the stomach and small intestines, it is applied in an exceedingly short space of time to the whole extent of the membranes constituting the walls of the blood vessels; in accordance with the fact already noticed, the results of the application are, the discharge of a certain quantity of water and the contraction of the vessels. This contraction, combined with increased repletion, gives rise to augmented pressure and discharge of fluid into the tubuli uriniferi.

On Albumen in the Urine.—When it is remembered that a fluid holding albumen in solution, as the serum of the blood will pass freely through bladder, it seems a remarkable circumstance that albumen is not constantly present in the urine in health.

I believe that we find an explanation of this circumstance in the nature of the membrane forming the tubules of the kidney. Ordinary animal membrane, as that of the bladder, walls of the capillaries, &c., is a fibrous tissue, whereas the membrane of the tubuli eriniferi is homogeneous, and, as far as has been ascertained, structureless.

While, therefore, albumen passes readily through the one form of membrane, it is very probable that the other variety, when in a state of integrity, presents a difficulty to its passage altogether insuperable under the usual conditions accompanying health.

If this view be correct, then there is much reason to suppose that in all cases where albumen is present in the urine, there is lesion of the membrane of the tubules.

The correctness of this supposition very frequently admits of demonstration by the microscope: thus, in fatty degeneration, where the kidney is increased in dimensions, the following is the condition of parts usually noticed:—The tubes vary greatly in size, are not unfrequently more or less spirally twisted, and, in extreme cases, even torn; their cavities are occu-
pied either with fatty deposit, in the form of minute spherules, some of which are included in the secreting cells, but the majority are usually free, or else contain fibrinous coats; it is to be observed, further, that the larger tubules generally contain the fatty deposit in the greatest abundance.

Now, accompanying the dilatation of the tubes, and which is really the cause of the increase in the size of the entire organ, the membrane forming them must undergo some structural change, it becomes thinner, and in this state allows of the passage of the albumen through it.

The occupation of the cavities of the tubes with the deposit and fibrous coats, offers a considerable impediment to the passage of the urine and albumen, as is strikingly shown by the occasional twisting of the tubules.

It is, further, quite possible that, under extreme pressure, such as does not occur except in disease, and which possibly exists in the congestion of the kidney occurring after scarlatina, the form of membrane constituting the walls of the renal tubules does allow of the passage of albumen through it, even without lesion.

Why the form of albuminuria following upon scarlatina should be curable, and while most other forms of that complaint, or rather, symptoms of one or more complaints, should in general not be under the control of treatment, it is not difficult to explain; the first is dependent upon local causes; the impeded action of the skin produces a state of temporary fulness of the vessels of the system, under which there is increased pressure and elimination from the kidney, accompanied and modified by the local congestion, and even inflammation of the organ present. The second form too frequently arises from general and constitutional causes, under which the local affection is, first originated, and subsequently progresses.

From the term albuminuria, and from the frequency with which albumen is spoken of, in connection with the urine, it might, by some be supposed, that it is the only element of the blood present in such cases; this is not, however, the case, for the same condition of membrane which allows of the passage of albumen through it, permits also of the escape of the fibrin; but while the first remains in solution, the latter solidifies in the renal tubules, from which they are from time to time dislodged, and are to be detected, by means of the microscope, in the sediment of the urine.

All the elements of the blood, except the red corpuscles, are therefore contained in the urine in ordinary cases of albuminuria.

The above brief remarks seem to illustrate the truth of the
following observations, made by Liebig, in the interesting work, the title of which has already been cited:—

"Since the chemical nature and the mechanical character of membranes and skins exert the greatest influence on the distribution of the fluids in the animal body, the relations of each membrane presenting any peculiarity of structure, or of the different glands and systems of vessels, deserve to be investigated by careful experiment; and it might very likely be found that in the secretion of the milk, the bile, the urine, the sweat, &c., the membranes and cell walls play a far more important part than we are inclined to ascribe to them."

**General Remarks.**—From the preceding observations it would appear, then, that the kidney is to be regarded to a great extent as a mechanical apparatus, as a filter, in fact, the action of which depends upon the fluid contained in it, and the pressure under which this is forced through.

It would be a very great error, however, to regard the elimination of the urine as entirely a physical phenomenon, wholly independent of vital influences; the nerves distributed to the bloodvessels have doubtless the power of affecting their calibre, hastening or retarding the flow of blood within them, and thus of giving rise to diminished or augmented pressure.

How far the urine itself is to be regarded as a true secretion has not yet been determined, seeing that the presence of very many of its constituents has been detected in the blood, and it is possible that they are all eliminated from that fluid.

**Action of Oleaginous Purgatives.**—It may not be considered altogether out of place if, in this communication, which treats of the passage of fluids through animal membranes, I make a few brief observations on the subject of the *modus operandi* of oleaginous purgatives.

Two fluids of different densities pass through the membrane by which they are separated in opposite directions, and thus mingle together, the lighter fluid permeating the membrane most quickly mixes in the greatest proportion with the heavier. This is the law of Dutrochet already referred to.

On this law we have a familiar illustration in the softening effect produced by the application of oil to a salad of lettuce; the divided leaves, at first crisp and juicy, soon become soft and flaccid, the water included in the cells of the vegetable tissue escapes, while a portion of the oil is absorbed in less proportion to supply its place.

Now the action which comes into operation when oil is poured into the intestines is of a precisely similar nature; the
fluid of the bloodvessels of the villi and follicles being less dense than the oil, escapes into the cavity of the intestines, while a part of the oil is taken up; the increased quantity of fluid in the intestines excites peristaltic action, and the passage of the faecal matter is facilitated.

Other examples of the increased permeability of membranes to fluids under augmented pressure might be cited, and the great elimination of the watery part of mucus in catarrh is probably another manifestation of the same law.


To the Editor,

Dr. I. Hays—Dear Sir: When Professor Eve, of Augusta, Georgia, passed through Philadelphia, on his return from the meeting of the Association at Cincinnati, he gave me a pathological specimen, which is now in my museum. This specimen consists of the uterus of a woman of colour, which was removed by Professor Eve, in the hope that, by such a desperate operation, he might be able to rescue the patient from the imminent death which seemed by no other means to be avoided. The uterus, which he removed in the manner described in his letter, has been very much changed in its external form by the ravages of a cauliflower excrescence.

I do not know that any American surgeon has heretofore extirpated the entire uterus in situ—an operation that is said to have been first performed by M. Sauter, of Constance, in 1822.

M. Colombat de l'Isère informs us that the operation has been executed by Sauter, by Hoelscher, twice by Siebold, and thrice by Langenbeck; four times by Blundell; once by Baumer; once by M. Lizars; twice by Récamier; once by Dubled; twice by Roux, and once by M. Delpech; while this operation by Professor Eve adds one integer to the whole number, which amounts to twenty operations, in all of which the result was contrary to the hopes of the surgeons.

M. Colombat expresses the opinion that operations for the removal of the womb in situ ought not to be in future performed, in consequence of the disastrous summing up of the statistical records. He does not apply his objections to the cases of incurable inversion of the organ.
There are too many examples of recovery after extirpation of the inverted organ to leave any doubt on the mind as to the hopefulness of such an operation. Still, as I have firm confidence in the opinions I have published in other places as to the power of spontaneous cure of inversio uteri, I should hesitate long before resorting to the measure of extirpation. In my friend’s operation, there is cause to congratulate him upon the skill and resolution manifested by him, and upon the very hopeful success up to a certain point.

The following extract, from Prof. Eve’s communications, will show that, but for the recommencement of the original heterologue development in the vagina, the patient had, in the most remarkable manner, been rescued from death.

I send you herewith an extract of a letter from Prof. P. F. Eve; also a letter from Dr. J. A. Eve; and, lastly, extracts from two letters from the surgeon.

Very respectfully, your obedient servant.

CH. D. MEIGS.

"On the 16th of April last, I removed the entire womb from a patient, who has recovered. The operation was performed at my surgical infirmary, in which I was assisted by my cousin Dr. J. A. Eve, Professor of Obstetrics and Diseases of Women and Infants, and by Drs. Murray, H. Campbell, Longstreet, and Montgomery, and in the presence of several others connected with the profession.

"The patient is a negro woman, twenty-eight years of age, has been married; but never conceived, as she believes. For more than three years, she has been labouring under uterine affection; at least, she has been annoyed for about that length of time by a vaginal discharge. The history of diseases among our negro population is generally very imperfect and unsatisfactory; and this is especially true as regards uterine derangements. All we can obtain, in the present case, is that the patient experienced great irregularity in menstruation, and had frequent hemorrhages from the vagina.

Yours, &c.,

P. F. EVE.

We now refer to Dr. J. A. Eve’s statement of the case, as he observed it before she arrived at the infirmary in Augusta.

Augusta, April 24, 1850.

Dr. P. F. Eve:—

My dear Doctor: Early on the morning of the 10th instant, I was called to visit Mary, the patient, whose womb you extirpated on the 16th, in consultation with Drs. Murray and Cook, some eleven or twelve miles from town.
Under the influence of morphine, which had been given before my arrival, the patient had become easy. On examination, I found a tumour of considerable size in the hypogastrium, and the whole pelvis, to the outlet, filled and blocked up with a lobulated, convoluted, incomprehensible mass, from which issued a copious and horribly fetid discharge.

As this was unquestionably carcinoma, cauliflower excrescence, encephaloid tumour, or some malignant growth, the patient's certain doom was death, after a few months, or at most a year, of miserable existence worse than death, unless rescued by surgery, in the performance of a heroic operation which would involve the removal of a portion or the whole of the uterus.

If such an operation would ever be indicated or warranted, the age (twenty-eight years), the vigour of constitution, and the comparatively unimpaired general health of the patient, made it proper in this case.

In consultation, I suggested to Drs. Murray and Cook that, as neither of us could take charge of, or do justice to, her case, so far from our respective residences, she should be removed, as soon as practicable to your infirmary, where she would enjoy every advantage and benefit that favourable circumstances, as well as science and art, could afford her case; and that we should all meet and confer with you after her removal to this place; to which suggestions these gentlemen cordially acceded.

I know nothing of the previous history of this case except what has been related to us by Dr. Murray. In consultation, all the physicians present concurred in opinion with you, that the operation was one of extreme danger, and that the probabilities were as many, perhaps, as a hundred to one against its success.

Before the operation, Dr. Murray and myself visited the patient, explained to her its great danger, and the very great probability that she might not survive it; telling her that, although it afforded but little hope, it was the only hope of delivery from suffering and death. We told her, farther, that it rested entirely with herself to determine whether or not she would submit to the operation. Without persuasion or influence of any kind, she determined promptly and unhesitatingly to submit to the operation, terrific as it was represented to be. She is now doing well, and in all probability will return home next week. Your sincere friend,

J. A. EVE.

Operation.—The bowels having been previously emptied, a large quantity of urine was drawn off by the catheter, which diminished considerably the hypogastric tumour, and proved
the bladder to have been generally distended, as there was then no urgency to micturition—in fact, the patient, was unconscious of the distension. About two pints were thus evacuated. Chloroform was now inhaled to its full anaesthetic effects, when the vaginal tumour was seized by various forceps, but which, after large tubercular masses were torn off, was finally brought down to the os externum by the left hand. Finding it impossible to remove the firm resisting body now presented to view, it was carefully excised from above downwards, or in an antero-posterior direction, by the knife—I confess, with some suspicions at the time, it might be the uterus. One artery (now believed to be the left uterine), throwing out blood quite vigorously, was seized, and an animal ligature cast around it. A solution of sulphate of zinc was applied to restrain further hemorrhage, which had been considerable.

There was no protrusion of the bowels, nor was the case followed by any very severe symptoms. A most rigid confinement to the horizontal position was strictly enforced for about ten days, with absolute diet, &c. &c. The bladder, it is presumed, filling up again, pushed the intestines backwards, while the opening made into the peritoneum was closed by agglutination and subsequent adhesion. The rectum was evacuated on the fourth day after the operation by warm water, and the bowels were moved freely by oil on the fifth.

In the mass removed, the uterus is readily recognized, with its Fallopian tubes, broad and round ligaments; but the os tincæ is involved in the encephaloid degeneration. The tumour in the vagina was about the size of a child's head at full term. No one, it is believed, who has examined it has entertained the least doubt but that the entire womb was removed, and this includes, besides the gentlemen who witnessed the operation, Dr. R. D. Mussey, Prof. of Surgery in the Medical College of Ohio, and Chairman of the committee on Surgery for the past year in the American Med. Association; and my preceptor, Dr. C. D. Meigs, the distinguished Professor of Obsteterics, &c. &c., in the Jefferson Med. College, with whom the uterus has been deposited, and who has kindly insisted upon presenting the case to the profession in his own way.

During my absence at the meeting of the Medical Association in Cincinnati, the case was left under the care of my relative and assistant, Dr. A. P. Longstreet. The patient returned home on the 3d of May, visited Augusta again on the 20th, to inquire why she had had no hemorrhages (menstruation) since the operation; and, in answer to a letter, Dr. Murray writes, on the 10th of June, that he saw her "up and about" the day before, and promised to bring her in a few days to my office.
Fifteenth of June, two months after the operation, the patient, Mary, has called, after riding eleven miles on a loaded lumber wagon. She is much improved in flesh and appearance, and has enjoyed good health. She says there has been a slight show of blood but once since the operation, and only a moderate discharge at times of colourless fluid. But I regret to add we have most unmistakable evidence, both ocular and by touch, of a rapid reproduction of the encephaloid disease, which in all probability must sooner or later destroy life.

(Extract of a Letter dated Augusta, July 20th, '50.)

My dear Doctor: I write to say Mary, my non-uterine patient, is dead. She died on the 22d of July, having lived three months and a week after the operation. She became oedematous (ascites, also), but had no hemorrhage, neither protrusion of the disease from the os externum. I regret no post-mortem was made by the physician in attendance, and I only learned her decease incidentally at the time.

PAUL F. EVE.

Dr. C. D. Meigs.

Observations on the Emmenagogue properties of Polygala Senega. By Caspar Morris, M. D., of Philadelphia. (Medical Examiner.)

Among the articles contributed to the materia medica by our own country, not one is more important than the Polygala senega. However little its virtues may be esteemed abroad, there are few American Physicians who do not recognise its importance in the treatment of certain stages of croup and bronchitis. My present object, however, is not to celebrate its praises in affections in which its value is so generally appreciated, but to draw attention to its effects in a class of cases which often baffle the efforts of the physician and cause no little anxiety to the patient;—to properties which, though recognised before, have been overlooked or forgotten. It is now more than twenty years since my attention was first directed to the emmenagogue properties of this root. I cannot recall the source from which the knowledge of its virtues was derived, but am disposed to ascribe it to the teaching of Professor Chapman, as I find on reference to his work on therapeutics, that he speaks of them in very strong terms of commendation, and gives the credit of first drawing the attention of the profession to them, to the late Dr. Joseph Hartshorne. At the period to which I refer, I was induced to direct the employment of the Senega for an unmarried lady, of about thirty years of age,
suffering from suppression of the menstrual discharge of several months duration, combined with a catarrhal affection. So prompt was the restoration of the uterine discharge, that I considered it a mere coincidence, and remarked it as one of those cases of facts which may be misapplied so as to teach error instead of truth. Since then I have had ample opportunity to verify its claims to the credit of the result.

The tendency of its influence to the sexual and urinary organs has often since arrested my attention, in cases of children to whom I have given it for croup, in which I have found difficult micturition follow its use, sometimes to a degree quite inconvenient. Pereira mentions among its physiological effects, "increased secretion of urine and a feeling of heat in the urinary passages," and adds, "it appears to excite moderately the vascular system, to promote the secretions, (at least those of the kidneys and skin, uterus and bronchial membrane,) and to exert a specific influence over the nervous system;" he mentions the fact that "it has been used as emmenagogue in amenorrhœa." In the Dyspepsatory of Wood and Bache there is a mere casual allusion to its having been recommended in amenorrhœa; while Dr. Eberle refuses credence to the assertion that it possesses any emmenagogue properties. The strong testimony of Dr. Chapman deserves to be disseminated anew, as it may be overlooked among the many modern works on materia medica and pharmacy. I shall therefore furnish it for the benefit of your readers.

He introduces it first on the list of emmenagogues in the following terms:

"To Dr. Hartshorne of this city, we owe the credit of having discovered the properties of this article as an emmenagogue. Conversing with him some years ago on the difficulty of managing certain forms of amenorrhœa by the common treatment, he told me that he thought he had used it with advantage in these cases. Confiding in the accuracy of his observations, I determined to lose no time in making trial of the medicine. This I have done since, both in my public and private practice, to a considerable extent, and with sufficient success to warrant me in recommending it as one of the most active, certain, and valuable of the emmenagogues. It may be used either in powder or decoction, though I greatly prefer the latter mode. My rule in the administration of the medicine, is to direct about four ounces of the decoction, more or less, during the day, according to the circumstances of the case. But at the time when the menstrual effort is expected to be made, and till the discharge is actually induced, I increase the dose as far as the stomach will allow, having given sometimes as much as two
ounces every hour. In the interval of the menstrual periods, I lay aside the medicine for a week or two, as without these intermissions, if it does not lose its power, it become disgusting to the patient." Dr. Chapman directs the decoction to be made by putting one ounce of the bruised root in a pint of boiling water, in a covered vessel, and reducing it one third by slowly simmering; and recommends that its nauseating tendency should be averted by the addition of an aromatic bitter. I have not found my patients able to bear so large doses as those indicated by Dr. C., and have been wont to add liquorice root, which disguises the peculiar taste of the senega, and to continue the process until it is reduced to one-half. A tablespoonful three times daily of this strength, is generally tolerated without difficulty. My habit is, when I can determine the period at which the natural tendency to the discharge will occur, to give the medicine in these doses for a fortnight before; and then, as Dr. C. advises, I have suspended it until the same period is again approaching. The causes of interruption to the menstrual discharge, being various, it is of course impossible to find any remedy which will meet every case. Where it depends on debility, or accompanies an anemic state of the system, other remedies than senega are more appropriate, or should be conjoined with it. Iron, aloes and myrrh, in combination, form an excellent remedy in such cases. The senega is appropriate to those cases where the suppression has been caused by improper exposure, and to those very frequent instances in which there is but little disturbance of the general health.

Every practitioner in our large cities, must have had his attention arrested by the numerous calls for advice on account of obstruction, on the part of newly arrived immigrants; who complain of headache, and miserable general feelings, with swelling of their lower extremities. To what cause we are to ascribe the interruption of the natural functions, under such circumstances, it is difficult to say. The same result has been noticed in the cases of young women coming from the country to Paris. It is not, therefore, due to any impression made by the sea atmosphere, but, very probably, is caused in both cases by a less nutritious diet than has been customary, and the confinement in a vitiated atmosphere.

In those cases in which hemmorhoids, or an irritable condition of the lower bowels, prohibit the resort to the formulæ into which aloes so generally enter, the senega may be resorted to with benefit, and also, when there is a diseased state of the ovaries or uterus itself. I have not yet tried it in cases of dysmenorrhœa, with scanty secretion, but believe it will be found
a very admirable remedy for these cases, which are so distressing to the habitual sufferer, and vexatious to the physician. I shall certainly take an early opportunity to test its powers, combined with some of the narcotic extracts. Hellebore and hyoscyamus, have been the agents on which I have heretofore relied, with a good degree of satisfaction; and the senega appears to me to partake of the same character as the hellebore, without that tendency to purge, which is often displayed by the hellebore when given in full doses. I am aware that some of our best teachers are disposed to deny the existence of a class of remedies having a specific tendency to promote the menstrual flow, and rely on general treatment for the restoration of this function when suspended. This is, perhaps, a natural reaction from the disposition to rely on specific remedies in all cases. Either extreme, is unsound. We may not disregard the state of the general health, but must adapt our specific means to meet special indications. I know of no reason to doubt the tendency of certain remedies to produce an action on the uterus in its unimpregnated state, which would not lie with equal force against the action of calomel on the liver and salivary glands, or ergot on the same organ at the time of parturition.

PART III.

Monthly Periscope.

Scrofula and Tuberculosis, Analogies of.—(Med. Times. Ranking’s Abstract.) The following propositions are a résumé of the important work of M. Lebert on "Scrofula." They contain the essence of his doctrines and experience:

1. The disease described under the name of glandular scrofula is commonly a tuberculosi of the superficial lymphatic glands. The tubercular matter is here of the same kind as when it exists in other organs.

2. These tubercles have a manifest tendency to softening; the symptoms of inflammation and suppuration often arise from the tissues surrounding the tubercles.

3. Glandular tubercles do not constitute a form, but a complication of scrofula. The latter does not present any precise element which the microscope can discover. Scrofulous affections consist in a series of chronic inflammations or eacoplasic formations, which, from their multiplicity, duration, and alternations, denote a special morbid state affecting the whole economy.

4. Hypertrophy of the superficial lymphatic glands is rarer than tubercular degeneration.
5. Superficial tuberculosis often exists alone, without any scrofulous complication; but the two morbid states have a tendency to co-exist in the same subject.

6. It should, however, be remarked, that in 614 patients affected with external glandular tubercles or scrofulous diseases, 439 were exempt from any trace of tuberculosis—a fact which proves the two diseases to be independent of each other.

7. With respect to progress and prognosis, there is a notable difference between external glandular tubercles and internal tubercle, especially in the lungs. The former may exist for a great length of time without danger, then dry up or be eliminated. The latter progress more rapidly, and more often prove fatal.

8. External tubercles arise more frequently in a spontaneous manner than as a consequence of hereditary disposition. The latter manifests itself, in the same family, sometimes through scrofula, sometimes through tubercle—a circumstance showing affinity, but not identity of the diseases.

9. External tuberculosis does not produce death, unless it be complicated with internal tubercle.

10. The prognosis becomes unfavorable whenever scrofulous affections of the bones or joints are added; or when a large quantity of tubercular matter is deposited in the glands—for then internal tubercle arises more easily.

11. The surest means of eliminating the diseased matter is suppuration. External tubercles rarely become cretaceous, though they often remain stationary.

12. Scrofula is most frequent between the ages of 5 and 20; girls are more frequently affected from 10 to 15, than from 15 to 20; the contrary holds good for boys. Puberty does not exercise the influence which it is supposed to do over the progress of the disease; the influence of seasons is also feeble.

13. The influence of proper hygienic treatment is more marked in proportion as those means had been previously neglected.

14. There is no specific, nor any remedy capable of producing the absorption of crude tubercular matter. Iodine may improve the constitution and diminish the chronic inflammation of the tissues surrounding the deposits; but it does not remove the latter. Its use is contraindicated by permanent dyspepsia or diarrhoea. Ioduret of potassium or of iron are the best preparations in such cases.

15. Cod-liver oil exercises no direct influence over glandular tubercle; it can only act usefully on the different scrofulous complications.

16. Calomel, once so much employed in the form of Plummer's pill, merely acts as a purgative on the inflammatory complications. We have no proof whatever of the utility of the preparations of gold, sulphate of barytes, or the salts of lime.

17. Bitters and tonics are indicated in cases of long-continued suppuration. Bark and iron are the best. A decoction of nut leaves is a useful adjuvant. Salt water and other medicated baths are also
useful as means of improving the constitution; but the tubercular matter can only be removed by suppuration.

18. Sulphurated baths are useful when a great number of ulcers are suppurating. Hydropathy, with the use of iodine, merits examination.

19. A good animal and vegetable diet, pure air, cold baths, and exercise, act favourably on the constitution.

Fatal case of Acute Articular Rheumatism...—At the session of the Academy of Medicine on the 5th August, Prof. Andral reported a case of acute articular rheumatism which terminated fatally eight days after the attack, without any complication which could explain this rapidly fatal termination, and presenting this singular circumstance, that the affected articulations were the seat of an intense hyperemia with a formation of pus. A woman aged 67 years, of feeble constitution, entered the Charité on the first of July last, labouring under inflammation of the inferior lobe of the left lung, which was in a state of hepatisation. She was bled, and subjected to the action of tartar emetic, of which she took every twenty-four hours, during five or six successive days, seven grains: she rapidly recovered. During her convalescence, upon exposure to a current of air, she was suddenly attacked with acute pain in both shoulders, with swelling and slight redness of the skin around each scapulo-humeral articulation. The right humero-cubital articulation was also somewhat painful, but without tumefaction. The fever was intense, but there was no derangement of the respiratory apparatus, so recently the seat of a grave disease. She was immediately bled, the blood presenting the appearance usual in such cases. On the next day the patient was so feeble that the bleeding was not repeated. The Sulphate of Quinine was then given in doses of twelve grains every twenty-four hours, for several days. Notwithstanding, the disease marched towards a fatal termination with frightful rapidity, without presenting any complication, and without any apparatus exhibiting phenomena which could explain the steady exasperation of the disease, without any abnormal sounds of the heart, and, moreover, without any extension of the rheumatism to other articulations. The patient died eight or nine days after the attack. An autopsy exhibited no latent lesion of any important organ which could explain such a termination of acute articular rheumatism. The cranial, thoracic and abdominal contents, were free from disease. The blood exhibited its ordinary qualities. There was no trace of phlebitis, nor any thing which could lead to a suspicion of purulent absorption. The interior of the scapulo-humeral
articulations were filled with a white homogeneous and apparently phlegmonous pus. The whole synovial membrane exhibited a most intense redness, and upon its surface innumerable vessels were unusually injected. This injection terminated abruptly on the articular cartilages, which presented their ordinary appearance. The diseased appearances were alike in both articulations. The articular cavity of the right elbow contained a quantity of a fluid of a rather ambiguous character. All the other articulations were carefully examined, but nothing abnormal was discovered.

**Application of Electricity to Diagnosis.**—At the same sitting of the Academy of Medicine, M. Martinet read a memoir on the application of electricity to diagnosis, from which are derived the following conclusions:—1st. The exploration of the contractility and the sensibility by the aid of electricity, is a valuable means of diagnosing diseases in which these two properties are affected, and of determining with more precision than heretofore their degree of intensity. 2nd. It is by the conservation, diminution, or abolition of the contractility, during the passage of the electric current in the paralysis of movement, that the diagnostic is especially founded, as it is by the degree of electric sensibility, that the paralysis of sensation is to be estimated. 3rd. The conservation of the electric contractility is the distinctive characteristic of cerebral, hysteric, and rheumatic paralysis.

The diminution or abolition of this contractility will, on the contrary, indicate organic diseases of the spinal marrow and nervous trunks, of saturnine palsy, and of that which results from violent disorders of the nervous centres when no material alteration exists. 4th. No other means of exploration, in exactness or rapidity of application, can compare with this mode of investigation which submits the vital actions to an examination, not less rigorous than that to which material alterations are submitted.

**Milk in the Treatment of Variola.** (Annales de la Société de Roulers. Bulletin de Thérapeutique.)—M. Vandezande, upon the recommendation of Dr. Fritz, has treated a number of severe cases of variola, by the internal and external use of milk. He gives from one to three glasses of milk a-day, diluted with one third of the quantity of water. To obviate costiveness he uses the milk in enemas. To the surface, it is applied in the form of a bath, and linen compresses wet with the milk are applied to the face. These compresses are changed every twenty minutes. Dr. M. V. asserts that this treatment has been successful, and recommends it to his brethren.
Arsonic. (Ranking's Abstract.)—Among the many advantages which have accrued from the proceedings of the Provincial Medical and Surgical Association, not the least is the endeavour to concentrate the experience of a body of upwards of two thousand of the profession, upon questions of a doubtful but interesting nature. In this praiseworthy attempt Mr. Hunt has much distinguished himself, and not the least so in the inquiry we have now to notice on the "Medical Action of Arsenic." To those of our readers who are not members of the Provincial Association, it may be necessary to state, that in accumulating the information which he has been enabled to acquire, Mr. Hunt was at the pains of addressing a certain number of queries to each member. These were freely responded to, but for all practical purposes the following digest will be sufficient.

1. The most important point ascertained by this inquiry is, that arsenic is a safe medicine; none of the respondents having found it permanently detrimental. When given in a judicious manner, it did not even induce serious temporary effects. In the few cases apparently leading to a contrary inference, there was sufficient evidence of ignorant administration, or injudicious perseverance on the part of the patient. The inquiries elicit a vast difference of opinion as to the proper dose to commence with.

2. As respects the action of arsenic, it appears that it varies more than any other mineral; this has been noticed in poisonous as well as in medicinal doses.

3. The third question relates to the forms of disease in which arsenic has proved useful. The replies show that its powers are chiefly manifested in chronic non-contagious skin diseases; next to these come intermittent and neuralgic maladies. In the former, the experience of many proves that combined with quinine, it rarely fails.

4. The third question inquires the circumstances which justify or contra-indicate the use of arsenic. To this it is replied, that arsenic should not be given when other medicines will answer the purpose, and that a passive state of system is more favorable than the reverse.

5. The signs of an over-dose are stated, by the majority of the respondents, to be conjunctivitis, irritation of the mucous membranes, desquamation of the entrails, &c. The information given under this section is vague.

6. When an overdose has been given, Mr. Hunt advises that the dose should be diminished, and not that the medicine should be altogether omitted, as is commonly done.

Some other questions are replied to, but the above brief abstract includes the chief points of interest in the Report.

Chinoidine. (New Orleans Journal.)—At a meeting of the Mobile Medical Society, Dr. Jno. P. Barnes stated that he had lately been using chinoidine quite extensively in his practice, as a substitute for quinine, and that he was much pleased with its practical utility. He had found it quite efficient in controlling the ordinary attacks of intermittent diseases. Dr. Fearn remarked that he had first seen this
remedy used in 1826, in the alms-house in Philadelphia, by Dr. Witherrill. The experiments with it were quite satisfactory. He had, however, made but little use of it since, until recently, when he had employed it in several cases where quinine usually produced unpleasant effects. He had been particularly well pleased with it in one or two cases of phthisis, when the patient had an attack of chills and fever differing from the ordinary hectic exacerbations observed in that disease. He advised its use in all such cases.

_Hydrangea Arborescens, a new remedy in Lithiasis._—S. W. Butler, M. D., in the October number of the New Jersey Reporter, speaks very highly of this plant as a remedy in lithiasis. It grows abundantly in the Southern, Western, and Middle States, "in the mountains and hills, and on rocks and near streams." The observations upon which Dr. B. claims a high character for this remedy, have been made principally by his father, Dr. E. Butler, who for the last thirty years has been a missionary among the Cherokee Indians. Dr. B. does not propose the _Hydrangea_ as a prophylactic, but as a valuable agent for removing calculi after they have been formed. Dr. B., the elder, employed a simple decoction, or syrup, made from a decoction of the root, with honey or sugar; made of such strength as to be given in the dose of a tea-spoonful three times a-day, "In an over-dose it produced some unpleasant symptoms, such as dizziness of the head, oppression of the chest, &c. The effect the remedy seems capable of producing is, removing by its own specific action on the bladder, such deposits as may be contained in that viscus, provided they are small enough to pass the urethra. It seemed also to have the power of relieving the excruciating pain attendant on the passage of a calculus through the urethra."

Dr. B. refers to four cases in which the _Hydrangea_ was employed with benefit. In one case, 120 gravel were passed in a few days after the use of the medicine was begun, together with a large quantity of sand. The patient was perfectly cured.

The species of _Hydrangea_ to which Dr. B. refers grows abundantly in the north-western region of Georgia and in Alabama.

_On the employment of Ergotine in External and Internal Hemorrhages._ By M. J. Bonjean, Pharmacien, Chambéry. (Gaz. Méd. Medical and Phys. Journ.)—Ergotine, when applied to wounds, has the property, M. Bonjean states, of facilitating their cicatrization, and moderating inflammation of the wounded tissues. Under its influence union takes place by the first intention, and cicatrization occurs without further assistance.
In certain cases ergotine may perform all the offices of the ligature. M. Bonjean enumerates the following circumstances attendant on a capital operation in which its employment is indicated:

1. When, in order to arrest the hemorrhage, it would be necessary to disturb the lips of a wound in which cicatrization is commencing.
2. When the patient manifests a tendency to gangrene of the cut surfaces.
3. When the source of the hemorrhage is from vessels embedded in the inflamed and swollen tissues.
4. When the blood flows from many small arteries of which the orifices cannot be perceived.
5. When hemorrhage occurs from the sloughing of an eschar, as in gun-shot wound, &c.

In these difficulties the application of ergotine is as often efficacious as the use of pressure is ineffectual. The application of ergotine supersedes ligature of the arteries, and effects cicatrization without interfering with the permeability of the artery.

The mode of employing ergotine is to dissolve it in five or six times its weight of water, for ordinary wounds; and in three or four parts, or even in a concentrated form, for more serious haemorrhages. A portion of tow or lint is to be moistened with the fluid, and applied with gentle pressure to the surface previously wiped. When the hemorrhage does not return on the pressure being removed, another pledget moistened with the solution is to be laid over the former, and the limb bandaged as usual. Perfect rest is to be observed,

Internal administration.—Ergot of rye has been successfully employed—

1. As an excitant of uterine contractions.
2. As a stimulant to the muscular system in general.
3. In haemorrhages and certain fluxes.
4. In congestion of the uterus.
5. As a stimulant to the nervous system.

The latter poisonous effect of ergot of rye is due, according to M. Bonjean, entirely to its fixed oil. The preceding properties are due ergotine alone.

Simple extract, or ethereal tincture of ergot, both contain a portion of its poisonous principle. Pure ergotine is in the form of a solid extract of a deep brown colour. In thin laminae it presents a blood-red colour. It has the odour of roast meat. Its taste is bitter. It is perfectly soluble in water, and this solution yields neither oil nor resin when heated with ether.

Treatment of Aneurism by Galvano-puncture. By MM. Petrequin and Gimelle. (British and Foreign Med. Chir. Rev.)—It is now some years since M. Petrequin advocated the treatment of aneurism by galvano-puncture, and he has left no means untired, as far as constant publication upon the subject has been concerned, of propagating the practice. He has, however, met with but indifferent success which is not surprising, seeing that while the means has proved infin-
itely more uncertain in its results than the ligature, it requires, ac-
cording to him, much tact in manipulating with the electricity, and
causes the most intense suffering, which even chloroform, in some
instances, has failed to prevent. It has been more frequently tried in
Italy than elsewhere, chiefly in aneurisms of small vessels, and with
only occasionally satisfactory results. We are not aware of its recent
successful employment in London and Paris, although we understand
M. Petrequin stating as much in one of his papers read before the
Academy, wherein he makes no mention of the unsuccessful employ-
ment of electricity by Liston and Phillips, long before he himself had
taken up the subject. Perhaps the best example hitherto published
has been the successful employment of galvano puncture in the treat-
ment of a subclavian aneurism by M. Abeille, an account of which
he forwarded to the Academy, upon which M. Gimelle has delivered
in an able report. The patient was a lady, æt. 65, and in conse-
quence of the ill success which had hitherto attended the ligature in
this description of aneurism, M. Abeille resolved on resorting to gal-
vanism. He employed twenty-two pairs of plates, of ten centimetres
diameter, and four needles. Notwithstanding that chloroform was
given, the sufferings of the patient are described as having been hor-
rible, several persons being required to restrain the consequent con-
vulsive movements. After thirty-seven minutes of extreme suffering,
the tumour was found to have become hard, resisting, and destitute of
pulsation. Moderate compression was maintained above the tumour
for ten hours. It had quite disappeared in thirty-seven days, and the
cure, now three years old, has held good, the radial pulse being some-
what feeble than on the sound side.

M. Gimelle, in his Report, passes in review the various cases in
which galvanism has been employed, and shows that several of these
were unsuccessfull in even M. Petrequin’s hands, while other sur-
geons have met with supputation and gangrene of the sac and other
accidents. So impressed is he with the numerous dangers and ill-
succes of this operation, that he wished the Academy to pass an
absolute condemnation upon it. This, however, was considered as too
extreme, since cases in which the ligature could not be employed, or
had been so usually without success, might sometimes prove amena-
able to this procedure. This was the view taken by M. Velpeau, who
having lost a patient from inflammation of the sac of a popliteal
aneurism, for which he had employed galvanism, is naturally not
prepossessed in favour of it. He believes that in cases analogous to
that now related, it should be resorted to. M. Robert took the same
view, believing it should be confined to cases in which the ligature is
difficult or impossible. M. Laugier, judging from a case which had
occurred to himself, in which the sac of a brachial aneurism was
obliterated, considers that the operation may sometimes even be ad-
vantageous employed in aneurisms of the extremities.

New method of relieving Retention of Urine without the use of the
Jour. of Med.)—When called to a patient having retention, complete or incomplete, M. Cazenave in the first place directs the large intestines to be cleared out by an enema. When this has returned a second is administered, but consisting solely of a quart of cold water. Absolute rest on the bed is enjoined; while cloths dipped in cold water, or, better still, bladders of ice-cold water, or pounded ice, are applied to the anus, perineum, thighs, and hypogastrum. If the patient do not void his urine in the course of half an hour, or void it only very scantily, he is placed on the edge of the bed which is properly guarded, and a stream of cold water is poured on the region of the bladder during from twenty to twenty-five minutes. After the lapse of this time another enema of cold water, and small smooth fragments of ice, are introduced into the rectum, the cold applications to the external parts being at the same time continued. The cases in which this mode of treatment is found applicable are those in which the retention proceeds from acute inflammation or spasm.

Acetate of Lead in Granular Lids. (London Lancet.)—Dr. Florent Cunier, of Brussels, has recently published the successful results of the practice of Dr. Buys, in granular lid. His treatment consists in the application of acetate of lead to the palpebral conjunctiva, instead of the nitrate of silver commonly used. Dr. Buys takes neutral acetate of lead, reduced to an impalpable powder, dips a moistened pencil into it, and takes up about a grain, or a grain and a half, of the salt, which is enough for one lid. When the lid is touched it should be kept everted until the tears have dissolved the acetate, and those portions of the salt which escape solution should be taken off with the pencil. On the upper lid the tears will be insufficient to dissolve the salt, and moisture must be applied to it from the angles of the eye. As soon as the acetate is dissolved by the tears, and has penetrated the tissues, the latter are noticed to contract powerfully, and a very remarkable phenomenon takes place; for the granulations, and grooves between them, disappear at once, if they be of a moderate size, and the conjunctiva looks smooth and uniform as long as it remains exposed to the air; but the shining, white colour produced by the lead is perceived only when the lid comes again into contact with the globe of the eye. When the granulations and furrows between them are large, two or three applications are necessary to obtain smoothness; one, however, is sufficient when they are not of great size. These applications produce more burning and asthriction than pain, and when the lid is replaced, hot and whitish tears escape, the flow of which may last from a few seconds to two or three minutes; it rarely lasts longer, and the eye can then be kept open. When the granulations are of an indolent character, the slight injection of the ocular conjunctiva, which occurs on the application of the lead, goes off rapidly; if, on the other hand, the cornea be vascular, the vessels become smaller soon after the cauterization of the lids. Slight edema of the palpbral may follow, but in twenty-four or forty-eight hours it wholly disappears; a dry compress rubbed with camphor will hasten resolution, and like.
wise lessen the burning sensation, if the latter happen to persist. One lid only should be touched at a time, and not again be interfered with, unless all trace of the salt is removed. Dr. Buys has used the lead in a great many cases of contagious ophthalmia among the military, and Dr. Cunier, in acute and chronic catarrhal ophthalmia; the results seem to have been more satisfactory in the latter variety, as also in scrofulous affections of the eye, vascular cornea, and ulcers of that membrane. The mineral has likewise succeeded in cutting short incipient inflammation of the organ.

**Causes of Urinary Calculi.** By E. H. Davis, M. D. (New York Jour. of Med.)—At the annual meeting of the Ohio State Medical Society, held in June last, we learn, from the Western Lancet, that Dr. Davis, of Chillicothe, (now of this city, and professor of Materia Medica and Pharmacy in the New York Medical College,) made a report on the causes of Urinal Calculi. He said that he had analyzed the waters of different regions to find the influence the composition had on the formation of stone, but his investigations were not yet matured on that subject. The principal impurities in the water in Ohio, are carbonate of lime and magnesia. He exhibited a map dividing the State into three Geological Regions, viz:—the “Blue Limestone,” “Cliff Limestone,” and the “Coal Regions.” He had sent a circular into each county of the State, inquiring of the physicians the number of cases of stone that had occurred in each during the last ten years; but he had not received answers to more than about thirty of them, and some of those were imperfect; yet they were sufficient to show the ratio in the lime and coal districts to be as three to one, being the greatest in the lime region. He said that it appears from statistics of other countries, that there was no place in the world where stone was so frequent in proportion to the population as in Ohio and Kentucky.

**A Crowing Child.** (New Jersey Reporter.)—H. A. L—— is an exceedingly nervous, excitable person. Before her marriage she was frequently under my care for hysteria in a variety of forms. I attended her, about nine months since, in her first accouchment. Her labour was tedious, and very painful; the child was of full size, and well formed. There were no signs of life exhibited by the infant at the moment of its birth, but after spending half an hour in attempts to resuscitate it, respiration was fairly established. The mother recovered her usual health in a short time, and resumed her household duties; but, to the astonishment of all who were interested in the case, the child did not cry. When I discontinued my visits to the mother, it had not cried once. I called occasionally to watch it, and though for a short time it grew, and seemed to be in perfect health, when about a fortnight old, it began to lose flesh, and became very fretful; and though it took the breast well, its nourishment was generally rejected, in part or entirely, soon after it was received into the stomach. It would not lie on the bed, but required constant nursing.
At times it appeared to suffer pain, and tried to cry; but the effort to expire produced a singular noise, which resembled very much the crowing of a young chicken. From the loss of rest, and almost incessant jactitation, it became quite emaciated, and the hope of recovery was very slender. I was not able to discover any organic affection of the respiratory organs; the air entered the lungs without difficulty, and when the little patient was free from suffering, and perfectly at rest, they gave, upon percussion, a healthy, resonant sound; the difficulty seemed to be in expiration, and that only when the effort was accelerated by the presence of pain, hunger, or other sensation which created the desire to cry. A variety of treatment was adopted in the case. Assafetida by the mouth and per anum, was administered daily, for some weeks. Musk, hyoseyamus, valerian, and other nervous stimulants, in combination with remedies to correct the secretions of the digestive apparatus—as hyd. cum creta, calomel in small doses, sub-nitrate of bismuth, &c., &c., were all resorted to, but with no permanent benefit. Salt-bathing was also adopted for a time, and frictions upon the spine, with the oils of amber, cajeput, and olive, but with the same unsatisfactory results. At one time a small abscess formed on the throat externally, near the margin of the thyroid cartilage, which I hoped would be of service, but it discharged and disappeared without any apparent change. I finally put my patient, now reduced to a skeleton, distressing its parents day after day, and night after night, with its pitiful, crowing noise, under the use of alterative doses of calomel and extract of belladonna, which seemed to produce a speedy change for the better: the child began to improve very soon after the commencement of this treatment, and is now robust and healthy. At this time the respiratory function is performed with less interruption than formerly, and the effort to cry produces a sound very much like a hurried, broken laugh: the crowing sound has disappeared.

The history of this curious case is submitted to the reader without any attempt to explain its pathology. During its progress, I have had so many conflicting suggestions presented to my mind as to its true cause, that I forbear to offer any of them, but will be glad to show to any of our friends who may call on us, the singular spectacle of a well-grown, healthy child, of nine months old, who has never cried.

Medical Miscellany.

TO OUR SUBSCRIBERS.

The present No. completes the sixth volume of the new series of the Southern Medical and Surgical Journal, and with it terminates our connection as its editor. Circumstances of a private nature have induced us to adopt this course, and we have been impelled to it in an especial manner by our inability to give that attention to the work which it demands. The Journal will be hereafter under the editorial man-
agement of Professor L. A. Dugas, whose well established reputation as a writer, and as an accomplished physician, affords a satisfactory guaranty that the work will be so conducted as to entitle it, not only to a continuance of its present extensive patronage, but to a large increase of subscribers. To our friends, whose kind words have cheered us in our short editorial career, and to our contributors, we tender our grateful acknowledgments, and earnestly request for our estimable successor a continuance of their favors.

The Western Medico-Chirurgical Journal.—We have received the first number of a new monthly Journal bearing this title. It is published at Keokuk, Iowa, under the editorial management of J. F. Sanford, M. D., and Samuel G. Armur, M. D., Professors in the Iowa State University. Our western brethren are an enterprising people. Cities and villages are springing up as by magic, where a few years since were but pathless forests, and the warhoop of the savage has given place to the eloquent teachings of science. We extend a cordial welcome to our young cotemporary of the "far west," and hope that honor and profit may crown the enterprise.

The New York Register of Medicine and Pharmacy.—This is the title of a new Medical Journal published in the city of New York, and edited by C. D. Griswold, M. D. The two numbers which we have received are highly creditable, and we doubt not, the work will be ably conducted,

Fees paid to the Medical Attendants of the late Sir Robert Peel. (London Med. Gaz.)—An evening paper states that the executors of the late Sir Robert Peel have, within the last few days, remitted fees to the various medical gentlemen who attended him, and endeavored to alleviate the effects of the fearful accident which was the means of terminating his life:—To Sir Benjamin Brodie, Bart., 250 guineas; to Alexander Shaw, Esq., 100 guineas; and to the other gentlemen proportionate sums.

We trust our readers and correspondents will overlook the typographical errors, which are somewhat numerous, in the November, and in a portion of the December numbers. The Editor, publisher, and printers, were all suffering with break-bone fever, and the proofs were necessarily committed to unpracticed hands.