Fractures of the Clavicle. By L. A. Dugas, M. D., Professor of Surgery in the Medical College of Georgia.

The relative frequency of fractures of the Clavicle and of other portions of the human skeleton, may be deduced from a series of two thousand three hundred and twenty-five cases, collected by M. Malgaigne, from the records of the Hotel-Dieu, of Paris, as having been treated in that institution in the course of eleven years. Among these there were—

623 fractures of the Fibula, with or without the tibia.
544 do. " " Tibia, with or without the fibula.
310 do. " " Humerus, including those of its neck.
303 do. " " Femur, do. do. do.
267 do. " " Radius, with or without the ulna.
262 do. " " Ribs.
225 do. " " Clavicle.
145 do. " " Ulna, with or without the radius.

From the above statement we may work out the following table of proportions:

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<th>Fracture</th>
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<td>Fracture of the Fibula,</td>
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<td>1 in 3 3/4</td>
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<tr>
<td>do. &quot; &quot; Tibia,</td>
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<td>1 &quot; 4 1/2</td>
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<tr>
<td>do. &quot; &quot; Humerus,</td>
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<td>1 &quot; 7 1/2</td>
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Fracture of the Femur, 1 in 7 2/3
do. " " Radius, not quite 1 " 9
do. " " Ribs, - - - 1 " 9
do. " " Clavicle, - - - 1 " 10 1/2
do. " " Ulna, - - - 1 " 16

The inmates of the Hotel-Dieu being adults, these data do not apply to children in whom fractures of the clavicle are probably more common. It appears that males, children as well as adults, suffer this injury more frequently than females; a fact which does not depend so much upon any peculiarity of conformation as upon the circumstance that boys and young men are, by their habits and occupations, more exposed to accidents and violence than girls and young women. These fractures are said to be comparatively rare in the aged of both sexes. Among the 225 cases above enumerated, there were 31 in persons beyond sixty years of age. But it should be remembered that the number of inhabitants thus advanced in life in any community, is small when compared with that of younger adults.

The liability of the clavicle to fracture may be explained by reference to its form, its exposed position, its connections and its office. Its curvatures and the inequality of its diameters add to its fragility, from whatever direction the force applied may proceed, for whilst a straight shaft would more effectually resist the many shocks to which it is exposed by falls, or blows upon the shoulder, a more uniform diameter would lessen the danger of fracture from forces applied between the extremities or to its body. Moreover, it is unprotected by muscular coverings, superficially situated, and peculiarly exposed to blows sustained in conflict. Again: being the only medium of bony connection between the trunk and the upper limb, which is instinctively called upon to avert the injurious effects of falls, it has very often to sustain the weight of the body in addition to the impetus derived from the accident. Finally, it may be broken by muscular efforts, as in lifting or throwing heavy objects, pushing bodies forward, &c.

Fractures of the clavicle, like those of other bones, may be complete or incomplete, simple or compound. Any point of the clavicle may be the seat of fracture, and this may be either
oblique, transverse, or comminuted. When occasioned by forces applied, directly or indirectly, to the shoulder, they are usually found to be oblique, and to exist about the middle of the bone. The transverse fractures are less common, and the comminuted still more rare. These result generally from direct blows received in front, and are therefore not so uniformly confined to any particular portion. They are also more often complicated with contusions, laceration, displacement, and injury to the adjacent parts than the former or oblique fractures.

Fractures of the clavicle may be most advantageously studied by dividing them into those which implicate the body or shaft of the bone, and those which occur at the acromial and sternal extremities.

Fractures of the body of the bone constitute the great majority of cases, and may be occasioned by direct blows, by falls upon the shoulder, arms or hands, or by violent muscular efforts. They may be transverse, oblique, or comminuted, including fragments of various dimensions between the two extremities, and sometimes constituting really a double fracture. They are occasionally found to be incomplete, the bone appearing to be merely bent at an angle more or less obtuse. In these cases there is only a portion of the diameter of the bone broken, and consequently only a partial laceration of the periosteum. Crepitation cannot therefore be induced without completing the fracture, as is sometimes done in endeavoring to straighten the shaft.

If a complete fracture be transverse, with jagged or serrated edges interlocked, there may be neither displacement nor crepitation perceptible, unless the fragments be drawn asunder and rubbed against each other. This variety is therefore sometimes confounded with the incomplete fracture. In a clean transverse fracture of the shaft, the acromial fragment will be dragged down by the shoulder, and may slide beneath, before, or behind the other, according to the position of the shoulder. Such a displacement will be much more readily detected than that attending an oblique fracture, for the obvious reason that the obliquity of the fracture will lessen the diameter of the ends which overlap each other. In either case, the shoulder is
drawn forward by the muscles, and there is observed upon the anterior aspect of the bone, a depression at the seat of fracture, which will disappear measurably by pressing back the shoulder. The obliquity of fractures of the clavicle varies very much, and has been known to be two inches in length. Its direction is usually from the acromial to the sternal portion, and from the front to the rear. There are exceptions, however, in which this direction is reversed.

The degree of displacement consequent upon complete fractures of the shaft of the clavicle varies necessarily according to the direction of the solution of continuity. There is usually less apparent displacement in oblique than in non-serrated transverse and comminuted fractures. Yet, if the direction of the obliquity be such as to offer no resistance to the dragging down of the acromial fragment by the weight of the shoulder, the displacement may be equal to that in transverse fractures. It is evident that if the direction of the obliquity be from above downward, and from the sternal to the acromial portion, the acromial fragment will still rest upon the sternal, and thus prevent any downward displacement. The displacement of either of the fragments may then be found upwards, downwards, forwards, or backwards, although the distal fragment is that most frequently found displaced downwards and backwards.

Fractures of the shaft are those in which we might reasonably apprehend injury to the adjacent blood-vessels and nerves. Yet this is of very rare occurrence. These fractures are usually detected without much difficulty. The pendulous limb, depressed shoulder, and the inability to use the arm or to carry the hand to the opposite shoulder or to the head, without more or less pain about the clavicle, added to the history of the violence sustained, will be sufficient to direct attention to this bone. If the fracture be incomplete, the bone will seem to be bent, and the angle will be detected by passing the finger along the surface of the bone, but no crepitus will be observed unless the fracture be completed as already suggested. If the fracture be complete, the displacement evident to the eye and felt by the finger, the crepitus produced by moving the shoulder in various directions, the local tenderness upon pressure, &c., will leave no doubt as to the nature of the injury.
By fractures of the acromial extremity we understand those existing between the articulation and the sternal edge of the coraco-clavicular ligaments. These result most frequently from blows upon the top of the shoulder, but may, like those of the shaft, be occasioned by falls upon the shoulder or outstretched arms. They are much more rare than those of the shaft, though more common than those of the sternal extremity. They are usually transverse or at a right angle with the axis of the bone, but may present various degrees of obliquity. Although formerly thought never to be attended with displacement, it is now well established that this sometimes occurs to a very considerable degree. When no displacement exists, it is probable that the fragments are maintained in situ by the coraco-clavicular ligaments, or by the periosteum, or by both, in consequence of their having escaped laceration. The liability to displacement is increased by the obliquity of the fracture. Being, however, generally attended with very little pain, and often with neither manifest displacement nor crepitus, fractures of this portion of the clavicle may escape detection. The surgeon cannot, therefore, be too guarded in his diagnosis, although even under such circumstances a careful examination, especially if there is not much tumefaction, will usually reveal a slight groove and feeble crepitus.

Fractures of the sternal extremity are so rare that very few cases are to be found on record; hence the discrepancies in reference to the existence of any displacement of the fragments—some authorities insisting that none occurs, whereas Malgaigne refers to two cases in which the external fragment was drawn downwards and forwards. In children, the sternal epiphysis may be separated so as to simulate a partial dislocation, and to render the diagnosis much more obscure than it is, even in those cases in which the fracture exists between the costo-clavicular and sterno-clavicular ligaments without displacement.

The treatment of fractures of the clavicle has taxed the ingenuity of surgeons as much, if not more, than that of any other class, so that a mere enumeration of the various plans proposed would far exceed the limits of this paper. They may all, however, be classed under three divisions—viz: those consist-
ing of a cushion or pad in the axilla, and a roller bandage passed around the chest in various directions, of which Desault’s may be considered the type; those consisting of loops passed around the shoulders for the purpose of drawing them backwards; and those consisting of a sling bandage.

In cases unattended with displacement, it is evident that nothing more is required than the maintenance of the limb and shoulder in a state of immobility, so as to prevent subsequent displacement and to favor adhesion. A simple sling, with a bandage thrown around the thorax and elbow so as to keep this firmly applied to the side, will therefore be all sufficient. But when there is a displacement of one or both fragments, this must not only be reduced, but the apparatus used must be such as will effectually secure the reduction until a callus be formed—say from three to six weeks.

The indications to be fulfilled are, in most cases, to carry and to fix the shoulder upwards, backwards, and outwards. In some instances it becomes also necessary to exercise a certain degree of compression upon the sternal fragment. These indications were studiously met by Desault, in the very complex bandage which bears his name. Although still recommended by high authority, it appears to me exceedingly objectionable. In the first place, the cushion placed in the axilla for the purpose of forcing the shoulder outwardly when the elbow is drawn against the side, must necessarily exercise a degree of compression upon the blood-vessels and nerves, which few, if any, patients can endure; yet, unless the pressure be sufficient to throw out the shoulder the object of the cushion is not secured. Indeed, I must confess that I have never been able to succeed in having it borne by any one to whom I have applied it with a view to this end. Again: the numerous circles of the roller bandage around the chest, offer an impediment to respiration which is often intolerable. Finally, the facility with which the whole apparatus becomes displaced, however skilfully applied and carefully pinned and stitched, requiring frequent readjustment, is, of itself, an objection of sufficient importance to lead us to its total rejection.

A radical objection to the padded loops by which the shoulders are drawn back, is that by this plan we attain only one of
the indications pointed out as usually to be fulfilled. The shoulder is neither carried upwards nor outwards. Besides this, they rarely fail to produce chaffing to a greater or less extent.

The sling bandage is that to which I have given a decided preference for the last fifteen or twenty years. It is unnecessary to describe the numerous modifications of this simple bandage, proposed by surgeons of all countries, and I will therefore proceed at once to describe the one I habitually use, without, for a moment, pretending to originality, lest, perhaps, some book-worm might discover that precisely the same had been proposed by others.

The displacement having been carefully reduced by movements of the shoulder in various directions, according to the particular case, and by direct action upon the fragments themselves, let an aid maintain the reduction by placing the ends of the fingers of the affected limb upon the top of the opposite shoulder, by bringing the elbow against the side, and by pressing up the elbow so as to carry the shoulder upwards, outwards and backwards, as will be done under those circumstances. The next step will be to secure the limb in this position. For this purpose, I procure a square yard of cotton fabric, (unbleached shirting, for example, as this is softer than the bleached, which is usually starched,) and cut it diagonally, so as to obtain a triangular bit, to the acute angles of which should be sewed slips three inches wide and three or four yards long.

Apply the middle of the base or long side of the triangle beneath the elbow, leaving a margin of about four inches behind, and carrying the obtuse angle towards the fingers. One of the acute angles, with its strip, will now be carried between the arm and chest, up to the fractured clavicle, around the back of the neck, over the sound shoulder, in front, and beneath the axilla, and, finally, around the chest, including the arm just above the elbow. The other end and strip will be carried in front of the fore-arm, up to the sound shoulder, behind and beneath the axilla, and around the chest and arm, so as to meet its fellow, and to be tied to it firmly. The margin left projecting behind the elbow should then be elevated, doubled, and so secured with stitches as to prevent the elbow from sliding out of the sling in that direction. The portion of the triangle situa-
ted along the fore-arm should be also folded around it, and thus secured. Lastly, the strips encircling the chest and arm should be stitched, to prevent their upward or downward displacement. If it be necessary to press down the sternal fragment, this can be effectually done by interposing a little pad between the bone and the bandage which passes over it.

The advantages of this bandage are to be found in its perfect adaptation to the necessities of the case, in its great simplicity, in the facility with which it may be made secure, and in the very slight inconvenience to which it subjects the patient. Children, as well as adults, bear it without a murmur; and if it becomes necessary, for purposes of cleanliness, to remove it, any intelligent mother or nurse may re-apply it, if the physician be not accessible. Whilst it cannot be denied that, under any plan of treatment, there will occasionally remain some unevenness or deformity at the seat of fracture, I must say that I have very rarely seen any thing of the kind in cases treated on this plan, notwithstanding the fact that I have not unfrequently, after applying the bandage once in presence of the mother, left the subsequent management entirely to herself.

ARTICLE V.

A Case of Adherent Fœtuses. By Joseph A. Eve, M. D., Professor of Obstetrics, &c., &c., in the Medical College of Georgia.

A remarkable case of adherent fœtuses occurred in my practice on the 19th of October, some account of which may not be altogether devoid of interest to the readers of the Southern Medical and Surgical Journal, especially to those who may be fond of natural curiosities, or feel disposed to study Nature in her sportive freaks.

Mrs. S., a German lady, 21 years of age, was taken in labor, October 19th, 1851, about 4 a.m. When I was called to her, she had been in labor about eleven hours. The head of a child had been expelled three or four hours before I saw her; her pains were violent but ineffectual. I succeeded, with the greatest difficulty, in bringing down one arm and shoulder, and then the other; after which the delivery being still retarded, I ap-
prehended an enlargement of the abdomen or some other species of deformity. Directing the patient to bear down with all her strength, and in concert with the uterine contractions, making such traction as I deemed safe and proper, I succeeded in delivering her of two female foetuses, united by their breasts and abdomen as low down as the umbilicus; the amount of force employed in their delivery was by no means excessive. The midwife in attendance stated that the head expelled before my arrival was at first alive—that the lips moved when a finger was inserted into the mouth. I have no doubt from the appearance of the foetuses, that both were alive when labor commenced. The death of the first might have been determined by the long continued violent labor, or by tractions made on the head, or, it may have been consequent upon the death of the second, which must have occurred while the head of the former was descending, as the head of the latter was unavoidably thrown back, and the cervical vertebrae dislocated; the death of one must necessarily have involved the death of the other, as there was but one heart common to both.

The difficulty in the delivery is attributable to their mode of union, and not to their bulk, as they were premature by a fortnight at least, and both together only weighed 10½ pounds, whereas it is not very uncommon for children weighing eleven or twelve pounds, to be born after comparatively easy labors. The foetus that presented first is somewhat larger than the other. The smaller resembles the mother, the larger the father. They are united breast to breast from the neck to the umbilicus. The umbilical cords unite as they pass out, and form one cord, diverging again within an inch of the placenta. There was but one placenta, with nothing peculiar in its appearance.

Mrs. S., was in a very comfortable state, a slight headache excepted, for an hour and a half after the delivery, when she was seized with convulsions, which continued to recur at irregular intervals, averaging about forty-five minutes until she had eleven. By copious blood letting, chloroform, and morphine, with some measures of minor importance, the convulsions were moderated, and finally, arrested, after which her convalescence
was as favorable as could have been reasonably anticipated. The patient had applied a bandage firmly around her neck to compress a goitre, fearing that it might become enlarged by her violent efforts during labor; this of course, was removed as soon as it was discovered: whether this had any agency in determining the attack of convulsions will be considered, differently, according to the theory entertained of the causation of convulsions: in my opinion its influence was by no means inconsiderable, although it must be admitted that much may be fairly attributed to the violence and long continuance of the labor.

That these foetuses were dead-born was certainly a blessing to themselves, and to their parents, a kind and merciful dispensation of Providence, as life would have been a heritage of misery and mortification.

They were so extensively and strongly adherent that it is difficult to understand how their safe delivery could be effected, without a coincidence of the most favorable conditions, and advantageous circumstances. Had their connection been by the abdomen, admitting of greater mobility, as in a case quoted by Burns, or by a distinct band, as in the Siamese Twins,—had they been more premature, or smaller, the feet or knees presenting, the maternal pelvis very capacious, with the soft parts thoroughly relaxed, they might have been expelled alive, without the interference of art, or the delivery might have been assisted and rendered safer, by gently drawing upon the feet of one, thereby to cause the head of that one to descend a little in advance of the other, and prevent their simultaneous descent into the pelvis, which would most probably cause destructive compression.

Since the commencement of the present course of lectures in the Medical College of Georgia, an examination was made by Dr. H. F. Campbell in the presence of Professors Means and Miller, Dr. R. C. Campbell, and myself. The united cord on section, exhibited three arteries and two veins,—it was examined with a microscope. Each foetus has a distinct stomach and intestinal canal and set of lungs. There was only one heart and one liver, common to both; there are two sterna, one on either side, united at their upper extremities, each appertaining as much to one foetus as to the other, constituting the principal
media of junction between them; the sterna, accordingly, instead of being in the median line in front, having an anterior and a posterior face, are so placed, one on each side, that they face each other from right to left.

Before this examination, from a superficial view, they appeared to be distinct foetuses united by their sterna. The examination could not be extended farther without mutilating and destroying the appearance of this truly interesting and wonderful lusus naturæ, which has been preserved with great care in the College Museum; indeed as it was kindly and generously given to us by the parents for that purpose, we did not feel at liberty to pursue the anatomical investigation farther than might be compatible with the perfect preservation of its original form.

There is in the same Museum, another very similar instance of monstrosity which occurred some years ago in the practice of Dr. R. D. Moore, of Athens, and which he kindly presented to the Medical College, through our friend Dr. Wm. E. Dearing of this city.

I requested Dr. Dearing to write to Dr. Moore for an account of this monstrosity, that both might be included in the same communication, but I regret that it has not yet been received.

In Dr. Moore's case of adherent foetuses, the attachment is not so extensive; the adhesion is chiefly by the abdomen, being separate from two to two and half inches below their necks. They are black, both females; they appear to have arrived at full term. They were taken from the jar in which they are preserved, but they had been so eviscerated during the delivery, or upon subsequent examination, that we could determine nothing satisfactorily respecting their internal organization. We hope Dr. Moore will still furnish for this Journal a particular description from notes taken at the time.

Instances of multiple adherent foetuses, are, we believe extremely unfrequent in their occurrence.

Dr. Churchill, who is doubtless as well acquainted with the history and statistics of Obstetrics as any author living, or dead, has the following paragraph in the last edition of his "System of Midwifery," edited by Dr. Condie of Philadelphia:
“Double monsters are very rare, and may create great difficulty in the delivery, although there are cases on record of the children having been born alive. Dr. Burns quotes several such: ‘In the seventh volume of the Nouv. Journ. p. 164,’ he says, ‘is a case where two children were born at the full time, united by the inferior part of the belly, from the centre of which came the cord. The vertebral columns almost touched at the lower part. The two children, who were of different sexes, lived, we are told, twelve days, but nothing is said of the labour. In the Bulletins for 1818, p. 2, two children, who were joined by the back at the sacrum, are stated to have been born, and lived till the ninth day. The first child presented the head, but the midwife could not well tell how the second got out. There is another case, at page 32, of a woman who, after many days of labour, bore a monster double in its upper parts. The spinal column was united from the sacrum to the top of the dorsal vertebrae, then the cervical vertebrae divided to form two necks. The midwife finding the head to present along with the cord and a hand, tried to turn, but could discover nothing but superior extremities. She, therefore, let her alone. The head was afterwards expelled, but neither nature nor art could deliver the body. M. Ratel finding the head and two arms already almost separated from the body, cut these parts off, then introducing his hand, he found another head, turned the child, and brought away the whole mass.’

‘There is a skeleton in the Royal College of Surgeons of Ireland, of a double monster, the children being joined by the lower part of the sacrum, and I believe they were also born alive. The Siamese Twins is another instance of the kind.’

One of the most remarkable and curious laws, appertaining to the development of monsters, is that of symmetry. However strangely and variously two or more foetuses may be united, intermixed, amalgamated, fused or welded together, similar parts are always found united. We never observe an arm attached to a leg, or a leg to a hand, a side to a back, or a back of one to an abdomen of another, but similar always to similar parts, and symmetrically and evenly, appearing to verify the correctness of Serres’ doctrine of evolution.

The most remarkable peculiarities of the internal organization of this monstrosity, consist firstly, in the unity of the heart, and consequently intercommunion of the circulation, the aorta soon after its origin divides into two branches, one distributed to each foetus. Secondly, in the singleness of the liver, there
being one common to both. Thirdly, in having one thoracic cavity common to both, the latteral boundaries of which are constituted by the sterna, being situated latterally one on either side, instead of anteriorly. From the fact that there are only one heart and one liver common to both, while each has a distinct stomach and intestinal canal, may we not infer that the principal office of the liver is accessory to the heart, whether it be regarded as a diverticulum or a depurator of the blood.

ARTICLE VI.

A Case of Chorea treated by Chloroform. By Wm. A. Milner, M. D., of Union Parish, Louisiana.

I believe it is generally admitted that but little more is known of the nature of this disease, than that it is a functional derangement of the nervous system. It is therefore not my design to advance pathological views upon a subject so imperfectly understood by abler and more experienced practitioners, but merely to give the treatment of a single case, which will, perhaps, not be uninteresting.

I am aware, too, that the prognosis of uncomplicated chorea is generally favorable, there being instances of spontaneous recoveries; nevertheless, it is a very ugly, and I may say formidable, disease, and one which excites the greatest interest and solicitude on the part of friends and parents.

June 5. My attention was called to the daughter of Mr. L., aged 9 years. She was able to run about, but there was irregular motion of the hands, and some slight twitching of the muscles of lips and face; she was yet able to feed herself—complained of some headache. She was taken from school two months previous to my seeing her, from complaining of headache and general, but slight, indisposition. Prescription—Active purge of rhei. colocynth and calomel every third night. Being rather anæmic, put her on Valet’s ferruginous pill, three times per day.

June 8. Bowels are well acted upon; but the case has grown rapidly worse. It seems that every voluntary muscle in the whole system is in motion; deglutition is performed with great
difficulty—requires two persons to hold her up. Average sleep in twenty-four 1 to 2 hours, in very short naps. Prescription—$\frac{1}{4}$ gr. sulph. morph., repeat every hour until sleep is induced; applied blister, $2\frac{1}{2}$ by 6 inches, over dorsal region; sulph. zinc, 1 gr., three times per day.

June 10. My patient has eaten nothing of consequence for two days; stomach very irritable; the zinc was rejected—repeated, and rejected, for two days; morphine seems to aggravate, even in 1 gr. doses, instead of quieting and inducing sleep. Blister drew well, and is considerably irritated from the incessant motion, which makes me regret having put it on. Prescription—Oil and turpentine to move the bowels; stop the zinc, and gave comp. tinct. gentian 3 j., and $\frac{3}{2}$ j. infusion snake root, three times per day, with 1 gr. ext. hyoscy. at night, and repeat once, in an hour, if required.

June 11. Patient rested better last night, stomach is quieted, and desires to eat. Continued same treatment.

June 12. Patient passed a restless night; has some erysipelatous spots on hands and feet, which I attribute to hyoscy., having taken 2 grs. last night. The stomach is quiet; eats soup or gruel with difficulty; takes nothing solid. The muscular disturbance is still very great; no appreciable amendment.

I now proposed to Mr. L. to use chloroform, since the ano- dynes had ceased to have the desired effect, of inducing sleep, &c., but it was strongly opposed by the family, from the abominable prejudice existing against what I consider a God-sent blessing.

I refused to treat the case farther, without consultation, upon which Dr. Calderwood, of Monroe, was sent for. He arrived in the evening of the 13th. We immediately used chloroform, and kept the patient under its influence for an hour. She slept quietly for about an hour after the anesthesia subsided, but aroused up into the same incessant motion. We again put her under its influence, and used it every time she waked during the night.

June 14. Patient seems more quiet while awake this morning. Prescription—Use chloroform at 9 o'clock, A. M., and at 4, P. M., with 1 gr. hyoscy. ext. at night, and chloroform
every time she wakes during the night. Commenced sulph. zinc in $\frac{1}{8}$ gr. doses, three times per day, gradually increasing the dose.

June 17. Patient has improved rapidly; can sit alone in a chair; slept all last night without chloroform. Continue same treatment.

June 20. Patient can walk alone, feed herself, and speak tolerable distinctly; has knitted a little. She is now taking as much as 1 gr. zinc, three times per day; has slept without chloroform at night, since the 17th. Continue same treatment. Chloroform once per day. Bowels keep regular without physic, since using hyoscy., and left off morphine.

June 30. Patient has continued to improve; the muscular disturbance is very slight, with short but distinct intermissions; her color is quite sallow; tongue clean, but red: circulation rapid, with good appetite. Have increased zinc to 2 grs., stomach will not tolerate more. Prescription—Discontinue hyoscy., and continue chloroform once per day, and zinc as before.

July 5. Patient is quite clear of all symptoms of chorea, but is in a very anæmic condition. Prescription—Discontinue other treatment, except the occasional use of chloroform, when wakeful at night, and put her upon an iron tonic, which has had its desired and usual effect in such cases.

Dec. 1. Up to this time my patient has had almost uninterrupted good health.

The speedy and successful treatment of the above case, is attributable, in my humble opinion, almost, if not entirely, to chloroform, having used zinc, silver, copper, ammonia, and the thousand and one remedies, in other cases, before the discovery of chloroform, with bad success.
PART II.

Eclectic Department

On Cancers. Read before the Medical Society of St. Louis, July 27th 1851. By Charles A. Pope, M. D., Professor of Surgery in the Medical Department of the St. Louis University.

Mr. President:—In whatever light we may regard them, tumors constitute a most important and interesting part of surgery. Whether in their mode of origin, their growth, their local and constitutional effects, their classification, diagnosis or treatment, they are of exceeding interest. Their diagnosis often presents the greatest difficulty, and this is of itself important, for they are not all to be treated alike; as is the diagnosis, so is the operation. The method by exclusion, as applied to the discrimination of tumors, has, in not a few instances, led to results in diagnosis, unparalleled in the annals of surgery. I allude, among others, to the case of the scrotal tumor, removed from the scrotum by Velpeau. But of all tumors, the malignant merit most attention. The very name of cancer carries with it ideas of suffering and of death. The subject then is one of the deepest interest; and having met with the thesis of M. Broca, of Paris, wherein are so clearly and succinctly stated the views of M. Lebert, I have thought it worth while to lay them before the Society in our own tongue. It is, perhaps, proper to state that they have not yet met with that general adoption to which they are entitled, and which a wider knowledge of them will ensure. So far as my own limited experience and observation go, they fully coincide with the doctrines of Lebert, and I have, for several years taught in accordance with them.

M. Broca has ably defended the microscope, if, indeed, it needed defence. The defects often attributed to the instrument, are oftener due to those who use it. Muller has said that "microscopical and chemical analysis can never become a means of surgical diagnosis; it were ridiculous to desire it or to suppose it practicable." As to the desirableness of such a result, but few, perhaps, will concur with the distinguished physiologist. But although of little or no benefit in the diagnosis of tumors, yet if after removal it show to us whether the growth be benign or malignant, prognosis will be benefitted, and satisfaction result both to the surgeon and the patient. Where else, indeed, are we to look for certainty in this respect. All other tests have heretofore failed. Mere physical characters,
although described by the most minute and skilful anatomists are yet insufficient. Their chemical constitution varies it is true, but not to an extent desired by the systematic writer or practical surgeon. Fat and gelantine are the proximate principles usually found in the benign, as albumen constitutes the chief bulk of malignant tumors. This, however, is not enough. Up to the time of Lebert's researches even the microscope had proved ineffectual. Before his efforts, nothing more than the elements which characterize the simplest tissues, had been found in growths avowedly malignant. Thanks, however, to the labors of this distinguished micrograph; the question has at length been solved. Although Muller led the way, yet Lebert found the key. The specific cancer cell has been seen and recognised. Though varying like men's faces, they still bear a sufficient resemblance to be referred to the same generic type.

Proficiency in the use of the microscope is not, as many suppose, of easy attainment. Time and study are requisite; and for this very reason we would urge its repeated employment in order to derive that invaluable aid to be afforded by this wonderful instrument.

The observations of M. Broca upon 52 cases of true cancer, are all in favor of his propositions. They embrace a period of six years. Many of the patients were subjected to several operations. He has followed them all, and but one of the whole number was living at the beginning of 1850. He had been operated on eight times by M. Blandin, and within a few weeks after the last operation the disease reappeared with every probability of a fatal result.

The author is still pursuing his observations, and his researches cannot fail to prove of great value to the profession.

I am glad that this subject has attracted the attention of the American Medical Association, as among the reports to be made at its next meeting is one on the "Results of Surgical Operations in Malignant Diseases." The name of Prof. Gross to whose able hands this report has been confided, affords every assurance that it will redound to the reputation of its author as well as the good of medicine.

_A few propositions on the so called Cancerous Tumors._

["Anatonia verum medicinae lumen."—Morgagni.]

I. It is impossible to give a definition of what is generally understood by the term _cancer_. This is not a single affection, but a group presenting merely some marks in common.

II. Pathological anatomy, as it existed prior to the employment of the microscope, has thrown no light on the nature of the different tumors denominated cancerous. The differences
which the most skillful observers had recognized in their structure by no means corresponded with their clinical study.

The microscope has substituted science for hypothesis and opened the way for exact and fruitful observation. Every observation, past or present, which has not been subjected to the microscope, should be considered as irrelevant.

III. The juice extracted by scraping or pressure, from the different so called cancerous tumors, always presents an innumerable quantity of nucleated cells, in different stages of development. Muller, who discovered them, has pointed out their various forms; but having seen tumors only, and no patients, he has continued to confound affections which at the present day are distinct. M. Isaac Mayor has well described the elements of epidermic tumors, although he did not venture to separate them from the class of cancers. Lastly, M. Lebert has studied them both anatomically and clinically, and it is he, who has the honor of having first divided the so called cancerous tumors into three distinct species, each characterized by a special histological element.

IV. These elements are:

1. The cancerous element properly so called, without analogue in the economy.
2. The fibro-plastic element, for a long time supposed to be without analogue in the economy, but recently found by M. Robin, in the uterine mucous membrane.
3. The epidermic, or better, the epithelial element, identical with the normal elements of the epidermis and epithelium.

V. Hence three kinds of tumors:

1. Cancerous tumors properly so called, the only ones which should henceforth be designated by the name of cancer.
2. Fibro-plastic tumors.
3. Epidermic, or better, epithelial tumors. I prefer the latter denomination, because the epidermis is but a species of the genus epithelium, and especially, because the dried layers of the epidermis, in accumulating the one upon the other, may give rise to inert tumors (corns, warts) very different from those I am now considering.

VI. The pure fibro-plastic tumors may exist wherever there is cellular tissue; they seem to be the result of certain chronic inflammations. Although disposed to increase, and even to ulcerate, they may sometimes get well without an operation; they almost always do get well when completely excised. They should be stricken from the class of malignant tumors.

VII. It being possible for the fibro-plastic element to be developed wherever the cellular tissue is the seat of any chronic affliction, it is consequently often met with in epithelial or can-
cerous tumors; but it is only adventitious, and does not modify either their nature or progress.

VIII. There are no mixed tumors, composed partly of the epithelial, and partly of the cancerous element.

IX. Epithelial tumors can only originate on surfaces covered by epithelium. They are often attributable to mechanical causes; they increase, generally, more slowly than the real cancerous tumors; they ulcerate sooner or later, then grow more rapidly, invade adjoining tissues, and may even penetrate bone; but the ulcers to which they give rise, do not become the seat of hemorrhage; the engorgement of corresponding lymphatic ganglia, takes place very rarely; no general infection is produced, and death occurs only from the exhaustion which is inseparably connected with protracted suppuration. In a word, these tumors are essentially local; they never return, when completely removed. When they re-appear after ablation, it is always in situ, because they were not entirely extirpated; they do not return, but merely continue.

Almost all the affections called cancers of the skin, particularly, the noli me tangere, and the pretended chimney sweep's cancer, nearly all the tumors of the lip, many of those of the tongue, the soft palate, the penis, vulva, vagina, the neck of the uterus, for a long time considered as cancers, are nothing more than epithelial tumors. I have once met with this affection at the pylorus; M. Lebert has found it in the parietal arachnoid of man, and M. Robin in the internal membrane of the iliac veins of the horse.

X. A tumor which does not actually contain cancer cells, has no more chance of becoming cancerous, than any part of the body of the individual who bears it. The theory of the degeneration and transformation of tumors is an hypothesis without foundation. It is refuted inasmuch as nothing confirms it. Thus far, nothing proves that a tumor may pass from the benign to the malignant state.

XI. Glandular hypertrophies, already contra distinguished from cancer by Sir A. Cooper, have again been confounded with them by inattentive observers. Cancer cells have been mistaken for the epithelial cells which line the glandular cul-de-sacs. M. Lebert has also overthrown this error. The distinction between cancer properly so called and glandular hypertrophy is always possible for those who are acquainted with the intimate structure of glands.

XII. Hypertrophied glandular tumors may seem to re-appear after extirpation, because a still healthy portion left by the operation, may in its turn become hypertrophied; but however numerous the returns, the disease remains always local, and is sooner or later cured by a final operation.
XIII. We have no right to say that a tumor is cancerous merely because there is re-appearance. We should call cancerous those tumors only, in which the microscope has shown the existence of the cancerous element.

XIV. The cancerous element is composed of free nuclei, and of cells with nuclei similar to the free nuclei. The uniformity and regularity of the nuclei contrast with the varieties of form and size presented by the cells. Sometimes the number of free nuclei is greater than the cells and sometimes the contrary. The cells may be wanting, but the free nuclei are never absent. I have observed that in returning cancers, the cells were very small and not numerous; on several occasions I have not found them at all.

XV. Genuine cancer may be produced wherever there are vessels. These tumors are developed without a known cause; the influence of hereditary disposition even is far from being demonstrated. They grow generally more rapidly than epithelial tumors; cause always sooner or later in the corresponding lymphatic ganglia engorgements which assume the character of cancer; produce, always subsequently to the ganglionic involvement, a general infection of the system, known as the cancerous cachexia. Lastly, at a subsequent period, they often give rise to a great many secondary cancers, called metastatic. These may occur anywhere, but they bear a marked predilection for the glands and ganglions. This is a frequent occurrence; I have observed it nine times. It would probably always occur, if the patients lived sufficiently long.

XVI. It is only after having maturely reflected, after having collected numerous observations and followed patients for a long time, that I venture to make the following proposition:

When, after an operation, the microscope has shown the removed tumor to be really cancerous, the tumor always returns after a greater or less length of time, either in or around the cicatrix, in the corresponding lymphatic ganglia, or more rarely in some other part of the economy.

XVII. Tumors which have returned, progress both locally and generally more rapidly than the original tumors; if removed, repullulation is more prompt than at first.

Reproduction takes place usually in the six months following the operation, but sometimes much later. I have never seen it postponed longer than two years.

Most of the preceding ideas are now entertained by men who are engaged in general anatomy and clinical study: they are all developed in the work of M. Lebert. He it is, I repeat, who has effected the revolution of which I have shown
myself the partisan. Having had the good fortune to be time-
yotified of the structure of tumours called cancerous, I have
been enabled to study a great number during my residence
(internat) in the hospitals. I have followed, for a long while,
the patients who bore them, and profitably observed the dis-
eease and its various terminations. It is thus that I have come
to the hopeless conclusion, that real cancer never forgives. A
few unimportant details aside, this proposition is among those
above formulated, the only one which belongs to me; but it
has appeared sufficiently grave to be here cited. In order to
sustain it, it were well to begin by an exposition as rapid as
possible, of microscopical discoveries.

These discoveries are in opposition to classic theories; they
make a clean sweep of what has until now been said by the
most celebrated surgeons; and nevertheless, after having veri-
fied, it seems to me proper to adopt them, without being ac-
cussed of presumption, and want of respect for one's masters.
Indeed, I am happy to acknowledge that neither talent, perse-
verance, nor philosophical ideas were wanting to our precede-
sors, the chasm which they have left, and the errors which
they have committed, are solely due to the insufficiency of their
means of investigation.

It is, in fact, only within a few years, that the microscope
has opened an entirely new era in the science of organization.
This wonderful instrument, long abolished from severer studies,
and given up to the cabinets of the curious has now become
one of the most solid bases of anatomy. It has revealed to us
the mysteries of embryonic formations, and the admirable struc-
ture of the tissues, arrived at their complete developement;
it alone could serve us in the still more difficult study of the
innumerable alterations to which these tissues are liable.

In reading the preface of the first book of Morgagni, we are
struck with the analogy, which exists between his times and
our own; then, pathological anatomy still in its infancy, ran
counter to the humoral theories and empirical doctrines. In
presence of an impending revolution, with which medicine was
threatened, a violent reaction arose against the youthful sci-
ence, which attacked two equally redoubtable forces: tradition
and routine. The struggle was long and angry, but truth must
always triumph: victory was in favor of pathological anatomy.

So at the present time, the study of the ultimate elements,
which compose diseased tissues, has sudenly enlarged the bound-
daries of pathological physiology. The microscope has al-
ready upset more than one theory, and ruined more than one
hypothesis, but it has also provoked an obstinate resistance.
The microscope has therefore escaped neither calumny, nor
injustice; it has been said that it was a faithless instrument, a source of illusion and of error; that in its confused images, one might, at will, find the most varied forms. A few contradictory results met with in authors, have been opposed to each other, and disdainfully rejecting every new idea, the would be observer has thrown it aside.

The microscope so unjustly discarded, has, in fact, the right to defend itself. Once for all, we should put an end to these trifling accusations, which everybody repeats without having sufficiently thought on them.

The microscope, it is said, gives false images. This unfortunate objection recoils heavily on those who make it. Let them follow a course on physics; they will learn of the passage of luminous rays through superimposed lenses. It is clear that the microscope exhibits what exists, and nothing more nor less.

The microscope, it is also said, is a frequent source of illusion. In proportion as the magnifying power is increased, so are the images more obscure, and their outlines more indistinct. Optical illusions are favored by this species of twilight, as they occur in reality, towards dark, in the landscape of distant objects. One may, at pleasure, figure these ill defined shadows which his imagination seeks.

This objection has some foundation, but what does it prove? That real observers should never employ powers capable of rendering images indistinct for want of light. In the present state of the opticians's art, every power which exceeds 1200 diameters (800 diameters according to the new calculations of M. Robin) is a source of confusion. Below this limit, images are sufficiently distinct, and in a given preparation every one should find the same elements.

But whence the innumerable contradictions of which every one speaks?

First of all the contradictions are more apparent than real: they bear rather upon the interpretation than on the form of histological elements; moreover they are, in fact, rare, and exist only in a few accessory details. Is there even a mediocre observer, who at the present day denies the existence of the globules of the blood, of lymph, of pus, of spermaic animalculi, or of the osseous corpuscles? Certainly not. It has been asked only, whether the spermatozoa are or are not animals, whether the lymph globules are changed or not, into blood globules, whether the osseous corpuscles are or not, in communication with the large vascular canaliculi, by the intermedium of the small calcareous canaculi. But I ask, is there a point in simple anatomy, on which there has been no discussion?
Without mentioning the disputes between Vesalius and the Galenists; without recalling the canal of the spinal marrow, the articular glands, the hepatico-cystic ducts, the canal of Cochwitz, and so many other anatomical mystifications: without opposing Sabatier, who gives to the urethra a foot in length, and M. Malgaigne, who allows it only six inches; shall we find any two anatomists who agree upon the aponeuroses of the groin and perineum? Should we require of microscopic researches a greater precision than in anatomy, visible to the naked eye? Is it not more than evident that the microscope is quite as innocent of the errors of microscopists, as the scalpel is of those of anatomists? It is a reflection not generally made particularly when we find ourselves mistaken, because we like better to blame an instrument, than blame ourselves.

But the cause of the microscope is able to triumph even whilst making concessions. I am willing to grant that there are in micrography a number of inexact and contested facts. But what does this prove? Merely that there are good and bad observers; that we are too hasty in publishing the result of our researches, and especially that we think ourselves skilled in the use of the microscope, at a period when we should be content to learn and verify what others have said. When we have looked two or three times through a microscope, we see images as distinctly as after prolonged study: we describe and even figure them, and then say: here is what I have seen; my eyes are as good as those of another; if any one sees differently from me, it is the microscope that deceives. But this is not so.

The world of the infinitely minute, is a world by itself; most colors have disappeared, perspective is a novelty; objects seen by transmitted light, seem reduced to but two dimensions, and all elements comprised in their thickness, seem situated on the same place. What habit, what education is required, to bend the sight to these wholly new observations? The infant, although possessed of touch to rectify his errors extends his arms to grasp the moon. Ideas of perspective are only gradually acquired. Such is the case in the first attempts of the student of the microscope. And then, how many precautions are neccessary not to admit into the preparation any foreign element. A filament of any kind, a grain of sand, a bubble of air, have often deceived the tyro.

In the simplest tissues may be found globules of blood, fat and fibres of cellular tissue. It is then a study requiring time under the direction of a master. We should proceed from the simple to the complex, and never venture to give an opinion about a morbid tissue, before we are thoroughly acquainted with normal histology. Ordinarily the reverse is the case.
We make our first essays on diseased tissues, before having even read a treatise on general anatomy. Is it any wonder then that so many reject the microscope, disappointed by an unsuccessful beginning; that as many others, more culpable still, refusing to become students again, heap error on error, contradiction on contradiction.

By a happy initiative, at which the friends of progress should rejoice, the Faculty have felt that the histological should be early begun, and carried on simultaneously with other medical studies. The establishment of a microscopical laboratory promises splendid results for the future.—[St. Louis Medical and Surgical Journal.


There are few medical men who have been engaged in practice, for even a limited period, but must have been struck with the fact, that the most serious and threatening symptoms of stomach disease may exist, and be even persistent for a considerable time, and yet in the end the case may turn out to be one of functional disease merely, and the patient get quite well. And, on the other hand, a patient may labour under the most formidable organic disease of this organ, and yet scarcely present a single symptom indicative of its presence. These two propositions it is essentially necessary to keep ever in mind; and it may be doubted whether they are yet sufficiently recognised. Before proceeding farther I shall illustrate them by the following cases, briefly narrated:—

Case I. Some time back Mr. Cusack exhibited to the Pathological Society a specimen of disease of the stomach of an extraordinary extent. Literally three-fourths of the organ were converted into malignant disease. All the coats were involved, and the mucous membrane presented one sheet of fungoid disease. But what was extraordinary was, that the individual from whom it was taken had been able to take his food, and made no complaint until within a very few days before his death.

Case II. A medical gentleman, about fifty-five years of age, had long been what might be described as delicate. He had been in the army, and on his way home from Jamaica, was obliged to use, for some weeks, bread of a very inferior quality. This disagreed with him even more than common, and before he landed he was suffering daily from dyspepsia of a severe character. On reaching home the symptoms did not abate,
and shortly afterwards he was invalided. From that period until his death, which took place some months later, he was never free from suffering, referred to the stomach. He was seen by several eminent gentlemen; the symptoms he chiefly laboured under were constant pain, nausea, loss of appetite, and occasional attacks of pyrosis. On one occasion he threw up a considerable quantity of blood; but at the time there were some doubts as to its source. He had some cough, which, with expectoration, increased towards the end; and he finally sank, reduced to the very last degree of marasmus, and never having lost the symptoms referred to above. I assisted Dr. Kirkpatrick to make a post mortem examination. On first view the stomach appeared perfectly healthy, and it was only after a very minute inspection that we were able to detect two small ulcers, each about the size of a split pea, existing close to each other, in the great extremity of the organ. The coats, too, of the stomach appeared thinned, having probably partaken of the general marasmus. In the lungs was found some tubercular matter, in large masses, but not occupying any particular site.

Case III. Mr. ——, a professional gentleman, began to suffer from pain in his stomach, chiefly after his meals, and more frequently after his breakfast than at any other time of the day. He was at this period twenty-six years of age, of tall stature, and had been, though subject to occasional headaches, previously healthy. He had always, however, been inclined to constipated bowels. The attacks, in the first instance, were slight, and were more of the character of painful digestion than anything else; for at a certain period after each meal he felt more or less uneasiness. By degrees, however, they became more severe; and as they did, their character somewhat changed. They were now, in a very marked degree, periodic; that is, the patient would be six weeks, or even longer, free from any suffering, and then an attack would occur very suddenly. On many occasions he went out on his ordinary business in the morning, and would return in an hour or two suffering from the attack. He always referred its commencement to a point opposite the pylorus, from which the pain would spread, but not to any great extent.

* I am quite unable to describe these attacks.* They were perfect whirlwinds while they lasted, which they usually did from four to six hours; and the patient's sufferings seemed to be agony itself. He frequently expressed himself as if he should

* Any one who will call to mind the story of the "Martyr Philosopher," given with such graphic effect in the "Diary of a Physician," will have a good idea of the patient's sufferings.
die in consequence of them. While the fit was at its height vomiting took place, but never of any large quantity of fluid; and as it passed off, the stomach began to secrete air, which it would then do in enormous quantities, and was always considered by the patient himself as a good sign. It is only necessary to say further of this case that he has been completely free from these fearful attacks for a period of upwards of four years.

Though other cases might easily have been given, these appear to me quite sufficient to show what difficulties surround the question of diagnosis in diseases or affections of the stomach. The well-known fact, too, might be adduced here in further proof of this position:—that the disease known as chronic ulcer of this organ has frequently led to a fatal result from perforation, without any complaint having been previously made by the patient; and their usual condition would seem to bear out this view, for many of these cases present all the signs of the most robust health.* But if we come to inquire why such difficulties exist, the reason appears to me to be in great part explained by the fact, that both the functional and organic affections of this organ give rise to the same series of symptoms; and this will be made evident, if we try to place the signs of organic disease in one column, and those of functional derangement in another; for we shall then find that both lists will contain very nearly, if not exactly, the same series of symptoms. Pain, nausea, vomiting, flatulence, sense of distention, pyrosis, throwing up more fluid than what has been taken, hematemesis of different kinds, and other symptoms, are each and all common to either state. Hence, I repeat it, the difficulties which so frequently arise in arriving at an accurate diagnosis.† But it will be asked here, are there no signs which may be considered as absolutely indicative of organic disease? And this leads me to notice more particularly two symptoms, on which many have placed an entire reliance. I mean the symptom known by the name of the black vomit; and secondly, the presence of a tumor of the stomach itself.

As to the first of these, it appears to me too much stress has been laid on it as diagnostic of organic disease, and, for this simple reason, that it occurs in cases where we have positive evidence there is none. For, what is this black vomit? Nothing, I believe, but an exudation of blood, altered somewhat by the secretions of the mucous membrane of the stomach; and this, I presume, few will assert, can only take place where

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* An interesting paper by Dr. Lees, on Perforation of the Stomach, will be found in the tenth volume of the New Series of this Journal.
† A similar line of observation has, I find, been pursued in the "Bibliotheque du Medecin-Praticien," edited by Fabre. 1851. Vol. ii. p. 490.
Diseases of the Stomach.

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there is ulceration or fungoid disease. Hemorrhage from the stomach we know can occur where there is no morbid change whatever in the mucous membrane, as in some cases of enlarged liver. I have seen instances of this nature, where the first blood thrown up was of a bright red colour; but as the attack passed off, it got gradually darker, and finally put on all the characters of black vomit.* Yet, in these cases, the mucous membrane was found healthy, though congested. But further, many acute diseases exhibit this symptom in a very marked degree, and a most serious symptom it ever is. I have seen it in bad cases of scarlatina, of fever, small-pox, and of puerperal fever; also in a case of ruptured† uterus; and on examination of such cases I have found no organic change in the mucous membrane. The yellow fever, too, of warm climates very generally presents this symptom. Hence, the conclusion appears to me a fair one: that this particular symptom may occur in the more ordinary affections of the stomach, where nothing but functional derangement exists; and before these remarks are concluded, I hope to prove it.

The second symptom I have alluded to, the existence of a tumor, is one of more moment, and it must be allowed that in the great majority of instances it will lead us to a correct diagnosis; yet even this symptom, palpable though it be, may deceive us; and I would call particular attention to this fact, for, after having made some research on the matter, I cannot discover that it has been hitherto noticed. The point I would observe upon is this, that a tumour may exist in the stomach, which in the progress of time, may entirely disappear; or, at least, get into a state in which it may not be palpable on external examination. I believe two distinct circumstances may give rise to such a state of things. Before noticing these, however, I would just observe on the much greater facilities which some subjects present for the detection of tumours than others; and it is a point always to be kept in mind. There are, I presume, few who have not met instances where all the symptoms would lead one to look for the presence of a tumor which did in reality exist, but which no external examination could detect. As far as I have seen, this difficulty has been in great measure due to the natural depth of the chest, rather than to any other single cause, such as the thickness of the abdominal parietes, or the site of the tumor. So that it may be safely stated, that the absence

* Something very like this may also be seen in cases of hemorrhage from the lungs.
† The occurrence of the black vomit in this case would appear to be important to notice, for it points out a state of the system which cannot be considered healthy, and which may predispose the uterus to an alteration of structure that may lead to its rupture.
of all external sign of a tumour would not justify us in asserting that none existed.

But, further, there is a state of some of these tumours which I am not sure has been hitherto noticed, I mean their mobility, not from external handling, but by the act of respiration. In a case which I saw, through the kindness of my friend, Surgeon Neville, of Brunswick-street, it was most remarkable. At every inspiration the tumour moved fully one inch and a half, and, what is of more importance, this sign was the means of settling a question which had previously been raised, namely, as to whether the tumour was an aneurism or not, for it had a very strong pulsation.* Whether the mobility was, in this particular instance, more than ordinary I cannot say, but it is worthy of remark that the patient was of unusual stature, for, though he was a tailor, he was six feet four inches in height. This mobility, then, even granting that it is not always present, appears to me a symptom which ought to be looked for in this class of cases.†

It has been already stated that a tumour which has been palpable to the touch may disappear, and this may, I believe, occur in either of two ways. In the first the tumour, so far from enlarging as the disease advances, lessens. This we know to be common in cases of malignant disease, as in cancer of the breast when ulceration is going on, and the same may occur when a similar disease exists in the stomach. This has happened twice under my own observation, and in one instance it was so marked, that a doubt was thrown on the accuracy of a previous diagnosis. An examination, however, after death, solved the difficulty, by disclosing a large ulcerated surface, with some traces of tumour still remaining. Thus, then, I believe, and it is comparatively well known, our diagnosis may in one way be rendered obscure. Before describing the second I shall give some details of the following case:

Case IV. Miss ——, about 30 years of age, unmarried, suffered from a sharp attack of English cholera, in August, 1849. She was of the sanguineous temperament, but of a listless habit of body. The menstrual function was quite healthy. From the attack of cholera she does not appear to have completely recovered, for shortly afterwards, within a month, she

* The post mortem examination of this case disclosed a tumour of a malignant character, which formed a complete circle on the mucous membrane of the stomach, close to the pylorus. It was exhibited at the Surgical Society.

† Through the kindness of Dr. Lees I have very lately seen a case of abscess of the liver, in which the tumour presented to the right of the epigastrium, and was very distinctly moved downwards by the act of inspiration, a point of some importance to determine, as it showed that at the time no adhesions had taken place. This subject seems worthy of further investigation.
began to throw up a small portion of each day's dinner. This gradually increased, until, in the course of four months, every thing taken in the way of food came up, though, curiously enough, medicine did not. With this state of stomach the patient complained of a fixed pain, which she referred exactly to the pylorus, and where, when she was examined in bed, a distinct tumour could be felt. It was circumscribed, and painful on pressure, and was recognised by Sir H. Marsh, who, at this period, saw the patient with me. What she threw up at first was merely her food unchanged. In the course of a month, however, a large quantity of clear fluid, mixed with saliva, came up. This fluid she described as being salt, bitter, and burning by turns. Such was what might be called the persistent state of this patient until the latter end of January, and beginning of February, 1850; that is, about six months from the time she began to throw up her food. At this period, attacks of a much more serious character were superadded. These attacks were wonderfully periodic, taking place regularly each second day, between five and eight o'clock in the evening. They were preceded by shivering, paleness, and great anxiety of countenance; at the same time that the pulse, which commonly beat between 80 and 90, rose to 130, and even 140. In this state the sense of burning, from which she was never free, became very much aggravated, and she described it as extending from the stomach to the throat; which latter part was constantly excoriated from the nature of the fluids vomited. With these severer attacks she now also began to throw up a quantity of stuff having the characters of black vomit. It was of a dark brown colour, and was always attended with a much larger quantity of fluid than what the patient had taken. On several occasions now, too, what came up was tinged with blood.* It will be easily understood that from the violence of these attacks and their constant recurrence, the general health must have suffered severely; and such was the fact. Loss of flesh went on with great rapidity. She became reduced to a skeleton, being quite unable to leave her bed, and symptoms again and again threatened that her sufferings would be aggravated by stripping. During the period she was so reduced,

* The microscope was not used in this case, there being nothing in what was rejected to lead us to suspect that anything of either an animal or a vegetable organization existed in it. There can be no doubt, however, that the instrument can afford most valuable assistance in some cases; as proof of which I would refer to a late number of the Medical Times, where a case of great interest is given very fully by Dr. Jenner of London; and also to Dr. Todd's papers in the London Medical Gazette. Cases also, illustrating its application, have been brought before the Dublin Pathological Society by Drs. M'Dowel and Lyons; but they have not been yet published.
Dr. M'Donnell, whose valuable assistance I then had, felt with me the tumour repeatedly.

It is unnecessary to pursue the history of this case further; it occupied many months more; suffice it to say that the patient has perfectly recovered, and that now no tumour can be felt. It must be allowed, however, that at one period of the case the prognosis was gloomy in the extreme.

This case I have given at some length, as it appears to me to be one of considerable interest. The patient certainly presented a series of symptoms from which few have recovered. She had all those which are thought to mark the presence of organic disease, including the black vomiting, the throwing up of much more fluid than she had taken, and the presence of a tumour. Of the exact nature of the case I do not profess to offer anything like a positive opinion. In the first instance it would appear to have been an example of the affection so well described by Sir H. Marsh; while at a later period there were strong grounds for supposing that actual disease had taken place, possibly some form of ulceration. This, however, is only conjecture, though it is borne out by the extreme emaciation which the patient at one period presented. This symptom is, I believe, amongst the most constant of those attendant on organic disease; and yet it does not always exist, as some of the cases of chronic ulcer fully confirm.

But how are we to account for the tumor and its subsequent disappearance? It will be recollected that it was felt by Sir H. Marsh, and repeatedly by Dr. M'Donnell and myself. My conviction is, that at no period of the case did any morbid growth exist but that what was felt due to an irregular action of a portion of the muscular coat of the stomach itself.

Any one in the habit of opening bodies must have been often struck with the varieties which the stomach in its general aspect presents. In one subject it will be very large, and apparently dilated; in another it is found contracted to a remarkable degree, and its coats, to all appearance, thickened; while in a third it presents an example of the hour-glass contraction, described so long since by Sir Everard Home. The other hollow viscera, too, we know, take on at times this irregular action of the muscular coat, as may be seen in parts of the intestines, and still more strikingly, perhaps, in the uterus. In subjects favourable for examination, I have myself felt portions of the intestines, knotted, as it were, so as to afford distinct evidence of irregular action going on; and which has all disappeared with the cause which gave rise to it.

So I take it to have been in the case just given. The irritation, which there can be no doubt of existed in the mucous
membrane of the stomach, caused a spasmodic state of contraction of a part of the muscular coat, and this, in its turn, caused a thickening, a temporary tumor so to speak, which it was possible to feel through the thin abdominal walls. As the irritation lessened, however, this spastic state gradually subsided; and hence we have an explanation of the disappearance of the tumor, and the recovery of the patient. To suppose that there existed in the stomach a tumor caused by organic disease which subsequently disappeared, would be a straining of experience farther than any case on record would justify.

Much might be said on the treatment of these cases, for it would appear to be anything but yet settled. For the present, however, I must confine myself to one remark. At the period, in the case last given, when there were good grounds for supposing that some ulceration existed, I carried into effect an idea which had been long in my mind, viz: that in such cases we might give medicines for the express purpose of healing the ulcerations, in fact of acting locally on them, as if we had an ulcer on the surface of the body to deal with. With this view a creasote was given, to the amount of three drops, three times a day; and, as I believe, with advantage. Nor do I see any reason why other medicines as well might not be administered with this intention, and in cases where it would appear to be too common to consider them as being beyond the resources of our art, as, for instance, the disease known as the chronic ulcer of the stomach. In this disease there is no evidence of anything of a malignant character, and, of course, nothing (amounting, I mean, to an impossibility) to prevent its healing. We know there is proof on record of such an occurrence having taken place; and consequently our efforts should be directed, not merely to palliate, but to cure, difficult though its attainment may be. But where is there not difficulty in medicine? With this object in view, then, I venture to make this suggestion.

[Dublin Quarterly Jour. of Med. Science.

On Chronic Inflammation, and other Morbid states, of the Corpus Cavernosum. By Henry James Johnson, Esq., formerly Lecturer on Anatomy and Physiology, and lately senior Assistant Surgeon to St George's Hospital.

I venture to lay the following cases and observations before the profession, in order to direct attention to a subject which has not hitherto engaged it. I trust that this imperfect notice of what, I should imagine, is a rare affection, may lead to communications of greater value from others.
In a work of mine, which the Lancet recently did me the honour to review, will be found a brief account of "Chronic Inflammation of the Corpus Cavernosum." That account comprised in a solitary case all I had then witnessed. By one of the coincidences which make railway accidents come in a crowd, and cumulate in a week those unfrequent operations at a hospital, which the calculation of chances should spread over months, I have seen in the short time which has elapsed since the publication of that work, three distinct instances of the disorder. I shall therefore take the liberty of laying the entire group before your readers, to exhibit at one view their points of similarity and of difference.

Case I. "A barrister of something more than middle age, had led from early years a dissolve life, and had experienced more attacks of gonorrhœa than he could enumerate or I remember. He managed the majority of these himself, and his principles of treatment were simple. He took capivi till he got well, however long he might be in doing so; and as he did not care to restrict himself in living, he came at last to think that gonorrhœa was almost his normal state, and that it little mattered whether he had it or not. But Nemesis, though lame, still catches her victim, and this gentleman found that the 'gods' do really

"Make scourges of our pleasant vices."

"Some six months before he consulted me, which was in the summer of 1845, he began to experience lancinating pains in the body of the penis, just anterior to the scrotum; the organ was tender on erection, and it gradually assumed a sort of spiral twist, which was neither comfortable nor prepossessing.

"When I saw him, this sort of torsion was considerable, and gave an irresistibly ludicrous appearance to the part, which looked somewhat like the appendix vermiformis, or a pig's curly tail. On examination it was obvious that the cause resided in the corpus cavernosum, the fibrous wall of which was irregularly indurated, while thickening and consolidation invaded the erectile tissue within. The character of the affection more nearly resembled that of the palmar fascia in watermen, than anything with which I can compare it. Erection had become as insupportable as imperfect, and the suffering was positively great.

"I prescribed leeches, blisters, mercurials, tartar-emetic and iodine ointments, fomentations, poultices, cold lotions, even ice, with calomel and opium, salines, iodide of potassium, and sarsaparilla, the liquor potasse—all the remedies, in short, which would naturally occur to me in the management of such a case."
Their good effects were limited to the removal (and that extremely tardy) of the tenderness and pain. Beyond that they had no influence. The induration remained, the contraction rather increased, and erection, if no longer attended with actual suffering, was a source of profound discomfort. In the early part of 1846, he consulted, I believe, several other hospital surgeons, and one (he was no anatomist) recommended division of the cavernous body. It could do no good, as it was not attempted. I have not seen the patient since 1847, and I understand that he remains in nearly the same state as when he quitted me."

Case 2. A respectable tradesman, fifty-one years of age, of pale complexion, and of nervous temperament, married, but separated from his wife, had from youth been addicted to venereal indulgences. On three or four occasions he had suffered, in early life, from gonorrhea, and he once had syphilis, eight or ten years ago.

Five or six months prior to my seeing him, he felt, in the act of connection, an acute pain in the penis. It was a week or more before it totally subsided. Gradually, however, he became aware that, in erection, the organ was curved upwards, and that the spot where he had experienced pain was the seat of distinct uneasiness. These symptoms increasing, he applied to me in May of the present year.

On examination of the penis, I discovered, on its dorsum, immediately anterior to the pubes, a hard nodule, about the size of a small horse-bean, but not so perfectly defined. It could only be distinctly felt on pinching up the corpus cavernosum, between the finger and the thumb, and I found, or fancied that the induration was rather in its fibrous envelope than in its substance. It was slightly tender when compressed.

The corpus spongiosum was of its usual form and density, and the course and stream of urine were not the least impeded.

I was disposed to imagine that the case was one of chronic inflammation, occasioned by the rupture, in coition, of some of the fibres of the cavernous sheath. The possibility of such an accident may be readily admitted, when we reflect on the frequency of partial rupture of the tendo-Achillis, and aponeurotic fibres of the gastrocnemius.* But I confess that I was not without a suspicion that there might be incipient scirrhus.

*It is generally, I think, supposed that rupture of the tendo-Achillis is a not uncommon occurrence. The injury that is looked upon as such is anything but rare; but I have never myself seen the whole tendon torn. When we consider its extreme strength, it is most unlikely that it should be so. What really happens in the great majority of instances is this: either some of the outlaying fibres of the tendon, or some of those of the aponeurotic lamina which diffuses itself over the gastrocnemius, or some of the muscular fibres of the latter,
The patient being then averse to local depletion or blistering, I prescribed the mercurial ointment, with belladonna, which was to be constantly applied.

On the 10th of June he called on me again. The induration was rather less, but the lump was more diffused, and had extended somewhat to the left. He now assented to more active measures, and I gave him Plummer's pill, with opium, at night, and the liquor potasse, with the iodide of potassium and sarsaparilla, twice daily. At the same time I directed him to blister the penis resolutely.

He had done so thrice when he paid me a visit on the 14th of July. There was little change for the better, in fact, although the hardness had diminished, the surfaces of the morbid deposit had increased. There was also a greater degree of tenderness, which he attributed, probably with justice, to the blisters. I requested him to rub in, night and morning, an ointment composed of the iodide of potassium, belladonna and camphor, and not to discontinue the general treatment, which agreed with him particularly well.

On the 18th of August, I saw him for the last time. The induration was still on the decline, and the margin of the swelling was less defined; but it was more diffused. It was obviously limited to the wall of the cavernous body, which crumbled when pinched, like a piece of parchment. The tenderness had again subsided, and there was little uneasiness in erection, or, indeed, in coitus, which, contrary to my express injunctions, he now confessed he had indulged in. The penis, however, on those occasions was twisted to the left side, an alteration due to the extension of the thickening in that direction.

I advised his taking the mercurial pill every second instead of every night, and in other respects I left the treatment as it was. I have already stated that he has not subsequently called upon me.

Case 3. A gentleman residing in one of the Channel Islands, between forty and fifty years of age, of florid complexion, and of healthy constitution, consulted me last June, under the following circumstances:—

give way in a sudden effort. Perrot, the celebrated ballet-dancer, was said to have met with this accident. He was forced to retire altogether for a year or two; and, when he returned for a while to the stage, he was compelled to confine himself to pantomime. Now, it so happened that I was called to Perrot, and the tendo-Achillis was not ruptured; a few of its fibres had snapped, and that was all. I may take this opportunity of making one other observation. Almost all the cases of this description which have occurred to me were in persons of a gouty habit. The fact is not unattended with interest, and I should be glad to learn if my experience is confirmed by that of others. If it be so, I conceive that the physiological explanation is not difficult, and that some practical conclusions might be drawn from it.
Though long married, he had "intrigued freely," till within the last few months, when he found that, in erection, the penis was curved upwards, and that to a painful extent. The uneasiness, in the act, was seated in front of the pubes, where a spot was tender upon pressure. He applied to a medical friend in the island, who told him that he often saw cases of that sort, and prescribed severe counter-irritation. This was of some service to him, but, coming to London to witness the Exhibition, he had been recommended to me.

On examining the penis, I found, half an inch anterior to the pubes, a perfectly defined and regular induration, situated in the median line, upon its dorsum. It was scarcely so large as a small horse-bean, flat, imperceptible to the naked eye, and distinguishable only on pinching up the corpus cavernosum between the finger and the thumb. It was evidently seated in the wall of the cavernous body, and did not extend into its interior. It was tender on firm pressure, and the seat of discomfort in erection, when the curvature of the penis was so pronounced as to have compelled him to abandon all connubial intercourse.

I prescribed, during his stay in London, when sight-seeing rendered counter-irritation inadmissible, the application of the iodide of potassium in the form of ointment, and its internal use in combination with sarsaparilla and with the liquor potassae. I also recommended him, on his return home, to pursue an active course of blisters. I have not heard of him since.

Case 4. A country gentleman, between fifty and sixty years of age, florid, stout, and healthy-looking, had always been addicted to the gratification of his passions. In early life he had attacks of gonorrhœa, but none for many years. Some eighteen months, or thereabouts, before his visit to me, he had felt, in connexion, a sudden though not a violent pain in the penis, immediately contiguous to the pubes. For some time afterwards, he experienced in erection a sense of inconvenience, which gradually passed away. Eight or nine months ago, he began to observe that the organ, when distended, became curved towards the abdomen, and that sexual intercourse grew difficult on that account. He applied to an eminent physician in his neighborhood, who assured him that it was a matter of no importance, and that he had had the same thing himself! What he prescribed (it was not counter-irritation) was unproductive of benefit, and, matters growing worse instead of better, he came to town for advice. He went to an eminent hospital-surgeon, who introduced a bougie, and seemed to regard the case as one of stricture. As the patient found no impediment to the free passage of his urine, this opinion was unsatisfactory, the more so as the instrument rather increased the irritation. On the 23rd of July he consulted me.
I found on the dorsum of the penis, near the pubes, inclining rather to the right side, but spreading over the centre, a flattish, ovoid, defined, but not absolutely regular induration, three lines and a half in its long diameter, and two and a half in its short, the former being from side to side, the latter from before backwards. Its characters were best appreciated by pinching up the corpus cavernosum, in the parietal lamina of which it was seated, immediately beneath the skin. This was unadherent and unaffected; but the hardness (I imagined) extended slightly into the substance of the cavernous body. There was trifling tenderness on pressure, still more in erection, and, in that condition, the incurvation of the organ towards the pubes rendered sexual intercourse extremely irksome, if not actually impossible.

I prescribed the same remedies as in the previous cases, and I have not seen nor heard of the patient since.

The following appear to me the most obvious inferences which the facts warrant us in drawing.

1. A regret that the facts themselves are so imperfect. With the exception of the first, a sufficient length of time has not elapsed to decide the issue, or admit of a positive conclusion. I should be equally condemned by logic and experience, if, under such circumstances, I dared to dogmatize. But I write with the hope of obtaining information, not with the pretence of giving it. That is my apology.

2. One feature is common to all the cases; the subjects were immoderately given to venery. Whoever abuses the functions of an organ, accepts a blank bill upon the future. It may run for a longer or a shorter date, but it must come due. • That the sheath of the cavernous body should suffer from excesses of this description is easy enough of comprehension; submitted to sudden and violent distention, the web of which it is composed may very readily be damaged. The chronic inflammation of the palmar fascia, which occurs in watermen and smiths, is a strictly analogous instance, the organic tissue being the same, and the cause of mischief not dissimilar. The respective ages of all the patients were very nearly alike. Each had attained, and one had passed, the middle period of life, when the vital and elastic powers of the organs are declining, and the fibrous membranes exhibit a proneness to disease.

3. In the second and the fourth case, a sudden pain was experienced in connexion, where the induration subsequently formed. It is natural to imagine that this was due to a laceration of some fibres. The correspondence of the phenomena with those exhibited in partial rupture of the tendo-Achillis requires no further demonstration.

4. In the first case only, was there any ground for attribu-
ting the affection to gonorrhœa. I should, a priori, anticipate that. The uretha is tunnelled in the spongy body, with which the cavernous is in little more than contact. Gonorrhœal inflammation, when so intense or so erratic as to travel beyond the mucous membrane, would naturally invade the contiguous structure, the erectile tissue of the corpus spongiosum. Such we find to be the fact. Acute and chronic inflammation of it, is a common consequence of gonorrhœa.

In the case where the exception to this general rule occurred, the circumstances were themselves exceptional. Debauchery was carried to its extremest limit, and the indulgence of the passions was crowned by the abuses of the most empirical treatment; and perhaps it will not escape observation, that, as the causes were in a great measure peculiar, the result was also different. In the place of a small circumscribed deposit in the fibrous envelope of the cavernous body, a more extensive and more serious alteration implicated its interior.

5. I conceive that this is a rare affection, partly because I have seen it rarely, but principally because I know of no description of it. I imagine, too, that the profession is, in general, imperfectly acquainted with it. For, in my first case, an hospital surgeon proposed to divide the wall of the cavernous body; in the third, the medical attendant protested that he witnessed the disorder frequently; and in the fourth, a physician pooh-pooh'd the thing, because he had had it himself: while a London surgeon looked on it as stricture, and treated it with the bougie.

6. To whoever saw, and to some, perhaps, who may read these cases, a suspicion of schirrus might occur. A candid review of all the circumstances tends, I think, to dispel it; but it would require more time than has elapsed, and indeed more confidence than I possess, to decide, ex cathedrâ, against the possibility of malignant action.

7. The principles of treatment are unhappily more simple than their application is successful. The removal of inflammatory action would be sought, of course, in local depletion and active counter-irritation, while absorption of the lymph would be promoted by the application of iodine or mercury, and by their internal use. The success which may reasonably be expected from such measures would not appear to be extraordinary, although I may observe that the nature of the tissue, as well as the functions of the organ, must naturally discourage the idea of speedy benefit. Few complaints, I imagine, demand more persistence on the surgeon's part, or more steady resolution on the patient's.

In a future and not remote contribution, I shall advert to some other morbid states of the cavernous body, more or less allied to the preceding.—[London Lancet.
On the premonitory signs of severe Cerebral Disease and their importance. By Dr. Devay.

[We have considerably curtailed this valuable essay, but have endeavored to omit nothing of real utility. The author introduces the subject by remarking on the extreme difficulty in arriving at an accurate diagnosis in cerebral affections, the symptoms being induced by lesions of various kinds—the same difficulty exists in the interpretation of the premonitory symptoms, which are, nevertheless, excellently demonstrated in the following observations:]

I. Premonitory signs, furnished by the intellectual and moral faculties.—Almost all authors of repute have mentioned, without always attaching much importance to them, the disturbances of intellect which precede attacks of severe cerebral disease. Insanity has its period of incubation, its premonitory symptoms; and frequently it is found that the first act of insanity, which caused alarm, has been preceded by several symptoms which had escaped observation, and sometimes the first phenomenon of the disease has been taken for its cause. The insane often combat their false ideas, before the disorder of their reason, and the internal contest which precedes the explosion of their madness, are perceived. The most general precursor of every severe affection of the brain is a state of cerebral lassitude, presenting much analogy to that state of intellectual torpor which follows severe or pestilential fevers. There is observed in the habitual gesture of the patients, in their attitudes and movements a total absence of what may be called the consciousness of action. The brain seems to have lost its balancing power over the ensemble of the functions of the life of relation. These patients are often in a constant state of slight habitual vertigo, which they call weakness of the head, and which is frequently accompanied by debility in the limbs.

The memory is frequently impaired in the precursory period of cerebral affections. Thus, patients have forgotten the names of their friends, or of the most common things. In conversation they have difficulty in finding proper words to express their meaning, and are obliged to make us of circumlocutions. More rarely, the memory becomes more powerful; it seems to take a new flight, and reproduces, to the great astonishment of the patient and his attendants, events which had seemed to be entirely forgotten. The curious and inexplicable fact of reminiscence corresponds to the exaltation of the special sensibility of certain senses. It is sometimes observed after a slight attack of apoplexy.

Next to the impairment of the memory, and also of the atten-
tion, which is fixed with difficulty, or not at all, on objects presented to the notice of the individual, the most striking change is in volition, which is diminished. The man who has hitherto been most firm, who has shown most tenacity in his views, who has pursued the plan of his life with great determination, becomes, in a measure, like the toy of a child; those who are about him, even his inferiors, can command him. Human depravity has often taken advantage of this moral decadence for culpable ends; and the man who has hitherto most rigorously and carefully managed his affairs, is all at once spoiled of his goods, either by extorted donations, or by burdensome expenses. The public see in these cases bizarreries of character; the physiologist and the physician see in them the first expression of a pathological condition. This weakening of the will, which, according to our observations, is chiefly connected with those cerebral lesions which lead to lunacy, or to paralysis of the insane, necessitates an alteration of the judgment. This will is the result of the other faculties; and it is not because it is wanting in the idiot, or lunatic, that they are irresponsible; but rather because they are ignorant of the rules which should direct it.

There is but a slight transition from this to perversion of the moral faculties—one of the most mysterious points in psychology.

The abrupt changes which may occur in a man's tastes, in his inclination, in his manner of living, in a word, in his social aspect, are worthy of attention. Modifications of this nature, when they do appear in a slow and progressive manner, do not arise from the action of moral influences, and can only arise from a change in the nervous system. Thus it has long been remarked, that unusual gaiety in a habitually grave individual may denote the approach of an attack of apoplexy. It is the same with those who suddenly seek for noise and bustle, after having loved retirement and quietness for a great part of their life. We have known a man, aged 57, who, having up to that led a grave and even austere life, gave himself up to the pursuit of amusements unsuited to his age, and was a few months after seized with sudden and complete apoplexy (apoplexia foudroyante.) A complete change in the turn of the ideas, when it is not the result of advanced age, when it manifests itself in a short period of time, and when it cannot be traced to the action of moral influences is very suspicious. We have known a young physician who exhibited this phenomenon in a very marked manner, and who a short time after, was seized with paralysis of the insane. When we knew him three years before, he was very free in his assertions, and inclined to exaggerate; but he
had become discreet, and wary in his speech. His former condition, and the medium in which he had lived, showed sufficiently that this change could not be the effect of progressive amendment; we considered that there was some disease, and our opinion was ultimately confirmed.

It is conceivable, that the same psychological perturbation which changes the moral sentiments may likewise impair the sentiment of self-preservation; and hence that suicidal melancholy may mark the commencement of a severe affection of the brain. The disease is, moreover, very often conjoined with a lesion of the intellectual and affective faculties.

II. Premonitory Signs furnished by the Sensorial Functions.—Most of these are furnished by the sense of vision. We will merely mention dimness, the appearance of objects as if coloured red, photophobia, &c., which may indicate threatening meningitis, as well as cerebral hyperæmia; these symptoms bear an especial relation to acute diseases of the encephalon. These signs may exist several years before the explosion of the disease. Before attacks of apoplexy, impairment of vision sometimes exist in a high degree without being known to the patients, especially when, as is most commonly the case, it is not sufficient to prevent them from seeing those who are about them. The mistake is the more easy, as this symptom may be limited to one eye; the other compensating for the weakness of its fellow. Amblyopia is a frequent symptom; sometimes there is a complete blindness, as in the case of the Baron Hornestein, cited by Wepfer (Anatomia Apoplecticorum, who became blind three weeks before a fatal attack of apoplexy.

A valuable sign, belonging in some degree to what may be called the expression of the eyes, consists in a want of parallelism in these organs; it is not squinting, nor is it the look of hallucination. It seems pretty well defined by the following expression: The eyes are not in the axis of the reason. There may be certain defects in this relation pointed out between a material object and a moral fact; but those persons who are accustomed to scrutinize the human look, and to see reflected in it the different passions will easily understand me.

The phenomenon of exaltation of special sensibility, as a precursory sign of a severe encephalic lesion, is sometimes met with. It is in this case, as in other circumstances in which it is observed, one of the most mysterious problems for the physiologist. It is well known that hearing often becomes excessively acute before attacks of apoplexy. The patients, incommoded by the least noise, become irascible; they perceive distant sounds which are unheard by those who are with them. The fineness of hearing must be distinguished from the percep-
tion of strange and imaginary sounds, which is nothing but a sensorial hallucination.

The sense of hearing may present the same modifications as that of vision. Some persons are tormented with drumming in the ear, with continued or intermittent tinkling. Some believe that they hear the most strange noises. These hallucinations are by no means the constant precursors of an encephalic attack; they may be connected with simple perversions of the sensorial function.

Premonitory Signs furnished by the Organs of Motion and Sensation.—The alterations of the muscular functions present great variety, from the simple hesitation which we have already noticed, to paralysis which is complete, but which, on account of its nature and its seat we shall denominate irregular paralysis. It is not uncommon to observe a state of general languor which makes the patients seek for rest—for the far niente. Van Swieten has remarked, in treating of apoplexy: Primo oritur languor et amor quietis et oti. At other times those who are about to be attacked with cerebral disease are much agitated, and expend a great amount of activity in their movements. Dr. Tessier has lately attended a lady, aged 60, who from the critical age, has been subject to attacks every month, at the period when she used to menstruate. She loses consciousness; and after having recovered her senses, is paralysed on one side of the body, with great embarrassment of speech. These symptoms continue some days, and gradually leave her to return at the fixed period. But some days before the new attack, this lady, though usually quiet and peaceable, exhibits much agitation; she cannot remain in her place, and those who are about her always know what this sign means. In this case we recognize an example of periodic nervous apoplexy.

Impairment of muscular motion is exhibited in various degrees. It is especially remarked in the lower limbs, which seem to bend under the weight of the body, and render the gait rather unsteady. The debility is the more striking if the person be young, and has no apparent cause for it. Portal was able to prognosticate an attack of apoplexy in a gentleman apparently in perfect health, from observing a slight fixedness in the left eye, and a slight weakness in the leg of the same side. The dignitus semi-mortuus, noticed by Dr. Marshall Hall, is one of those instances of irregular paralysis, of which it is so important to determine the true signification. Some time ago, we saw the following case:—A man, aged 54, one day called on us. In conversation, he jokingly noticed a sort of deadness which he felt in the little finger of the left hand, while the rest of the hand was able to perform its ordinary functions. We
advised him to put himself under treatment: he neglected this advice. and some days after was seized with cerebral congestion, which left his faculties remarkably weakened. The *digi-
tus semi-mortuus* has shortly since been noticed in a valuable communication from Dr. Gillet de Grandmont.

Irregular paralyses, which seem to arise from exhaustion of the sources of the sensitive and motive powers, may appear under circumstances in which they do not constitute a symptom of such great importance. Such are those which sometimes follow hysterical convulsions, lead-colic, venereal abuses, &c. Here, these phenomena are connected with *transient* modifications of innervation. The suddenness of the attacks, their frequent isolation from other symptoms, their seat in parts distant from each other, while those lying between preserve the integrity of their movements, constitute the exceptional characters of those palsies which are connected with a latent alteration in the nervous centres. We must not lose sight of the difficulty of deglutition which some patients experience some time before being attacked; as well as the semi-paralysis of the vocal cords and tongue, giving rise to stammering or aphonia. The paralysis of the upper eyelids, which become oedematous, is also a sign of great value.

*General sensibility* may be abolished, simply diminished or exaggerated. The first two forms almost always follow muscular paralysis; but they may exist alone. Sensibility may be exaggerated in two forms. The patients may present hyper-aesthesia, or exquisite sensibility of the whole cutaneous surface; so that the least touch troubles them. This is an increased anormal sensibility—an exaggeration of the sense of touch, corresponding the exaltation of the sensorial faculties which we have already studied. Sensibility may also be exalted in the form of pain; and this merits our most careful attention. Violent pains, precursory of a severe cerebral lesion, have often been mistaken for neuralgia. The same is the case in treating cephalagia, supposed to be dependent on dyspepsia: and this error is more readily fallen into, as the stomach is often disordered. The diagnosis in these cases is sometimes difficult; but the duration and violence of the pain will lead to the suspicion, that there is something more than ordinary headache; and that, although the functions of the stomach are troubled at the same time, the headache is often too intense to be accounted for by the state of that organ. The patient cannot in general endure a warm room, nor the noise made by persons about him, nor even the fatigue of agreeable conversation, without suffering an aggravation of his headache. The paroxysms are sometimes accompanied with vomiting, and sometimes with
violent beating in the head. If with these symptoms we remark paleness of face, and weakness of pulse, and if active measures have been employed without benefit, we are led to suspect the presence of organic lesion.* Painful cramps are not frequent. Portal has seen patients who suffered severely from cramps in the legs before an attack of apoplexy.

Cutaneous sensibility presents other singular modes of perversion. A case is related of a man who, several months before being attacked with apoplexy, experienced from time to time an absolute loss of sensibility on five or six isolated points of the skin of the thorax, each of about the size of a five-franc piece. Here the skin might be pinched without causing any pain; beyond, the sensibility was perfect. The partial abolutions of sensation were not constant. On some days there was not the least diminution of sensibility; then suddenly, and simultaneously, it was annihilated in the isolated portions. Such unusual modifications of functions directly dependent on the brain, ought to furnish us with arguments in favor of the possibility of moral and instinctive perversions, and of their dependence, not on the corruption of the moral faculty itself, but on a latent pathological condition of the organ. Hence arises the doctrine of irresponsibility.

It is in the life of relation that indicator, signs are especially to be looked for. At the initial period of severe cerebral disease, organic life reveals few or no disturbances. The symptoms which may exist under this head only acquire value in connexion with those which are derived from the life of relation. The brain must be much affected to produce changes in the nutritive function. Excepting sleep, which is one of the confines of animal and organic life, there is not in the latter any essential functional disturbance. In the initial period, most patients have lost the power of sleep; or, if this function be performed, it is rather a fatiguing drowsiness than refreshing sleep. The digestive functions present no other special disorder than obstinate constipation, which is often difficult to be overcome by drastics. The eyelids sometimes becomes oedematous; and, in some subjects, attacks are preceded by small effusions of blood, even in the tissue of the conjunctiva. The secretions are but little altered. The urine is sometimes highly albuminous; but this is a subject for further researches.

Pathological Relaxation of the Symphyses of the Pelvis, and its treatment. By M. Ferdinand Martin.—(Translated for this Journal.)

After parturition, there sometimes exists a relaxation of the various symphyses of the pelvis; this is ordinarily produced by the patient leaving her bed too soon. As it is accompanied by various and grave sympathetic phenomena, as also by other co-existent lesions, it is not surprising that it is frequently, even by the most experienced physicians, sometimes mistaken for a uterine engorgement, and sometimes for a retroversion of the organ.

In women effected with relaxation of the symphysis pubis, the erect posture is particularly difficult, sometimes even impossible. The patients then feel an acute pain in the sacral region, with a numbness in the whole extent of the abdominal members. Generally, after making ten or a dozen steps, they are obliged to sit down. It frequently happens that the motion at the symphysis pubis, caused by walking, produces a tension of the tissues surrounding the urethra, and provokes a pressing and painful desire to urinate.

The diagnosis is rendered more certain by the following examination:—If the physician holding the iliac crests makes the patient walk a few steps, he perceives that the os innominatum upon which a small portion of the weight of the body rests, rises very sensibly, whilst the other bone sinks notably. Further, if by the aid of both hands it be attempted to produce movements in an inverse direction to the iliac bones, it is plainly perceived that there is a great want of the normal solidity of the symphysis.

Finally, if it is ascertained that the impediment to standing or walking began during the latter stages of pregnancy, there can be no doubt but that it is a permanent relaxation of the symphysis pubis, and the efficacy of appropriate treatment renders the diagnosis certain.

M. Martin has always observed that the retention of the iliac bones against the sacrum restored to the patient, in a very short time, almost the entire freedom of motion. The apparatus which he always used with success, consists of a large belt of steel, padded on the inside, embracing the entire pelvis, passing over the external iliac fossa in the space between the great trocanter and the crest of the ilium. The belt should be tightly drawn. With this apparatus, a lady who could not go up twenty steps without stopping two or three times, was enabled, after wearing it two days, to walk about a large garden alone. This, however, is not always the case. One of M. Martin's
patients could walk with the aid of the belt, but as soon as she would lay it aside progression become very fatiguing. M. Martin was of opinion that another pregnancy would produce a permanent cure, providing the patient wore the belt during the time and kept her bed for at least two months after confinement, without leaving off the apparatus. This plan succeeded, and two years after M. Martin saw his patient, when the longest walk could be taken with ease.

It is proper to state that, the disease here described is not always so grave as in the cases cited by M. Martin. He chose the worst, to show in a clearer light the character of the infirmity to which he has called the attention of his colleagues.

[Journ. des Con., Medico-Chirurg.

Experiments with the Ligature on Animals.

Doctor Hester:

Dear Sir—At your requests, I give you a succinct description of experiments made by me on living animals. The following is a faithful and correct account of said experiments, with their bearings on the actual state of Physiology and Pathology, etc.

Some years ago (I was then a student in the Charity Hospital of New Orleans) I noticed repeatedly, that patients dying in the very last stage of Phthisis Pulmonalis, offered at post mortem examination, strong thick cords crossing the cavernous hollows made by the progress of the disease. Upon close examination, I found that these cords were the pulmonary arteries obliterated in that part of the lungs. Such a pathological fact suggested the idea of applying this natural process of obliteration of the arteries in the cure of aneurisms. During my stay in Mexico, I have been able to make experiments on living animals, and such experiments have confirmed the views I entertained on the subject.

On three living sheep, I took up one after the other the following arteries: The two carotids, and the two femoral.

After the first week, I noticed in all three an accelerated process of cicatrization, without any apparent suppuration, although the wounds had not been united by sutures, or any other means. At that time (8th day) I dissected in one the part where the ligature had been applied. Here I must say, that instead of using the ordinary silk ligatures employed in the operation of aneurism, and instead of tying the arteries (as is usually done in the operation of aneurism) tight enough to cut their inner coats, I used the common tape, and pushed it loosely round the artery, as is done in the case of a seton.
After a minute dissection, I noticed there was no perceptible pulsation at the distal side of the artery. I withdrew the liga-
ture quite easily, as it did not press strongly on the artery. I
could not perceive as yet any circulation in the above men-
tioned portion of the artery. I then cut the artery across, and
observed that it was completely blocked up by a thick coagu-
lated blood (the clot observed after tying an artery in the usual
way.) Withdrawing the clot, a jet of genuine arterial blood
came out.

The week after, (16th day) I dissected the neck and leg of
the second sheep, and found that the wound was completely
 cicatrizd. There was, as in the first case, no perceptible cir-
culation in the artery below the seat of the ligature. With-
draw ing the ligatures, there was no pulsation; cutting the arte-
ry, no blood came out; the clot was firmer, and adhered to
the walls of the artery. I detached the clot with a little more
difficulty than in the first sheep, and arterial blood came out.

In the third sheep, (on the 22d day) the clot was more strongly
attached to the walls of the artery, and more firm, than in
the two first instances.

In none of these three sheep could I notice any suppurati-
on. Thinking that some inflammation and supputation would
 hasten the obliteration of the arteries, and render it more per-
fec t, I performed successively the very same operation on two
more sheep, three dogs and one calf. Instead of using simply
the tape line, as I had done in the first cases, I applied to it
some strong precipitate ointment, and took a great deal of care
in bringing daily a fresh portion of the tape line in contact
with the artery, and the parts surrounding it. It was with
difficulty that I produced inflammation and a little supputation
in the sheep, but readily produced it in two dogs and in the calf.

After the 17th day, the obliteration of the arteries was per-
fec t in all the sheep, the dogs, and in the calf.

Now, what is the bearing of these experiments in the opera-
tion for aneurism—especially in the large arteries? Evident-
ly, if performed on the human being, as I performed it on the
living animals, there is not the slightest risk of secondary hæmorrhage; which, consequently, adds considerably to the
chances of success, considering that in man inflammation and
supputation is more easily produced than in animals; such in-
flammation would, at the same time, be propagated to the dif-
ferent coats of the arteries, and, consequently, promote much
quicker the obliteration of the arteries.

Yours, respectfully, J. Piernas, M. D.
San Luis Potosi, Mexico, 1851.

On Scutellaria Lateriflora.

To the Editor of the American Journal of Pharmacy.

Respected Friend,—The article in the last No. of the Journal, page 370, by C. H. Cleaveland, M. D., on Scutellaria lateriflora, calls to mind some of my experience, coinciding with his, which I offer in hopes it may prove a benefit to some of the afflicted; and because a remedy which is not much known, or has but little reputation, requires testimony in its favor to call it into notice.

About twenty-five years ago my wife had quite a severe attack of tic doloureux on one side of her face, and as the scullcap had been a good deal spoken of as a remedy for hydrophobia, I determined to try it in this case, supposing its influence to be exerted on the nervous system. By the use of two or three pints of infusion, made with an ounce of the herb to a pint of boiling water and taken in doses of a wine-glass full three or four times a day, the disease appeared to be entirely relieved; in the course of a week or ten days, however, it returned, when the scullcap infusion was again resorted to, and continued several weeks, after which there was no return of the disease on that side. A few years after this period my patient was attacked on the other side of her face, but the diligent use of the scutellaria, as before, soon relieved her, and she has, ever since, remained free from that painful disease.

I have advised this remedy in other cases of tic doloureux, and it has had equal success in some, while in others it has failed. I have also given it in cases of tremor, from the abuse of alcoholic drink, with happy effect, and in one case of great depression of spirits produced by dyspepsia. As to the after effect of this nervine, my observation corresponds with that of Dr. Cleaveland.

Respectfully,

Wm. Stabler.

Alexandria, Virginia., 10th mo. 18th, 1851.

Fracture of the Acromion.

All physicians are aware of the difficulty of making a prompt and correct diagnosis of many injuries of the shoulder, and of the unmanageable character of fractures of the acromion, and of fractures and dislocations of the clavicle. In previous numbers of the Transylvania Journal, I have spoken of the plan adopted by Prof. B. W. Dudley in the management of fractures and dislocations of the clavicle. I now propose to explain his views in relation to other injuries of the upper extremity, and shall dwell more particularly on those, concerning which there is an acknowledged imperfection in surgery.
Fracture of the acromion process is more common than a similar injury of any other portion of the scapula. It is caused by a blow on the point of the shoulder, and may be recognized by the flattening of the deltoid outline, and by observing that the broken fragment of bone returns to its position when the arm is extended at right angles with the body. By pressure, exercised along the spine of the scapula towards the acromial extremity with the arm extended, a crepitus may generally be produced. When the arm hangs by the side, more or less pain is produced by the dragging of the central fibres of the deltoid muscle upon the fractured process. Extension of the arm, by relaxing the deltoid and permitting the broken fragment to retreat into the proper position, affords relief, and restores the natural relations of the acromion. The treatment would seem to suggest itself, after a knowledge of these facts in the history of the injury. The complete relaxation of the deltoid muscle is the only means of securing the coaptation of the fractured process, and it is perfectly evident, that the dressings recommended by surgical authors do not tend to produce such relaxation. Dessault's bandage is worse than useless; Sir Astley Cooper admits that his method will not procure ossific union, and John Bell is strangely in error when he directed the arm to be bound to the body and pressed upwards so as to render the shoulder more prominent. The effect of this treatment may be readily inferred from the fact that the shoulder is thereby rendered more prominent. The pressure of the head of the os-humeri upon the central portions of the deltoid muscle can have no other effect than to draw the fractured acromion farther out of its place, and thus defeats the prime object of treatment.

If the fracture results in ligamentous union, a long time is required for the restoration of the perfect functions of the arm. In one case that I had an opportunity of observing, the patient could, with considerable difficulty, raise his arm at right angles with the body after the expiration of 12 months; and it was not until long after that period that the perfect and ready use of the member, in those movements requiring the extending power of the deltoid muscle, was recovered.

If that gentleman had submitted to a confinement of three weeks duration, upon his couch, with the arm extended so as to relax the only muscle that tends to displace the broken bone, he would have arisen with a perfect limb.

It is necessary to secure the arm in the extended position in order to maintain the advantage while the patient sleeps. To depress the limb at any time prior to tolerably firm provisional union, is a backward movement to the starting point. By this simple resource, a fractured acromion may be perfectly
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cured, and with no sacrifice on the part of the patient, except a confinement of 15 or 20 days. At the expiration of two weeks, if the extended position has been carefully maintained up to that time, the provisional callus will be strong enough to admit of the cautious depression of the limb; but it would be unsafe to use the limb before the expiration of the fourth week subsequent to the fracture. This treatment is founded upon the mechanical impossibility of adapting any contrivance which will keep the fractured bone in position—exclusive of the extension of the arm—and upon the demonstrable proposition that by removing the traction exercised upon the acromion by the central fibres of the deltoid muscle, the broken fragment will be drawn back into proper position by the trapezius muscle and the coraco-acromial ligament.

Fracture of the coracoid process, requires no other treatment than the application of an ordinary sling, which will sustain the arm drawn forwards into an easy position in front of the chest. This position relaxes the coraco-brachialis, biceps, and pectoralis minor muscles, and permits the fractured process to retreat into its proper position.

It is remarkable that Mr. Skey barely mentions fracture of the acromion in his Operative Surgery, and says not a word in relation to the treatment. The subject of Fractures and Dislocations does not enter, at all, into Malgaigne's treaties on Operative Surgery. These are sad defects. There is no subject of more interest to practitioners generally, and in relation to which plain and simple directions would be of more service. Fractures and dislocations are presented in the every day practice of physicians while capital operations are rare.

[Transylvania Medical Journal.]

Hints on Cancerous Affections. By Professor W. Stone.

In the October number of the "Register," I called the attention of the profession to the use of the phosphate of lime and nitrogenous diet in depraved states of the system in scrofulous diatheses. Now, as it is believed that true cancer never occurred in decidedly scrofulous subjects, it is fair to infer that an opposite course of diet is more appropriate; and it is very probable that by directing our attention to the subject, we may be able to fix upon some agent that will aid in arresting the progress of this dreaded disease. Experience has shown that the least nitrogenous diet is best in this disease. In the memoirs of the celebrated Nathan Smith, written some twenty years ago by his son Nathan R. Smith, of Baltimore, are found the views

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of this remarkable man, which were based purely upon observation, without a chemical idea to theorise upon. His diet for this disease was vegetable; and of this he thought green corn the best. A case is related of a lady on whom he operated for a very large cancerous breast, involving the glands of the axilla. It was in the season for green corn, and the patient was put upon this article of diet. Sufficient was gathered when in the milk, and dried, to last until the season returned, and this made soft by boiling, and used with little or no seasoning. He states that whenever she attempted to return to her usual diet, she experienced shooting pains in the part, but finally, after two years, she gradually changed her diet. The notice of this case was given seven years after the operation, and there was no appearance of a return of the disease. Corn in this State contains, I believe, more phosphorus than any other vegetable, but whether this renders it more suitable to this disease, I am not prepared to say. Professor Bigelow, of Boston, relates a case in which diet kept a cancerous affection dormant, at least, for many years, or rather he states that it was gradually getting well. This was the case of the late distinguished surgeon Amos Twitchell, of Keene, N. H., with whom I was well acquainted. I dined with him in 1848; he furnished a good dinner for his guests, but dined himself on milk and berries. Vegetables of the blandest kind constituted his main food, but I do not think he confined himself to any one article. The disease was seated in the inner canthus of one of his eyes, was removed many years ago with the knife, but the cicatrix soon took on the same degeneration, and he relied upon diet; and although it might appear to a gourmand a very meagre diet, he was able to undergo more fatigue at the age of 64 than many young men. I mention these cases not as being remarkable in themselves, but because they illustrate the effects of diet, and at the same time cover the views of two medical men, remarkable for their powers of observation.

As a remedy to be given in aid of diet, I think arsenic, with our present knowledge, is the best. There was an able article in the London Lancet, I think in the fall of 1849, on the use of arsenic in lupus and canceroid diseases, which was interesting because it showed how it should be given to be useful. The preparation used was Fowler's solution, in doses of from two to five drops, and continued for a long time. The writer also called attention to the fact that instead of increasing the dose after long use, it should be diminished. I have always contended that alteratives, to be useful, should be given in such doses as will not disturb the natural functions. The solution is advised in such doses as will permit its use for an indefinite length of
time, without producing any manifest specific effects. I have
great confidence that this, together with diet, will exercise a
very salutary influence over this dreaded disease.

[New Orleans Med. Register.]

Dislocation of the Femur downwards, reduced after two months.
By Professor W. Stone.

Mr. B., a very athletic man, was received into my Infirmary
August 21st. He stated, that on the 22d of June, in Western
Texas, while taking shelter from a storm, the house was blown
upon him causing him serious injury, which confined him over
a month, when he was able to move, by the aid of crutches, and
finally made his way to my Infirmary. The thigh was greatly
adducted, slightly flexed, and lengthened to an unusual degree;
appearently four or five inches, and it gave great pain to move
it to any extent. The reduction was effected by making exten-
sion and counter extension, in the usual way, to dislodge
the head of the bone. The patient was placed upon his back, and
the extension made in the direction in which the limb was found.
When it was deemed that sufficient extension had been made,
lateral force was applied to the upper part of the thigh, by means
of a sheet, of which I took one end, and two strong men
the other. The body was carried laterally, the knee being
fixed by the extending band, until the limb was on a line with
the body, or perhaps a little adducted, when I put my foot
against the crest of the ilium and gave one strong pull, nearly
to my full strength, when it yielded with a sound as if lacerating
a firm tissue. The limb could be adducted and moved in any
direction, but as soon as the effect of chloroform subsided, there
commenced more pain on the inside of the thigh, and in the course
of the obturator nerver than in the joint, which lasted several
days. After the patient was put in bed, the limb appeared, in
some positions of the body, to be an inch or more longer than
the other; indeed about as much lengthened as is usual in dislo-
cation into the thyroid hole. As soon, however, as the pain
and soreness subsided, so as to allow the limb to be straightened,
a careful measurement, from fixed points, showed that it was
the same length as the other; the apparent lengthening being
produced by the obliquity of the pelvis, caused by walking upon
crutches and leaning to the sound side, to maintain the centre
of gravity. The limb was slow in recovering strength, but the
patient at the present time, walks about the city with the aid
of a cane.—[Ibid.
Subnitrate of Bismuth in large doses in Typhoid Fever. By M. Aran.

M. Moneret had previously noticed the good effects of subnitrate of bismuth in choleriform diarrhoea, and in the diarrhoea of children. M. Aran had administered it in a case of obstinate diarrhoea following typhoid fever; its success was rapid, and in twelve days the patient was convalescent when the subnitrate was administered, and that the completion of the cure was delayed only by this diarrhoea, which continued with much obstinacy. The case, therefore was one of that diarrhoea which almost always accompanies typhoid fever towards its termination, and which is most frequently connected with lesion of Peyser's plates, and with an irritated state of the intestinal mucous membrane; for at this period, the utility of alvine evacuations is indisputable, purgatives having the property, if not of abridging its duration, at any rate of preventing or rendering less intense the complications of other organs. But because this diarrhoea, while it continues within certain limits, does not present any special indication, at least of active interference, in the earlier stages of the typhoid fever, it does not follow that it should be disregarded when it lasts beyond its ordinary term, during recent, or not yet complete convalescence. Sometimes indeed, after a few days fever, appetite returns, fever diminishes, the tongue becomes moist, the meteorism disappears, the stomach is indolent, and yet the stools continue liquid and frequent, and the patients cannot bear the slightest nourishment. In this state amylaceous lavements containing a few drops of laudanum are ordinarily employed, but often without success. The physician is thus puzzled to raise the strength of the patient; if he allows food, he has to fear enteritis; if he leaves his patient to absolute diet, his strength, instead of increasing, diminishes daily; he should then have recourse to subnitrate of bismuth as a powerful auxiliary.—[Bulletin General de Therapeutique. Stethoscope.

Diuretics in Diseases of Children during Dentition. By G. W. Garland, M. D.

There never was an age when the human mind seemed to run riot in, as well as out of our profession, amidst the maze of metaphysics and speculation, so completely as the present. No sooner is a suggestion made, than the idea is thrown into the laboratory of science, and undergoes an immediate test. And of all the subjects upon which the minds of Pathologists have been let loose, towards the perfecting of none have their energies
been more praiseworthily employed, than in acquiring accurate knowledge of the character or properties of the renal secretion in disease, and in pointing out the revulsive action of diuresis in various conditions of the system.

Observation has taught us that the effect of irritation, both general and local, is to diminish intestinal and urinary secretion; that we have immediately following this, a febrile state, which if allowed to continue may quickly produce alarming symptoms and in young subjects cerebral disturbance is among the earliest. One of its most prolific sources is the irritation produced by dentition. We may safely affirm, however, that there is but little danger from dentition so long as the kidneys act freely, however distressing the symptoms may be. The same remark will hold true in most cerebral affections of children, produced from sympathy.

When there is scanty secretion of urine, the circulation and all the energies seem clogged and oppressed. And who has not witnessed the almost instantaneous relief following a free discharge of urine? The mind, as well as body, becomes more light and vivacious.

We learn then, by our own feelings, to anticipate the results which must attend the stimulation of the kidneys in many diseases.

Physicians do well, therefore, to pay particular attention to the condition of the kidneys in all febrile and irritative diseases, especially in infancy and childhood. The too common practice of combining alteratives and cathartics does well where the case is not immediately urgent; but a diuresis which will often prove critical, and always be followed by the very best results, may be promoted almost at once by a purgative, composed of senna and salts, followed by frequently repeated doses of nitrate of potassa, which I conceive to be the most simple as well as the most efficient means that can be resorted to.

In health and disease the kidneys are carrying on an active eliminatory process, and the skillful physician will avail himself of it in treating all diseases, particularly those numerous and varied febrile affections of children, during the two or three first years of their lives.

Every practitioner of experience who may chance to read this imperfect article, will have his thoughts turned back upon some little patient which caused the depest solicitude, while suffering from a tardy dentition. They will remember that while the little sufferer lay in a half comatose state, turning its head from side to side, they learned with infinite anxiety that the patient had not passed urine for the last twelve or twenty-four hours. A few hours more, and a crisis has come. The alter-
ative treatment tells by frequent, dark discharges, that the patient is under its influence. The kidneys feel its power, and respond by copious discharges of urine, when the little sufferer is, though but a few hours before, on the verge of a fatal coma, free from danger.

The object of this communication is to tell the profession, that in my opinion, this moment of intense concern and point of imminent danger may be avoided by early and repeated stimulation of the kidneys with nitrate of potassa combined, where the state of the bowels will admit, with Rochelle salts. I would not be understood to recommend the preclusion of all other treatment. Mucilages and sedatives are important, and, indeed, must never be dispensed with; but potassa is the hobby upon which I hope some member of the profession will mount, who has a less tardy pen than mine, and give me through your valuable journal, the results of his experience.—[N. H. Journal of Medicine.

**A Case of Puncture of the Stomach, with Protrusion for six hours.** Reported by Charles William Ashby, M. D., of Culpepper C. H., Va.

A negro boy, 6 years old, the property of Mr. R. B., fell upon a pair of sheep shears, which he had in his hand, whilst running down a hill. The instrument penetrated the stomach obliquely from above, just grazing the left side of the sternum and edges of the ribs, making a flap-like orifice in the integuments.

I was called in consultation by my friend, Dr. P. C. Slaughter, and found nearly the whole stomach protruded, and discharging its contents through an aperture about three-quarters of an inch in length.

Aware of the controversy which has long existed among able surgeons, on either side, as to the propriety of stitching the stomach or bowels, the everted edges and gaping appearance of the wound in the stomach made it necessary, I thought, that a stitch should be taken. To avoid irritation, as much as possible, with the finest needle and silk I ventured to take a single stitch through the middle of the wound.

Before I saw the case, Dr. S. had made some efforts to restore the organ to its natural position, but it did not occur to me at the time that I should have any serious difficulty in replacing it, at least after enlarging the orifice a little. But such was the unruly nature of the boy—his violent screaming and resistance, the nausea and vomiting which constantly attended the handling of the stomach—that notwithstanding I enlarged the orifice several times to a considerable extent, our best
efforts not only failed to restore the organ, but it seemed to protrude the more.

At this juncture, fearing the irritation resulting from further efforts, I suggested the use of chloroform, notwithstanding the necessary delay of having to send several miles for it. Whilst under its influence, I found it necessary again to enlarge the aperture slightly, and then had no farther difficulty, although the boy vomited as freely as before from handling the organ.

The wound of the integument was rather ragged in its appearance, and of course a little bruised by our efforts.

The wound of the stomach was brought directly opposite the tegumentary wound, and gently retained within its verge. A single stitch, patent lint, with cold water and a bandage, completed the dressing.

The patient was placed on his side, absolute rest was enjoined, and soon afterwards a large dose of opium was administered.

From the time of the accident until the completion of the dressing six hours intervened, and yet the boy retained his strength most remarkably.

Under the influence of the opium our patient rested well the first night.

2d day. This morning the pulse is a little excited, and face flushed—vs. to make a decided impression; and this was repeated twice during the day, and opium after each bleeding—absolute diet enjoined—but the boy desires no food.

3d. The wound had a healthy appearance, but tenderness of the abdomen and tympanitis greatly increased our fears as to the result. The pulse feeble and quick; the bowels not moved since the accident.

Turpentine enema and a succession of blisters were ordered, and after the bowels were moved the opium was resumed.

4th. Our patient evidently improved, tympanitis and tenderness diminished, pulse more quiet, countenance and general aspect of things more encouraging—takes a little hot water tea this morning, for the first time—gum water and opium continued.

5th. The wound not healed by the first intention—has a dark spot immediately over the wound of the stomach, and is discharging a very offensive sanious matter. A soft poultice, and the same prescription continued.

6th. The ligature came out this morning. The same prescription continued. From this date the boy gradually recovered, without any particular change in the treatment.

Remarks.—1st It has occurred to me, that possibly it would have been better for me to have restored the stomach, at least partially, before the stitch was taken, as I ran the risk of break-
ing out the ligature by the subsequent efforts at reduction; and I am sure that the accumulation of gas, though some escaped with an audible sound several times, did not increase the difficulty.

2d. This case was admirably adapted to the use of chloroform, and illustrates most happily its incalculable value, when used with discrimination.

3d. As your journal is eminently practical in its character, for the benefit of the younger members of the profession, it may not be amiss to allude briefly to what I conceive to be a most important principle in our profession, viz: that an inflamed or diseased organ must have rest. In this case, the stomach, instinctively sensible of its wounded and disabled condition, refused most emphatically, for four days, to receive any nourishment—not even gum water—and but very little, of anything for about ten days, notwithstanding the entreaties of master and friends, contrary to our orders.

An inflamed eye instinctively excludes the light from itself, so that the physician who interrogates nature intelligently, at once gets the idea of confining his patient to a dark room, and thus putting the organ entirely to rest. When the lungs are inflamed the patient breathes as much as possible by the abdominal muscles, and lymph is thrown out, gluing the organ to the side, doubtless to prevent motion and friction as much as possible. The same thing is true of inflamed bowels; and because some constipation, the result of this principle, exists, I have known great error—and I may say even death—to result from guarding and stimulating the organ with drastic purgatives.

This principle of rest is susceptible of very extensive application in practice; and any inflammation can be cured, I believe, to which it can be applied.

The immortal Physic, always true to the laws of nature, recognized this principle in the treatment of coxalgia and other diseases of the joints. In conformity to this important law of the animal economy, in the above case, we gave opium freely, to prevent nervous and vascular reaction; and by thus adding in keeping the wounded organ in a profound state of repose, it contributed, it is believed, no little to the favorable result.

[Stethoscope.]


It appears that Christoba Martinez, aged sixty, a Portuguese by birth, presented himself as an out patient of this hospital on
the 21st of October, 1850, suffering from the pustule maligne; he stated that he had been navigating on board a vessel laden with wool and salted bullocks' hides from Larachè.

On the 14th of the following month, Manuel Fernandez, aged sixty, a relative of the above, was admitted with a similar disease; he said he was a fisherman, and had not been near any wool or hides.

Francisco Lapena, aged forty-eight, a Spaniard, and Francisco Docarmen, aged sixty-eight, a Portuguese, both mariners on board a Portuguese vessel laden with hides and gun, were similarly affected.

Jose Pedro, aged fifteen, a Portuguese, had not been near any vessel, wool, or hides for fifteen days, but notwithstanding became affected with the disease, as did also Juan Bayestero, who had not been near the source of contagion for five days.

Juan Catania, aged thirteen, said he was standing on the wharf one Sunday afternoon, when he experienced a slight itching of the right upper eyelid, and the following morning the characteristic pustule showed itself.

On the 2nd of March, 1851, Lorenzo Pau, aged twenty-two, became affected, after being engaged in weighing salted hides on board a vessel that came from Tunis.

The disease was characterized in the above patients experiencing a slight itching in some part of the face, followed by a small pimple having a dark depressed centre, surrounded by several almost imperceptible phlyctinea, from which oozed an ichorous fluid; the glands of the neck on the affected side, but more especially the parotid, became enlarged and indurated; the head, face, neck, and upper part of the thorax were afterwards frightfully swollen and disfigured, the tumefaction having a peculiarly tense and elastic feel; the respiration was laborious, and attended with a singular croaking sound whilst the voice was of a disagreeable guttural nature.

Two of the cases terminated fatally a few hours after admission; the one with symptoms of suffocation, and the other of apoplexy; the rest had a very protracted recovery, but more particularly the first case, whose life was compromised on different occasions by extensive suppuration and sloughs having formed on the left side of the face and neck, attended with frequent alarming attacks of hæmorrhage, so much so, that on one occasion my assistants was suddenly called for by Drs. Merry and Cortes, (who had the chief care of the patient at his own residence,) and it became a question whether the carotid artery should not be ligatured; the poor fellow was spared the operation, and recovered after nearly four months suffering.

The treatment consisted in an immediate and free application
of the actual cautery to the affected spot, and afterwards the diacetate-of-lead lotion, which were sure to arrest the disorder if applied within twenty-four hours from its appearance; the bowels were cleared out by an aperient; and other symptoms, such as fever, suppuration, and sloughing, were treated on general principles.

The disease is generally considered contagious, and to depend upon carbuncles, or some peculiar virus existing in the hides at the time the animal is slaughtered, which remains permanent, and whatever preparation the hides or wool undergo, it cannot be destroyed; therefore whether sitting on a hair-bottomed chair, lying on a woolen or hair mattress, carrying a hair trunk, or wearing a woollen garment made with the affected material, exposes us to the dreadful malady; an opinion that is certainly not borne out by my experience; for it must have been observed how few became affected out of the numerous individuals that were necessarily engaged in those vessels having the hides and wool; besides, the immunity experienced by the medical men and relatives in attendance on those affected, carries some weight in favor of its non-contagious nature; but as additional proofs, I may mention that Drs. Merry, Cortes, and myself, have unavoidably had our fingers frequently covered with the blood and matter issuing from the sloughs that formed; further, I have inoculated some kittens with matter taken fresh from some of the above subjects without the slightest ill effects ensuing.

I am, therefore, inclined to suspect that insects are generated at same particular period, or under some peculiar condition of the animal, and lodge in the hide or wool, from whence they are apt to escape and seek a nidus in the skin of any other animal, which in its turn becomes affected after a short time with the poison secreted sui generis of this insect.—[London Lancet.

Chloroform in painful Micturition.

We condense from the Journal des Con. Medico-Chir. the following case, by Wm. Guisard:

My son, three years of age, affected with painful phymosis, would not attempt micturition nor defecation, through a dread of the excessive pain which these acts produced. On the 8th July last, the patient whilst under the influence of chloroform, taken preparatory to the operation for phymosis, passed water and feces remarkably freely. Twenty-four hours after, the patient not having urinated, chloroform was again administered, and was again followed by the same result as at first. At this time the child was not entirely insensible, for he knew when the water was passing, and said it gave him no pain.
Miscellany.

MOBILE, (Alabama,) Nov. 1st, 1851.

Sir:—At the last annual meeting of the "American Medical Association," I was appointed Chairman of a Committee, to report at its next session, on the "Endemic Prevalence of Tetanus." The subject is a novel one, its solution difficult of attainment and not easily controlled by any individual effort.

Permit me therefore to solicit your assistance, to the extent of your information, either from personal experience or inquiry, embracing the immediate circuit under your professional supervision. My object is not to tax you with long or elaborate replies, but simply, where admissible, to furnish affirmative or negative answers.

Your attention to the following queries, and answers seriatim, forwarded by mail to my address, on or before the 15th day of January, 1852, will not only serve the special object of the Association, but particularly oblige,

Very Respectfully,
Your Ob't. Serv't.,
A. Lopez.

1st. Are there any physical causes, in or about your locality, productive of Endemic Disease, and if so, what form does such disease assume?

2nd. Have changes by clearing of lands, change of culture, or any other circumstances, been the cause of such Endemic?

3rd. Has Tetanus been of frequent occurrence, and if so, does it hold an analogous or independent origin?

4th. Does it follow the laws which govern other climatic Endemics, in sufficient number, and simultaneous prevalence to warrant the belief of its identical origin?

5th. What form of Tetanus have you most commonly met with?

6th. The proportion of Traumatic to Idiopathic?

7th. Have meteorological variations governed the production and character of the disease?

8th. The average number of deaths from Tetanus?

9th. Have adults or children been most liable to its attack?

10th. What sex?

11th. Proportion of whites to negroes?

12th. Duration of disease previous to fatality?

13th. Interval between cause and developments?

14th. Does Trismus Nascentium ever observe an Epidemic or Endemic character?

15th. Do you consider it Traumatic or Idiopathic?

16th. Are negro or white children most liable to it?

17th. Your belief as to its origin?

18th. Proportion of deaths to cures?

19th. Have you found any form of treatment more successful than another, in either Tetanus or Trismus Nascentium?
AMERICAN MEDICAL ASSOCIATION.

Committee on the Radical Cure of Reducible Hernia.

To the Members of the Medical Profession throughout the United States:

The undersigned are a Committee of the American Medical Association to report on "the radical cure of reducible hernia." They are desirous of obtaining from their professional brethren any information that is calculated to throw light on this important and interesting subject.

They therefore take the liberty of proposing the following questions. An answer to any or all of them, or any facts connected with the branch of Surgery on which they are directed to report, would be gratefully received.

1st. Have you been in the practice of treating reducible hernia with a view to its radical cure?

2nd. Have you ever performed any surgical operation for this purpose?

3rd. If so, please to describe the operation and the mode of performing it.

4th. What proportion of cases, of all in which you have operated, has been cured?

5th. Have any alarming or fatal effects, in any instance, been caused by the operation?

6th. If so, please to describe them.

As the Report must be made at the Annual Meeting of the Association, to be held in Richmond, Va., in May next, it is desirable that the answers to the above questions should be forwarded to any one of the committee on or before March 1st, 1852.

Geo. Hayward, J. Mason Warren, S. Parkman,

Committee.

Boston, November 26, 1851.

STATE SOCIETY.

The annual meeting of the "Medical Society of the State of Georgia," will commence in Augusta on the second Wednesday in April. As we anticipate a session of unusual interest, it is hoped the members of the Association will come up from all parts of the State in their full strength. The presence of the Faculty, generally, is specially invited, and will be warmly welcomed.

C. B. Nottingham, Rec’g. Sec’y.

Macon, 12th, January, 1852.

Female Medical College of Pennsylvania.—It appears that this interesting institution has recently held its first commencement: "An efficient orchester was in attendance and discoursed excellent music. The exercises were commenced with prayer by the Rev. Dr. Brainerd,
after which Prof. T. S. Langshore, delivered an interesting address to the Graduates. The degree of "Doctor of Medicine" was then conferred by Wm. J. Muller, President of the College, upon eight ladies, who had terminated their regular course of instruction, in these words:—"Ladies, after a careful and thorough examination, on the part of our Board, you have been found fully qualified to become practitioners in the healing art of Medicine and Surgery. In the name and on behalf of the corporators of the Female Medical College of Pennsylvania, I present you a Diploma, signed by the President and Faculty, conferring upon you the degree of Doctor of Medicine, with all the honors, rights and privileges appertaining thereunto." The thesis were upon "Wounds," "Neuralgia," "Electricity," "Anemia," "Diagnosis," "True Physician," "Chlorosis," and "Influence of the nervous system on the functions of Respiration and Nutrition."

Kinesipathy.—A new system of medical practice has been introduced into Europe, and it may naturally be expected that it will be imported, and sooner or later practised among us. It would not be strange were it to supersede and take the place of homœopathy, to which it is assimilated in other points besides a common lack of science or reason. It certainly is superior on the score of economy—for though the doses to be taken in the former are infinitesimal and therefore portable and cheap, in the latter no doses at all are required, and all the mysterious movements and "shakings" are to be accomplished on the sick body itself! The originator of this improved system seems to have been a Swedish fencing master by the name of Ling, who is represented, in the Edinburgh Monthly Journal, to have been an universal genius. He was successively a graduate in theology, a volunteer in the Danish navy, a fencing master (in spite of gout in his arm,) a lecturer on old Norse poetry, history and mythology, a professor of fencing and gymnastics, a student of anatomy, physiology and other sciences, a writer of poetry, and, withal, "a man of high moral tone, pious, sincere and honest," and died in 1839 with the honors of knighthood upon him. His qualifications are therefore unquestionable! All that Ling himself appears to have really accomplished, and probably all that he claimed at first, was set forth in a work published by him, and may be considered as merely an improvement in the practice of gymnastics and calisthenics. Upon this has been engraven the system of quackery alluded to above. M. Roth, M. D., of London, who comes before us clothed with Ling's mantle, has sent out an octavo of 300 pages, devoted to the treatment of disease by "movements," alias Kinesipathy. His interpretation of the term is as follows:

"By the word 'movement,' in a medical and hygienic sense, is to be understood every change of position and difference of form, deter-
mined by time and amount, in the whole body, or in any part of it, and which may be produced by the organism itself, or by any animate or inanimate mechanical agent."

In accordance with this definition, there are a great variety of movements—quite as many as there are dilutions and potencies in the homœopathic system—and each and all possess great power over the human body, as is rendered plain by another quotation:

"Whatever exists in our body, either as a part of it or as a foreign substance, must at a certain moment have a definite shape; therefore every change of the space in one part necessarily produces a corresponding one in the surrounding tissues—a change that is thence propagated to the most remote parts of the body, and which depends, with respect to its form, upon the amount of the alteration produced by the first movement."

Lest any one should still be in the dark, however, respecting what kinesipathy really is, we copy the full definition of one of the movements and its effects. It is called the

"Chopping Movement."—Chopping consists in alternative short blows, produced by the external sides of both the operator's hands. Choppings are principally used on the posterior surface of the trunk, chest, and also on the limbs. If it is desirable that the succession produced by this movement shall be less and softer, then the chopping is done with the external edges of the two little fingers, while the other fingers are spread apart, but not kept spasmodically fast, so that they act also by striking upon the little finger.

"Chopping may be confined to one part only, or may be exercised on a larger surface, by constantly moving the position of the hands. The chopping is called a 'longitudinal' one, if the hands are moved in the longitudinal direction of the trunk or of the limb; and a 'transversal' one, if the blows are executed across the limbs.

"Effect."—Choppings produce generally a venous absorption in the capillary texture, not only of the external skin and the tendinous expansions, but also, if more strongly used, in the muscles and bones; in imperfectly paralyzed muscles they excite the innervation both of the motory and sensitive fibres. If directed on the lower extremities, on the soles, they act very well in haemorrhoidal complaints, headache, &c. On the chest or along the spine, there are efficacious specific movements in certain complaints of the chest, partly by their direct influence on the muscles of the chest, partly by the tremulous, passive vibration communicated to the lungs.

Then there is the "shaking movement," the "rising-up movement," the "letting-down movement," "transversal chopping," "vibration," &c. &c., which we have not room to describe. These "movements" are all claimed as a remedy in acute as well as chronic diseases. In gonorrhœa, even, cases are brought forward to show their great efficacy. Can quackery and imposture "further go?" It does really seem as though we might hope that "things will come right at last," when such a multitude of absurdities and inconsistencies are countenanced and supported by those who break away from,
or who never have entered, the ranks of legitimate and scientific prac-
tice.—[Med. and Surgical Journal.

_Discovery of the Male Acarus Scabiei._—One of M. Cazenave’s pupils, M. Lanquetin, has just found the male acarus scabiei upon the hand of a patient affected with the itch. It seems that this acarus had long been sought for in vain, and some works on skin diseases do not even mention its existence. As this parasite is very small, being less than half the size of the female, it had hitherto escaped detection. [L’Union Medicale. Med. News.

_Substitution of Iodated Oil for Cod-liver Oil._—M. Champouillon gave to the Acad. Méd. of Paris the following results of his experiments:

102 phthisical patients were treated with cod-liver oil. Of these, 51 were in the first stage, of which 21 were cured; 37 were in the second stage, of which 9 were cured, 3 died; 14 were in the third stage, of which 6 were cured, 4 died.

75 other phthisical cases were treated with iodated oil. In none of these did any amelioration take place; in many the disease was ag-
gravated.—[Ibid.

_Medical College of Constantinople._—This school consists of two departments. The first comprises the study of the Turkish, Arabic and French languages, Geography, History, Cosmography and Ma-
thematics. The second that of Medicine proper. Prof. of Botany, Zoology and Surgical clinic, M. Caratheodori; Chemistry and Phar-
acy, M. Colleja; Physics, M. Basilides; Anatomy, M. Warthbich-
ler; Physiology, M. Gaspard; Materia Medica and Therapeutics, M. Archigênes; General Pathology and Hygiene, M. Mavrogeni; Minor Surgery, M. Steysan-Bey; Principles and Practice of Medi-
cine, M. Fauval; Medical Clinic, M. Rigler; Medical Jurisprudence, M. Servican; Midwifery for the male department, M. Zohrab; Ditto for female do. Mehmed Effendi.

The number of students in the school is 444. In the course of the year, 11,000 persons were vaccinated there, 640 patients were treated in the clinics, and more than 160 operations were performed, about 11,000 patients presented themselves at the gratuitous consultations. [Journal des Con. Medico-Chir.

_Preparatory Medical Schools._—We perceive that our Charleston neighbors have organized two of these institutions upon quite a re-
spectable footing, and that they are to go into operation in the ensuing spring. One of them is styled the “Charleston Preparatory Medical School,” and the other “The Charleston Summer Medical Institute.” We wish them both success.
A System of Operative Surgery: based upon the Practice of Surgeons in the United States: and comprising a bibliographical index and historical record of many of their operations, during a period of 200 years. By Henry H. Smith, M. D., Surgeon to the St. Joseph’s Hospital; Assistant Lecturer on Demonstrative Surgery in the University of Pennsylvania; Lecturer on the Principles and Practice of Surgery in the Philadelphia Medical Institute, &c. Illustrated by numerous steel plates. Philadelphia: Lippincott, Grambo & Co. 1852.

The publication of the above title page alone would be sufficient to create in the mind of every American practitioner a desire to procure the work. Its intrinsic merits will secure it a place in the library of all who feel interested in Surgery. It was some time ago announced that a translation of the beautiful work of Bernard and Huette upon Operative Surgery was in preparation, but Dr. Smith has anticipated its issue by a very faithful reproduction of all the valuable peculiarities of the French work and by the addition of a very considerable amount of American matter, well calculated to make it, to us at least, the most desirable work upon the subject in our language. We were indeed much in need of a work to which we might look for the achievements of American surgery impartially and systematically set forth; and we have every reason to think, judging from the specimen before us, that Dr. Smith will accomplish this object creditably. Errors of omission will doubtless be found in the Bibliographical Index, which may be corrected in a subsequent edition, or in the forthcoming volumes. The very bungling manner in which American views and doings were thrown into the poor translation of Velpeau’s great work on Surgery, could not and did not satisfy the profession in this country.

Dr. Smith having already published an excellent work upon Minor Surgery, the present publication will comprehend—1st. General duties and Elementary operations; 2d. Operations on the Head and Face; 3d. Operations on the Neck and Trunk; 4th. Operations on the Genito-Urinary organs; and 5th. Operations on the Extremities. The volume before us contains the two first parts, and the remainder will be issued as early as practicable. This, with Dr. Smith’s former work, will constitute a whole which cannot fail to place the profession in our country under deep obligations to the distinguished author.

We are indebted to Publishers for several valuable works, which will be noticed in our next.