PART FIRST.

Original Communications.

ARTICLE VII.

Epidemic Dysentery, as it prevailed in a portion of Floyd County, Ga., in the Autumn of 1851. By Wm. C. Brandon, M. D., of Hermitage, Ga.

In view of the fact, that ours is a progressive science, and that its whole history is made up of an accumulation of isolated facts and brief records, I am induced to ask a small space in the "Journal," that I may register upon its pages a short account of an epidemic as it occurred during the past autumn. I do not propose to offer any thing new, either in pathology or therapeutics. But as the present is greatly dependent upon the past, for the present state of medical science, for the historical accounts of epidemics, the opinions entertained as to their pathology, the remedies employed in them, &c., so the future may look back to the present period in the world's history with as much interest, for faithful and authentic records in medicine, as we now do to the past. This article of itself, I am aware, may be of little worth, but when taken in connexion with other accounts of this, or even different diseases, it may not be altogether without its value; and more especially, when we remember the fact that scarcely any disease appearing epidemically at different periods, possesses exactly the same features at each occurrence of the epidemic. At one
time it may be very malignant and intractable, and upon a future occurrence be mild and readily amenable, to treatment. During the past year, two original articles on Dysentery have appeared in this Journal—one from the pen of Dr. H. F. Campbell, of Augusta, Ga., in the September number, another in the December number, from Dr. Weatherby, of Palmetto. I presume the disease (or rather the epidemic) treated of by those gentlemen, to be the same as that of which I propose to speak, bearing, perhaps, some modifications. The disease is said to have prevailed to a greater or less extent in several of the Southern States during the past summer and autumn. But as I can not say with positive certainty, that such is the fact, I shall confine my remarks to a personal knowledge of the extent of the disease; for my design is to record fact only.

The disease made its appearance in this and the adjacent counties, both in this State and Alabama, in the early summer months. It did not show itself at or near the same time in all places. Frequently it would prevail in a particular place or neighborhood for two months or more; while another point not five miles distant, would be wholly exempt, but in its turn become extensively infected, while the disease would be disappearing, or entirely arrested where it previously existed. It fell to my lot to see but very few cases during the first four months of its prevalence. The cases I did see presented nothing of particular interest, above that of ordinary sporadic dysentery, in this section of the country; and had not the disease shown itself to a considerable extent in other and various parts of the country, I should have considered them nothing more than sporadic cases. It was not until October, that the disease made its appearance to any great extent within the bounds of my practice. Although the disease had been migrating (so to speak) from place to place for four months, and frequently under a very formidable character, yet about this time (October) the type of the disease was somewhat changed, and unlike most epidemics, it became more malignant just previous to its disappearance. The disease now assumed a strictly typhoid type: this was a peculiarity which attended every case which came under my observation, whether the attack was mild or more formidable. So similar to occasional cases of typhoid fever
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were these symptoms, that it was, I learn, even by some physicians, pronounced typhoid fever; an error (if I may be allowed thus to express myself,) which might easily have been avoided, by a little attention as to what portion of the alimentary canal was bearing the onus of the disease.

In the greater number of cases, the attack came on without premonitory symptoms of any duration. The first warning the patients generally had, was severe griping pain, and sudden call to stool; the result of which was, the discharge of a small portion of blood, or blood and mucus, and occasionally of mucus alone. The frequency of dejections, or calls thereto, depended generally upon the character of the attack. In the worst cases, they were as often as every ten or fifteen minutes, for the space of an hour or two; then succeeded by an hour, perhaps, of rest to the patient, with entire freedom from pain, to be followed again by severe torments and imperious tenesmus. The color of the blood discharged was variable; sometimes it was dark or venous, generally, however, it was of a bright arterial hue. In the more formidable cases the discharges presented a spumy appearance. I believe that no case recovered where this symptom was very persistent. There was one symptom which almost invariably attended every case; that was, the entire absence of fecal matter in the evacuations, even where the patient was attacked having the stomach and bowels in an ordinary state of repletion. And in many cases, it was with difficulty that a feculent dejection could be procured by cathartics, such as were thought advisable to be employed in the disease. In this respect, the disease differed from that form which prevailed in the summer, as reported by the gentlemen above referred to, at least in some instances. One of them speaks of serous or diarrhoeal discharges, the other of feculent passages. In no single instance did I observe serous evacuations in any stage of the disease, and very seldom fecal matter until a change for the better. In one case, which proved fatal, for thirty-six hours prior to death the discharges were mixed with, and sometimes appeared to consist entirely of pus, giving out an exceedingly offensive odour.

Nausea, retching, and vomiting were present in the majority of instances. In the milder attacks, nausea was absent in a de-
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gree. The matter ejected consisted generally of the liquid which had been taken into the stomach, sometimes of a little tenacious mucus. In connexion with the excruciating pain, almost invariably referable to some portion of the colon, there was tenderness under pressure at some point along the bowels. This, however, was by no means an invariable symptom; for even in some very severe cases it was wanting to some extent. Very little tenderness was felt, in the early period of the disease in any case. The pain and tenderness under pressure was occasionally felt along the whole tract of the colon; and in fact, in some severe attacks the whole bowels with the stomach gave the same response; especially in cases attended by retching and vomiting. Tympanitis was not present in every case, but more frequent in young, than adult subjects. The febrile symptoms were of a low grade. The pulse ranged from a hundred to a hundred and forty, depending upon the character of the attack. It was always feeble, sometimes so feeble and threadly as scarcely to be counted, even in adults of ordinary constitution. The skin was dry and usually cool, except over the bowels, where frequently there was pungent heat of the surface; ordinarily the extremities were cold and could be restored to normal temperature with difficulty.

The tongue at the onset of the disease was moist, and presented a dark appearance, as if deeply stained. This dusky appearance soon seemed to extend (if possible) below the epithelium itself. Unless the attack was a mild one, the tongue gradually became dry and of a heavy dark brown color, in some of the worst cases even black, along the back part. This organ was frequently cracked, or dotted with small superficial ulcers.

In the greater number of my patients the appetite was but little impaired, except during the period when they were labouring under nausea. The thirst usually was very considerable, ordinarily the urine was scanty and high coloured. In some instances, in children, it presented a chylous or milky appearance. The body of the patient as well as the discharges from the bowels exhaled a strikingly cadaverous and sickening odour. The breath possessed the same character.

One striking feature in the disease was, the almost entire
unimpairment of the mind. Even in the most formidable cases I observed very little mental depression, or low delirium, symptoms so common in diseases of adynamic character.

In but very few of the cases which I was called to attend, did it fall to me to make the first prescription. Some had been under the care of other physicians, but the greater number had been subjected to some domestic treatment, such as castor-oil, epsom salts, some of those death-dealing patent pills, "spirits and white sugar burnt with lightwood splinters with a little mutton tallow in it, and some black root tea," often too, to the great detriment of the patient. In view of the feeble state of the pulse and coolness of the surface, I saw no case in which I deemed the lancet admissible. Cups were used in some instances along the course of the colon, but without the least discoverable advantage.

If I had reason to believe the bowels were loaded with fecal matter, my first object was to relieve them of this. My usual prescription was, an oz. of castor-oil with from 1 to 2 drs. oil of turpentine, for an adult; diminished in proportion to the age of younger subjects. Often this dose had to be repeated, sometimes twice, before a fecal dejection could be procured.

The turpentine was left out in some instances, and my opinion is, with disadvantage to the patient. I used no saline cathartics, for in every instance where they had been used prior to my visit to the patient, I believe they had acted injuriously, especially where the stomach and small bowels were implicated to any great extent. The injurious effect may have resulted from the large quantity it was requisite to employ in order to get an operation; probably if they had been used in a diminished quantity and at proper intervals the effect might have been beneficial. After treating a few cases and seeing the tardiness with which cathartics acted, I was induced to commence at the outset with mercurials; even where it was necessary to use cathartics. In connexion with the oil and turpentine, I administered 12 grs. calomel or 15 grs. blue mass, in divided doses; within 24 hours. Even that amount of the mercurial seemed to add but little force to the cathartic, it sometimes requiring two doses of the oil and turpentine with the mercurial conjoined, to produce one or two fecal discharges, and these were often small.
The mercurial was not given with a view to its cathartic effect, but as an alterative. It may at first view seem to the reader, rather heterodox that a mercurial should be used in what we term alterative doses, and for the purpose of obtaining its constitutional effects, while at the same time, cathartics are administered. But after seeing the slowness with which purgatives acted, I thought it possible that the mercury might make some impression upon the system before it would be carried off by them, and at least, it would but act favorably as an adjuvant to them. Where the stomach and small bowels gave evidence of considerable irritation the purgatives were withheld; however, in the greater number of cases, the patients had used them sufficiently before I was called. After having used the cathartics, and finding that they had been used sufficiently, my next object was to re-establish the deficient, or rather, suppressed secretions, for it appeared that few, if any were in a natural state. To accomplish this I used from 2 to 4 grs. of calomel every four hours, or blue pill 5 grs. every six hours, combining opium to the amount of 2 to 4 grs. or its equivalent in morphine or laudanum, owing to the degree of pain, every twenty-four hours. The only perceptible effect of the opiates was the anodyne. And to me, it was a singular fact that but very few of my patients showed any signs of narcotism or stupor from these doses. Where they were kept up for several days and then diminished, no headache followed, as is frequently the case. And in speaking of the symptoms of the disease, I should have mentioned that headache was scarcely ever present. In some of the cases, where the mercurial did not make its impression early, which it seldom did, I combined ipecacuanha from ½ to ¼ gr. with each dose of the mercurial. The nausea I believe, was not increased by the ipecac, even in cases where this symptom was already present. This combination, that is, the calomel and ipecac, appeared to exert a greater curative influence than any other prescription I employed. Where the calls to stool were very frequent, the acetate of lead was combined occasionally with other remedies. In some cases I employed emolient anodyne, and astringent enemata. Occasionally they showed decidedly beneficial effects, while in other cases no alteration was made in the condition of the patient.
from their use. For several days after I commenced treating this disease, it was my practice to employ blistering over the most tender points and frequently over a considerable portion of the abdomen. In view of the character of the disease, it seemed to me a decidedly appropriate treatment; but to my disappointment, (I am of the opinion,) they exerted little or no influence over a large majority of the cases in which they were used. From this opinion, I was induced to dispense with them, unless in cases where the stomach was irritable. In comparing the results of cases where blisters were, and were not used, other things being equal, the difference was not considerable. Notwithstanding such are the conclusions which my observation has induced, if a similar disease was again to come under my care, I should resort to vesication with the expectation of benefit, until facts proved the reverse.

Warm fomentations and gently stimulating rubefacients, I found to be of service. If their therapeutic effect was not great, they were decidedly soothing and agreeable to the patient. Where vesicatories were used serum collected in them, but slowly and scantily, and they soon became dry and crusty, unless some stimulating ungent was pretty freely applied. I generally applied the mercurial ointment with the object of affecting the system.

The tepid bath was freely used in the cases of young subjects; the mustard foot-bath with adults. Where the vital powers were considerably depressed, and this was generally the case, I administered wine at intervals in small quantities. I should have given quinine, believing the disease to be of malarious origin, but from the fact that the worst cases which came under my care had been treated with quinine, with other remedies, as I was informed by the friends of the patients. This was the general plan of treatment I pursued, modifying it according to the age, constitution, condition, &c., of the patient. As every practitioner is aware, though a general plan of treatment may be pursued, it must frequently be altered somewhat, according to circumstances. I lost no single case where I succeeded in making any visible mercurial impression. To do this, it was generally exceedingly difficult and in some cases failed altogether. Some patients recovered without evi-
dences of ptyalism. I think my most successful treatment was, the mercurial and ipecac combined. And should it ever be my lot to meet with such a disease again, I should place my chief reliance upon these remedies, in connexion with wine and opium. Some of the milder cases were treated almost entirely with opium.

The result of my course of treatment was any thing but flattering. The proportion of cases which proved fatal was about 25 per cent. And shocking as this may appear, it was greater success than was obtained by some who treated the same disease. The mortality in all the cases which I knew any thing of—those treated by myself, those under the care of other physicians, and those not treated at all, except by domestic prescriptions, was about 37 per cent. The condition of many of the patients was unfavorable to proper treatment, being deprived of the comforts of life, and of proper nurses. The worst cases which fell into my care had been under treatment by others, and two-fifths of those I lost, were of this number. I do not make this remark as intimating that they had been improperly treated, for they doubtless had not, so far as the physicians were concerned.

During my short experience in the practice of medicine I have met with no disease possessing half the malignancy of the one under consideration. No age or sex was exempt. The child of two years and the matron of eighty-four were alike the subjects of the disease. The majority of the patients were below the age of puberty.

Dr. Campbell, in his article before referred to, remarks it as a singular fact, that negroes were not attacked by the disease, as it occurred to him. My observation was the same at a distance of two hundred miles from where Dr. C.'s cases were located, and at a different season of the year. While the disease was prevailing, I heard of one case in the person of a negro child, in the neighborhood of my practice. It was fortunate that some class of persons was exempt where the disease prevailed so malignantly. In some instances, from the very beginning of the attack, it seemed that death had marked his victim, and the disease progressed to a dissolution of the patient in despite of any remedial measures which could be adopted.
Fortunately this form of the disease was of short duration. It prevailed so malignant but for the space of about six weeks, when the heavy rains and frosts, between the 15th and 25th of November, seemed suddenly to arrest the disease entirely. The rains and severe frosts may not have had any influence upon the disease, but I attributed its arrest to them. They may, however, have been coincident occurrences. The section where the disease thus prevailed was situated on a large creek, (the Armuchee,) and its tributaries—a region formerly considered malarious, and until within the last two or three years the location of autumnal fevers to a considerable extent. Doubtless the disease was of malarious origin. But it will require one more skilled in etiology than I am, to say why this malaria, or epidemic constitution of the atmosphere, as Sydenham terms it, did not produce remittent or intermittent fever, instead of a malignant typhoid dysentery. Was there some change in the constituents of this malaria, or could there have been a different state of susceptibility in the system of the subject, that determined the character of the disease? Was it the same idiosyncracy in the negro, which so often seems to exempt him from autumnal fevers, that preserved him in this disease?

I might have extended these remark to double the length; in fact, I might have given the history of all, or a certain number of cases in detail. But I deemed it more prudent to give a general account of the disease, treatment, &c., rather than pursue a different plan, probably to the exclusion of more interesting and important matter from the pages of the Journal. And lest such should be the case, I have endeavored to be as concise as possible.

### ARTICLE VIII.

**Extracts from the Records of the Physicians’ Society for Medical Observation, of Greene and adjoining Counties, Georgia.** By D. C. O’Keeffe, M. D., Secretary.

**January 12th, 1852. Thrush in Children.—Dr. B. F. Rea read a paper whose object was to lay before the Society some views of the pathology and treatment of a malady which presents itself, perhaps, as frequently to the practitioner as any**
other, yet is regarded by many as a disease of no great importance in a practical point of view, and even too lightly noticed in works on infantile disease.

"Thrush is readily recognized by the small curd-like deposit upon the epithelium of the lips and upper surface of the tongue, in children at the breast. It is at first of a milk-white or pearly hue, but occasionally assumes a yellowish color, sometimes covering the upper and under surfaces of the tongue, inside of the cheeks, gums and pharynx; and some authors—among whom are Armstrong, Marley, Gardien—assert that it extends quite through the stomach and intestinal canal to the anus. Having frequently met with thrush, and being interested in diseases of this class, I have, for some years, studied it attentively, and do not believe it is ever attached to the mucous membrane of the stomach and intestinal canal, although small portions of the aphthous (?) deposit may, and doubtless do, often escape into the stomach and bowels. The deposit is always found more firmly attached to the epithelium of the lips, tongue, &c.; and as the latter organ is so abundantly supplied with papillae, which, with the epithelium, seem to afford the best soil for its growth, we here find it more firmly attached than anywhere else. Again: we know that the epithelium which covers the mucous membrane of the lips, tongue, cavity of the mouth, pharynx and cesophagus, extends only to the cardiac orifice of the stomach—the mucous membrane of which, as well as that of the intestinal canal, being covered with a coating or varnish of mucous matter, not adapted to the attachment and growth of the aphthous vegetations. Some of the best authorities consider it a diphtheritic inflammation, and describe it under the heads of pultaceous and pseudo-membranous inflammation. From this I dissent. Thrush cannot be a diphtheritic inflammation, for diphtheritis (from the Greek, diphthera) means a form of inflammation in which a false membrane is formed, and characterized by an exudation of fibrinous or albuminous matter, in the form of a pellicle upon the surface of the membrane, underneath the epithelium. Now we can have no diphtheritis without inflammation, and the exudation is underneath the epithelium; whereas, we may have Thrush without inflammation, and the deposit is upon, not under, the
epithelium. Moreover, if thrush were an exudation, caused by inflammation, we would certainly sometimes see it become organized, which I have never seen; nor have I seen the unusual redness and increased heat of the mouth which are stated by some authors to precede attacks of the disease.

I do not consider inflammation even necessary to the causation of thrush; and although the deposit may often be upon an inflamed mucous membrane, yet I look upon it as a mere coincidence, and not as cause and effect. I believe, however, that if the deposit be allowed to remain undisturbed, it may excite inflammation in the epithelium, and by contiguous sympathy the mucous membrane underneath may become inflamed. The term aphthae, which is sometimes applied to thrush, is incorrect; for the very word itself leads to the idea that there is inflammation—which is true of aphthous affections, but not of thrush. Both may exist simultaneously, as I have myself seen; but they are far from being one and the same disease—one being a vesicular affection, the other a genuine parasitic deposit; and this constitutes the true pathology (if you will allow the expression) of Thrush.

The disease under consideration may sometimes occur without any general disorder of the constitution; but more frequently we find general symptoms present themselves.

The diarrhoea which is often present, and which indicates disorder of the digestive organs, bears generally a direct relation to the extent and severity of the disease. There is usually an abundant formation of acid, as indicated by the green evacuations, which are so acrid in aggravated forms of the malady as to produce redness of the anus and nates; and hence some suppose that the disease has extended through the alimentary canal. Sometimes there is vomiting of greenish acid matter.

Prof. Wood says: "Children prematurely born, or brought up by the hand, or nursed by unhealthy women, are more liable to be affected than others. In fact, whatever tends to impair the health and vigour of the infant, to induce acridity of the stomach, or other gastric and intestinal disorder, disposes to its occurrence. Yet it often occurs under apparently the most favorable circumstances, and in healthy, well fed children."

I shall proceed, as briefly as possible, to give the outlines of
treatment I have found most successful, without, however, entering into particulars. As the disease is purely local, yet as the constitution sometimes, though secondarily, suffers, we must, when indicated, use a constitutional as well as a local treatment. I look upon topical applications as forming the most important part of the cure in most cases; and indeed in the milder forms, nothing more is needed. Borax, with sugar or honey; and alum combined with some vegetable astringent, I have found to answer only in mild cases, and doing little if any good, even when persevered in, in the severer forms of the malady. In such cases, my course is to apply some alkaline lotion pretty freely for a few days, and about the best is a solution of carb. potash (§1. to §1. f. water); after this I use a solution of nitrate of silver, in the proportion of six, eight, and sometimes even more, grains to the ounce of water.

This is generally about all the local treatment that is required. A solution of bichlorid. mercury, as recommended by the German physician, Eisenmann, may be very useful, but I have not used it. When there is diarrhœa, hydrg. c. creta, or the chalk alone, will be found very beneficial. If the diarrhœa is attended with flatulence and acid eructations, and greenish curdy stools, rhubarb combined with sup. carb. soda, in the proportion of 4 or 6 grs. of the former to 6 or 8 grs. of the latter, and given in some carminative infusion, pro re natâ, (a prescription peculiar to myself in such cases,) answers better than any thing I have used. After this, astringents must be resorted to, and I have found the mineral astringents best. Of these, a solution of nitrate of iron is to be preferred. I have used this for several years. It is much more astringent and efficient than a solution of chloride of iron, and not in the least caustic, and when given in doses of 8-10, or even more, drops, three times a day, or oftener if necessary, it diminishes the irritability of the weakened and relaxed mucous membrane of the stomach and bowels.

We must not, however, lose sight of alkalies, both topically and internally, whenever the indications call for their use. I always avoid any compound into which sugar enters, either as a local application, or as an internal remedy; for the sugar is converted into acid, which favors the increase of the malady.
We may often premise our treatment with an emetic, which sometimes has a very beneficial effect."

The opinions expressed by Dr. Rea, in the foregoing essay, were at variance with the views of some of the members of the Society; but, on account of the intense cold, it was received without any discussion.

**Strangulated Hernia.**—Dr. J. E. Walker reported a case of Strangulated Hernia which occurred in the person of a young man, J. L——, aged about twenty-two. "He was a laborer in one of our manufactories, of spare but muscular form and temperate habits. First saw him at 3 o'clock, P. M., of the 14th December ult., and found him in the most intense agony of pain, which he referred to the region of the umbilicus. Upon investigation, I elicited the following:

He has been the subject of a small oblique Inguinal Hernia of the right side, from a boy, but as he had suffered little inconvenience from it, he had never before made it known even to the members of his own family. He states that the tumor has never entirely disappeared since he first noticed it, which, as will he seen, is one of its chief points of interest. On the morning of the day above stated, his bowels became relaxed, and after straining at stool, he discovered that the hernia had descended much lower than usual, and that the tumor was much larger, which, however, did not create pain until after a second evacuation. He now felt as if a cord were being drawn tightly between the testicle and navel, giving rise to excruciating pain, and causing an entire inability to return the hernia. On examining the tumor, which was small, I found it so tender that the patient could not bear the slightest pressure—the greatest pain being at the seat of stricture. So great was the suffering, that the gentlest manipulations produced violent muscular agitation, amounting almost to convulsions. He had vomited freely before I saw him, and continued retching severely, and occasionally ejecting a thick yellowish matter, with some bile, but no fecal matter that I could discover—the whole surface was cold and of a purplish hue.

In this state of things I determined to apply fomentations to the tumor, with cloths wrung out of water as hot as could be
borne, and also bloodletting was attempted but failed, in consequence of the coldness of the surface and smallness of the veins. After having used the warm applications for thirty minutes, I made an unsuccessful attempt to replace the hernia. I ordered the fomentations continued while I went to my office for medicine; and after my return, finding the patient a little more quiet, with a warmer surface, I attempted again to bleed him, but succeeded in extracting only a few ounces of blood.

I now determined to try the effects of Tart. Emetic, of which I gave him one-fourth of a grain at short intervals. The second dose having produced slight vomiting, and knowing the danger of my case being made worse by the straining of emesis, I guarded the tumor with the palm of my hand, to prevent a further descent until the vomiting should cease, at which moment I used the Taxis, and was much gratified to find that I could reduce the tumor to less than half its original size, but it could not be entirely returned. The pain was now mitigated, but not relieved. Farther interference being deemed improper for the present, I administered half a grain of Morphine and left him, with a promise to return at 7 o'clock. Dr. H. H. King, to whom I am under many obligations for his valuable suggestions and assistance, saw the case with me at the hour appointed. We found the patient about as I had left him, except that he was more composed and had less arterial excitement. He had just vomited, but without affecting the tumor. At the suggestion of Dr. King, he was placed in the warm hip-bath, and while in it, another attempt was made to bleed him. Although the V. S. was not as successful as we desired, the patient, partly from loss of blood and partly from the influence of the bath, was fast approaching syncope; while in that state he was placed in bed with the hips elevated, and Dr. King was requested to try the "Taxis," which he did for some minutes, with great pain to the patient and little effect on the tumor. I made another attempt with no better success.

The patient insisted that it was now as far reduced as it had been for years; was free from pain, except when the tumor was handled, and that in that condition, he suffered no inconvenience whatever. Accordingly, we agreed to give him half a grain of morphine and leave him for the night. On the morn-
ing of the 19th I saw my patient, and to my gratification found the tumor had entirely disappeared, without his consciousness. He had fallen asleep soon after we left him on the night previous, had rested well all night, and awoke in the morning to the pleasant reality of finding his hernia gone and himself free from pain. He was directed to keep his bed for a few days, and to have a suitable instrument for retaining his bowels in their natural cavity. I saw him in the afternoon of the same day, and found him with some fever and tongue furred. Directed him to take half an ounce of castor oil, which acted kindly; next day he walked about the house, and in a very short time was attending to his ordinary business.”

Case of Uterine Polypus, by Dr. H. H. King.—On the 19th day of Feb., 1851, I was called to see a negro woman who had been suffering for six months or more with a “misery,” as she termed it, in the lower part of the abdomen. I supposed the pain was seated in the uterus, from the fact that she had not been “regular” for some months, and as she told me she thought it was about time for the catamenia to appear. I prescribed a cathartic and warm hip-bath, which relieved her for a short time, although her catamenia did not appear. In the early part of the spring I saw her again, when she told me she thought she was laboring under prolapsus uteri. I made a digital examination, and instead of a prolapsus, I found a tumor about the size of a hen’s egg, which I partly succeeded in removing with caustics, not having a suitable instrument to operate with. On the 8th of July I saw her again. She told me, when I arrived, that she had suffered all the pains of childbirth, and, to use her own expression, “her body had come from her.” Being dissatisfied with the digital examination I had made, I found, on ocular inspection, that a polypous tumor, weighing three pounds, had been extruded. Before removing it, I requested my friend, Dr. Walker, to see the case with me. After examining the tumor and satisfying ourselves of its nature and the manner of removing it, we proceeded to take it away, which we did by ligating the pedicle as high up as we could, and cutting it through with the knife. I endeavored to procure an instrument for the removal of the attachment, but
failed in doing so. After several weeks, the ligature and a portion of the pedicle came away, and her general health improved very much. I do not look upon the case as cured, on account of the great disposition of such tumors to form again, and from not having a suitable instrument to remove the attachment. This tumor has been deposited in the Museum of the Medical College of Georgia.

Dr. Rea wished to know the nature of the polypus in question, and on being informed that it was of a fibrous character, urged an objection to Dr. King's opinion that fibrous polypi are prone to return; he (Dr. R.) thought such tumors seldom returned.

Dr. O'Keeffe said that fibrous polypi of the uterus, as a general rule, do not reproduce themselves, unless they assume a malignant character, as they sometimes do; but that fibrous polypi, in other parts of the body, may grow again.

Pneumonia treated with Veratrum Viride.—Dr. R. S. Calloway referred to three cases of pneumonia, well marked and violent at their commencement, which he had brought to a favorable termination by the use of the American Hellebore. They were treated for four or five days with the usual remedies: V. s. cal. diaphoretics, expectorants and blisters, without any mitigation of their symptoms; indeed everything seemed to portend unfavorably when he commenced the use of the veratrum viride, and in a day or two, the condition of the patients ceased to be dangerous, and their convalescence was rapid. Dr. C. uses a saturated tincture of his own make, in the dose of 12 gtt. every two hours until a decided effect on the system is manifested by nausea and a diminution in the frequency of the pulse; he then suspends its use for ten or twelve hours, after which, he repeats it as before, and so on as long as the symptoms require it. In connection with the veratrum viride, Dr. C. uses an anodyne expectorant occasionally, and aperients to keep the bowels in a laxative condition.

Dr. Rea gave his experience with the American Hellebore as favorable to the good effects already attributed to it; and added that, in his opinion, its sedative properties were owing to the nausea it induced, in the same way that ipecac, and tart. antimony are sedative.
Dr. O'Keeffe added his testimony in favor of the report just
made by Dr. Callaway, respecting the very beneficial effects
of the veratrum viride in reducing the heart's action, and as-
serted that he had rather be deprived of all other sedative
agents than the one under consideration. He did not believe
that its great controlling power over the circulation was entire-
ly owing to its nauseating effects: he thought the remedy had
a direct sedative influence over the heart and arteries through
the medium of the nervous system, for he had seen the hellebore
reduce the frequency of the pulse without any nausea or vom-
iting.

Dr. Jas. F. Foster made allusions to some interesting cases of
midwifery which had come under his observation. One was
a woman who had had nine children, intermittted child-bearing
for nine years, during which she suffered from leucorrhœa sev-
eral times—took "some medicine," and conceived again after
nine years intermission. Another case was a woman he had
attended and delivered of a full grown child without her having
any knowledge of her pregnancy. She had borne no children
for a few years, lived on good terms with her husband, in res-
pectable society, and had no reason whatever to falsify.

Urethral inflammation in the female.—Dr. D. C. O'Keeffe
read a report of a case of urethral inflammation in the female,
supposed to be caused by the continued use of the catheter for
two or three weeks. The subject was a woman of feeble con-
istitution and lymphatic temperament. Six months previous
to my seeing her, she was delivered of a full grown child after a
somewhat tedious labor. After delivery the bladder was evacu-
ated for two or three weeks in succession by the catheter, owing
to a temporary paralysis of that organ. From this time dates
the commencement of the state I shall presently describe.
Her recovery from child-bed was slow and satisfactory, with
the exception that she suffered very much from ardor urinae
and after urinating discharged some blood guttatim. For
this she took various diuretic preparations with but little, if
any, benefit to her sufferings. During this time she was under
the care of the gentleman who attended her in confinement,
and came under my care in the above condition.
Prescribed the tripple syrup of buchu, uva ursi, and pareira brava, lunar caustic injections into the urethra, and leeches to vulva and perineum. Of these but the first was used, owing to the patient's own objections, and the ext. belladonna was recommended as a substitute, which latter proved of no benefit. While under the use of the above diuretic syrup, she was entirely relieved from ardor urinae and hematuria, but on discontinuing it, the ardor would return and continue a few days and be followed by the hematuria. She continued this remedy for four months without any suffering while taking it, but on its discontinuance, the same result would ensue that did at first.

Seeing no prospect of permanent benefit from the syrup, she at length consented to use the lunar caustic, to which she objected solely through fear of its severity. A solution of lunar caustic \( \frac{1}{2} \) gr. to 1 oz. was injected into the urethra, but three times with a glass syringe, and no return of the disease has been experienced since. The pain in urinating, was quite severe after the use of the caustic, but it soon subsided and returned no more. She used none of the syrup after the first application of the caustic.

Remarks. In this case we see exemplified the error of not yielding immediate and implicit obedience to the physician's prescription; for to her own reluctance to use the caustic may be fairly attributed her long and needless suffering. The present and beneficial effects of local applications of nit. silver to affections of the mucous membranes are also illustrated in the case before us, as well as the inutility of treating such affections with constitutional remedies. And from it, I would also draw the practical inference, that the promiscuous treatment of gonorrhœa in the female, by means of vaginal injections, is incorrect and indefinite, inasmuch as the vagina, the urethra or the cavity of the uterine neck may be each respectively the seat of the gonorrhœal inflammation; hence the use of the speculum is indispensable to a correct diagnosis, and consequently to a correct mode of treatment.

The cause of the urethral inflammation in the case just reported was attributed by the patient and friends to the long continued use of the catheter, and I think, in all probability,
with good reason, as the patient and husband were altogether above suspicion in a moral point of view. There was an error of omission, perhaps, in her management in childbirth (as stated by herself and husband,) which consisted in suffering the bladder to become so distended before resorting to catheterism that it became entirely paralysed temporarily, thereby prolonging the necessity for the use of the catheter. So that the whole difficulty might have been prevented had her attending physician obviated by the intervention of art, the supervention of the condition that rendered necessary the long continued use of the catheter.

In bringing these remarks to a close, I would wish to call the attention of the Society to the abnormal effects of cod liver oil on this patient, which she took, the year following the date of the above notes, for general debility. She lost in weight, but gained in density of the muscular system.

ARTICLE IX.

Medical Statistics of the last Georgia Census. By John S. Wilson, M. D., of Muscogee county, Georgia.

There are some facts revealed by the last Census in Georgia, of such a striking character, that they cannot fail to engage the attention of the medical profession; and I have therefore compiled the following table (which has cost me much labor) for the benefit of the readers of the Journal. The facts alluded to above, and which will be disclosed by the table, are these—viz: 1st. That the Middle Counties of Georgia are less salubrious than the Southern ones, contrary to the common opinion. 2nd. That Georgia, taken as a whole, stands unrivalled in salubrity, giving less than twelve deaths in one thousand persons. 3rd. The table will present some striking facts in connexion with the health of different counties, which are sufficiently remarkable to engage the attention of all who wish to find a healthy location. I have divided the State into three parts—Northern, Southern and Middle—giving the total population of each county, and the number of deaths during the year 1850, together with the proportion of deaths in each Division, &c.—as follows:
A fraction over 7 deaths in 1000 persons. Least mortality in Cobb, which gives the remarkably small mortality of 1 3/4 or near that in 1000 persons.

### Article X.

**Cold Water in Puerperal Convulsions.** By G. W. Booth, M. D., of Carrollville, Mississippi.

In the year 1848, I was called early one morning to see Mrs. E. W., wife of P. W. On my arrival, I was informed that she had been in labour for several hours. She was about 18 years of age, short stature, and of ruddy appearance. This was her first pregnancy, and I was informed by the old midwife who was in attendance that the labour appeared to progress favorably till a short time before I was called in. The patient's friends had discovered some convulsive twitchings about her face which alarmed them, and I was consequently summoned.

The waters had been discharged sometime before I saw her. On examination, I found the head at the inferior strait presenting naturally, and the soft parts in a favorable condition. The
Pains appeared to be effective. Soon after I had made an examination, the muscular twitchings about the face deepened into the most terrific general convulsions I have ever witnessed. She was delivered in a few minutes after the accession of the convulsions, of a fine healthy girl, of average size. I was in hopes, after this event, that some mitigation, at least, would take place in the symptoms. In this, however, I was disappointed, as the convulsions continued to recur as before. She remained perfectly unconscious, from the first severe paroxysm, throughout the course of the disease. I put into vigorous play all the usual remedies for this formidable disease, but without influencing it materially. I continued this treatment till late in the evening. I now despaired of the patient's life, and announced the fact to her husband and friends. As a dernier resort, I determined to try the effect of cold water, applied by pouring it freely over the whole system. To carry this treatment into effect, I had her taken from the bed and laid on the floor, with a quilt under her and a sheet thrown over her body. I then, from a large pitcher, poured water, fresh from a well, over her, from head to feet, for several minutes. After the application of the water, I had dry clothes put on the patient, and she was replaced in bed. In the course of half an hour after this she awoke from the stupor, which had existed since morning, perfectly rational, and had no return of convulsions after the water had been used. She now had no recollection of anything that had taken place since the first convolution, and appeared to be surprised to learn that her child was born.

There was inability to pass of her urine, and I drew off a large quantity with a catheter—the state of her bladder having been unattended to in the earlier part of her labour. I used the instrument but once, as she was able afterwards to evacuate the bladder without its aid. She had a fine "getting-up," and was as well in a few days as is common after the most favorable labours.

Mrs. W. has borne two children since, without any untoward circumstance attending either labours.
PART II.

Eclectic Department

Some Remarks on the recent Discovery, that the Chief motive Power of the Blood is in the Lungs and not in the Heart, and its application to useful Purposes. By Samuel A. Cartwright, M. D., of New Orleans, late of Natchez.

I have elsewhere detailed the experiments proving, by ocular demonstration, in the vivisection of alligators, made in this city, that the chief motive power of the blood is in the lungs, and not in the heart. Animation was restored by artificial respiration, after the animal experimented on had been perfectly dead to all appearances for about an hour. Organic as well as animal life had been destroyed by tying the trachea. It is a remarkable fact that tying the trachea is the only means by which that animal can be expeditiously killed. They will live for days after decapitation, or immersed in water, but speedily die when the trachea is tied. After life had been, to all appearances, completely extinguished, the heart, lungs and abdominal viscera were exposed to view by a careful dissection. The inflating process was then commenced. The blood, at length, was seen to move from the vessels of the lungs to the quiescent heart—thus proving that the primum mobile and chief motive power of the blood are in the lungs and not in the heart. Dr. Dowler, who performed the vivisection, supposed that atmospheric air imparted to the globules of the blood a self-locomotory. According, however, to the theory of Mrs. Willard, of Troy, to test which some of the experiments were made, it is the caloric evolved in the transformation of venous into arterial blood that gives the motion. Be this as it may, the important discovery that the primum mobile of the blood and its chief motive power are in the lungs, rests not on theory, but on ocular demonstration, repeated again and again. Mr. Crawford, long ago, attempted to explain the phenomena of animal heat by supposing that the caloric, generated in the lungs by respiration, was conveyed through the arterial system in a latent state to all parts of the body, and was there given out in the form of sensible heat. The foundation of this theory was the greater capacity of arterial than venous blood, for caloric. His premises were denied by Davy and the most of his co-temporaries—but subsequent observations have proved them to be correct in the main. Mrs. Willard's theory of the motive powers of the blood rests upon the same basis as that of Mr. Crawford's doctrine of calorification—the different capacity of arterial and venous blood for caloric. The theory
itself is not the subject under consideration, but only in its main proposition, that the chief motive power of the blood is in the lungs, and not in the heart. Whatever be thought of the theory itself, it has the high merit of having announced a most important truth, which is proved by ocular demonstration, and will stand as an important discovery, whether the reasoning that led to it be correct or not.

I propose to make some remarks on the application of this important American discovery to useful and practical purposes. Lord Bacon truly says: "For of all the signs of philosophies none are more certain and noble than those taken from their fruits. For fruits and the discoveries of works are as the vouchers and securities of the truth of philosophies." "As it is in religion that faith be manifested by works, philosophy should be judged by its fruits, and held as vain if it prove barren."—(Nov. Org., Sect. iv. 73.) The discovery that the chief motive power of the blood is in the lungs, and not in the heart as Harvey supposed, I propose to show will not prove barren, but rich in useful fruits—"the vouchers and securities for its truth." Lest, however, some errors which have crept into physiology, may prevent any portion of those physicians, who are not too old or full of prejudice to receive a new idea conflicting with their former opinions, from seeing and believing in the discovery, it may not be amiss to surround it with some of the highest authorities in medicine, each holding a light so closely to it, as to convince the sceptical that it rests on the rock of the latest revealed truths in science, and not, as they might gratuitously suppose, on idle speculations behind the times.

Among the authorities, Sir Benjamin Brodie stands foremost and closest, he having, many years ago, come very near stumbling on the discovery. He killed a cat, i. e. paralyzed the action of the heart and lungs, with the poison called woorara, and then by dint of artificial respiration, kept up for two hours and a half, brought the animal to life. He saw so far into the mystery of the motive power of the blood, as to ascertain that the heart's action depended upon the action of the lungs; and hence the experiment with the cat was to see whether life might not be preserved by artificial respiration until the effect of the poison on the nervous system had time to wear away. Sir Benjamin's idea was good, and true as far as it went, but it did not reach the main truth of the discovery first announced in Troy, and subsequently demonstrated in New Orleans. Although he brought the cat to life, he had no suspicion that the chief motive power of the blood was in the lungs, and that the heart performed a subordinate part in giving it momentum. His experiment, however, went far enough to prove, that Bichat
and some other physiologists, in supposing that the blood continued, for a time, to circulate through the lungs by the action of the heart after respiration ceased, only becoming unaerated after the lungs ceased to act, fell into a great error, which for many years misled investigation from the true path of inquiry.

Dr. Kay, however, deserves much credit for correcting the error, which he has done by proving, that as soon as respiration stops, the blood begins to stagnate in the pulmonary capillaries, because it ceases to be transformed from venous to arterial. In the language of the new philosophy, because its motive power is taken away by the cessation of the process of arterialization, therefore it stagnates. Dr. Kay ascertained the fact, but he could not divine the cause. His researches do not go far enough to detract from the merits of the discovery, but they furnish sufficient light to show that it rests upon scientific truth.

Baron Cuvier, the highest authority in natural philosophy, brings the light of that science in support of the new doctrine, that the chief motive power of the blood is in the respiratory organs. His great work, called "Animal Kingdom," revised by Latreille, article Reptilia, says—"The blood derives its heat and the fibre its susceptibility of nervous irritation from respiration." Not only that, but his other great work—"Lecons d'Anatomie comparée," abounds with proof of the intimate relation of muscular motion and nervous influences, with respiration as their source and spring. Speaking of animals, he says, "Chacune de ses classes jouit de la faculté de se mouvoir précisément dans le degré qui correspond à la quantité de la respiration."—(Vol. I. p. 52.) The blood could not derive heat from respiration without deriving more or less power of motion; because caloric is not inoperative. Those who object to the truths of natural philosophy as authority in medicine, forget that the former is the root of the latter. Hence objections, drawn from medical theories, should have no weight when brought against the truths of the mother science.

Harvey discovered the course of the circulation of the blood, but he did not discover the chief power that moved it. His discovery was incomplete, as it erroneously placed it in the heart instead of the lungs. In consequence of this radical error, the science of medicine has not been as much enriched by the discovery of the circulation as was anticipated, as it only served to lead the blind into a dazzling and uncertain light—whereas the discovery that the chief motive power of the blood is located in the lungs, and not in the heart as was erroneously supposed, has opened a rich field for improvement in physiology, pathology, and in the more successful methods of treatment in
disease. Before Dr. Bassi, charged, by the scientific congress lately held at Genoa, to explain the reason why silk worms fed on indigo leaves have a blue color imparted to the membranes between the parietes of the air-tubes, can give a satisfactory explanation of that phenomenon; and before Prof. Bryan, of Philadelphia, can interpret the experiments he is now making on papilios, they will have to look into the anatomy and physiology of those insects, brought into the light furnished by the discovery locating the motive power of the blood in the lungs. The dorsal vessel, called the heart, according to Cuvier, has no muscularity, although these insects have upwards of four thousand muscles. M. Lyonet counted in the caterpillar, called the cassus ligneperda, 4041 distinct muscles. The heart has but one artery, and that artery no branches. The muscles have no blood-vessels distributed to them, nor is there any cellular membrane between the layers of their fasciculi, being parallel and without attachment except at their origin and insertion—resembling hairs tied at their two ends. There are no veins, but more nerves than in the human body, viz: 47 pair in the papilios. Every part of the insect is pervaded by tracheal branches penetrating to the extremeties of every appendage of the body; yet in the interstices between the tracheal vessels the nutritive juices, which the experimenters found colored in those worms fed on indigo leaves, are carried by some unknown agency to all parts of the body—no doubt by the same spring or locomotive power which in man is the primium mobile of the blood.

But it is not so much in explaining mysteries in entomology that the discovery is valuable, but in leading the way to important improvements in therapeutics and other practical and useful sciences. Thus before roses can be planted on the pallid cheek, it is important to know in what way healthy red blood can be soonest made, warmed, depurated and kept in motion. Before the "young idea can be taught to shoot" with vigor, it is all-important that a current of red healthy blood be distributed to the brain—the organ of thought. The same important agent, red healthy blood, is absolutely necessary to give tone, vigor and symmetry to the body, and to prevent it from falling an untimely prey to consumption and other ills. But it is not so generally known, that red healthy blood is just as necessary for the full development and integrity of the moral faculties as the intellectual; and under this aspect, the discovery of its motive powers has strong claims to the attention of theologians. Church history bears witness, that "the stony ground" where the seed of Christian truth takes no deep root, is the very ground trod by a people whose blood is vitiated by
idleness, filth, impure air and unwholesome diet. Instance, the indolent Hindoos and other inhabitants of populous Asia, breathing the impure air of crowded hovels without sufficient food or clothing. Instance, the idle eaters of ant eggs and caterpillars, overspreading Africa, and the denizens of the cellars of London. Education, therefore, in its broadest sense, physical, moral, religious and intellectual, is essentially and indissolubly connected with red healthy blood. Hence, when Mrs. Willard indicated one of the chief ways, by which red healthy blood could be made at will, and that every child could be taught to make it for itself, she was not, as it was supposed, out of her province, as the head of a renowned institution of learning, but standing on the broad platform of her profession, and directing the building of a permanent basis for it to rest upon throughout all time. In forming that basis, she naturally looked into the science of physiology for certain materials in regard to the motive powers of the blood; and not finding them there, after going as far as Harvey went, she brought that science back to natural philosophy, the parent from which it sprung, which receiving new strength and increase therefrom, readily conducted her to the hiding place of the materials she was seeking—a golden fleece, more valuable than that of fable. If some medical men gained her for overturning things on the altar of Harvey, it was because they had not reflected that the empire of science, so long encroached on by empiricism, calls for enlargement, and that America, like Rome, needs a Minerva. Surely the almshouse, the hospital and the sick room, is too small an empire for the numerous votaries of the comprehensive science of medicine—a science, like the Crystal Palace, embracing almost everything worthy to behold in its study, but narrowed down in its practical exercise to a few common-place duties, associating it in the public mind with nothing but nauseous drugs, making it the terror of the people, and in too many instances driving them from its advantages until the fear of death is upon them. So much knowledge, with a field too small to call a tithe of it into requisition, requires the extension of the practical sphere of its operations, and that sphere will need enlargement until it embraces in its practical boundaries, not only therapeutics, hygiene, &c., but the art, long sought after by the ancients, of making the old younger, children healthy, men vigorous, and women pretty. This art has always been imperfect; its basis or starting point—a knowledge of the motive powers of the blood and the ways and means of making red healthy blood at will—having been unknown. While the erroneous hypothesis of Harvey prevailed, that the heart, whose action is not under the will, was the primum mobile and chief motive power of the
circulating fluids, instead of the lungs, which are under the will, there was no known way, except through the slow and uncertain process of diet, change of climate, exercise, or a course of medicine, by which the vitiated, cold, impoverished circulating fluids could be reached, depurated, or rendered red, warm and healthy. Body, mind and morals had to suffer all the effects of deteriorated humors as a necessary evil—the direct road to purify the blood through the respiratory organs being unknown, from incorrect theories of the power that moved it and the location of that power.

The true doctrine on this subject was no sooner promulgated, than I reduced it to practice, and have made it tell well as a valuable adjuvant in the treatment of many diseases, particularly those of a chronic kind, and the cold, phlegmatic ailments so common among females in hot climates. Some complaints, especially acute inflammations, require repose of the respiratory organs, absolute rest and a spare diet; while the great mass of chronic and congestive disorders are greatly benefited by their activity. Thus in pleurisy, the curative process of nature prevents full respiration by piercing the side with pain whenever the ribs are expanded; because the motive power of the blood being in the lungs, full breathing would aggravate a complaint consisting in too much heat and momentum. On the other hand, the cold, congestive and torpid affections require increased activity of the lungs to heat, redden, and vivify the circulating fluids. Full breathing in the open air and sun light is beneficial to children of infirm constitutions, and applicable to most of the diseases and infirmities peculiar to females, greatly assisting other necessary remedies, as malaxation, friction, inunction, bathing, &c., to improve the complexion, to prevent the hair from falling out, and the teeth from decay.

There has been a fearful increase of consumption and female complaints, and a large field opened for dentists, since the old-fashioned spinning wheel, called the big wheel, has been laid aside. In ancient times the women ground at the mill—that is, turned a horizontal stone with an upright staff for a handle, requiring them to stand up and to use both hands. Two women grinding at the mill, standing opposite to each other, was one of the best species of exercise to expand the lungs and to depurate the blood, without giving coarseness to the muscular system and no doubt greatly contributed to the health, grace and classic beauty for which the ancient women were so renowned. The discovery of the motive power of the blood, and the location of that power, will be a good antidote against the folies of Bloomerism, enticing women to assume indiscriminately the avocations of men. Most of these avocations would make them coarse,
Reproduction of Lactation.

rough and masculine in appearance, like the weather-beaten female peasantry of Europe. The discovery is valuable as a key to find those species of exercise, which do not give coarseness, deformity and masculineness to the general muscular system and its tegumentary covering, but softness, symmetry, agility and grace, united with health, as the wheel and the mill-stone formerly gave. A substitute for the last-mentioned exercises is yet a desideratum. Mrs. Willard’s substitute of early rising and running backward and forward before an open window, moving the arms and expanding the chest, is a very good one, but is defective in not being associated with some visible object of utility, and consequently somewhat difficult in being generally practised to a sufficient extent. The inventor of some species of play or kind of work, requiring similar movements, would be entitled to the thanks of the community. It could be improved by being performed in the morning sunshine, as sunlight is particularly beneficial to youth in strengthening their constitutions.

It was a rule in Egypt to bestow divinity and consecration upon the inventor of any useful remedy or thing; and as instinct oftener than reason led to discoveries, the Egyptian deities were mostly in the form of reptiles and other animals of the brute creation. But if America, like Egypt, Greece and Rome, is to have mythological divinities, I am sure that none will object to their coming in the form and likeness of woman. Hence I have no apology to make to the profession, of which I am a humble member, for giving in my adhesion to an important practical truth in science, first announced by an American lady, long famous for her erudition and intelligence, and for the number of our country’s fair daughters who have been refined and polished by her hands.—[Boston Med. Journal.

Report of three Cases in which Lactation was reproduced by the application of the Child to the Breast. By Ariel Bal-lou, M.D. (Read to the Rhode Island Medical Society.)

Case I. In the autumn of 1836, Mrs. J. G., aged between thirty and forty years, of sanguine temperament, robust constitution, and the mother of several children, was confined. The presentation was natural, and no unusual circumstances attended her delivery. Subsequently she suffered from an attack of phlegmasia dolens in both of the lower extremities, attended with high febrile action, and, as is usual in such cases, extreme suffering. The secretion of milk ceasing early in the disease, the child was removed to a wet nurse, with whom it
remained three or four months, during which time there was no return of milk. In the spring of 1837, the family being about to move a short distance from the village, where they could enjoy a better air and a more unrestricted exercise, the mother was anxious to take her infant with her, but did not like to deprive it of the advantages of the breast during the then coming warm season. I advised the mother to take her child and apply it to the breasts in the same manner she would do if she had a flow of milk, assuring her it was my confident opinion that in two or three weeks she would have milk, and a sufficient quantity, at least her usual supply.

She did so, and in about two weeks the secretion of milk was reproduced. She continued to nurse her child for more than a year, producing her accustomed quantity of milk.

Case II. Mrs. N. D., aged about twenty-five years, was confined in December, 1841. Nothing worthy of note transpired during her confinement and recovery. In April following her child weaned itself, in consequence of a sore mouth. Her milk soon entirely disappeared. In July following I was called to see her child, which was suffering from an attack of cholera infantum. Having lost several children about that time from this disease, I expressed my regret that the child was deprived of the benefits of the breast, adding, that in my opinion its chances of recovery were diminished in consequence.

The mother was informed of the course I had advised in other cases where it was desirable to reproduce the secretion, and of the results. On my visit the succeeding day, she informed me that she had applied the child to the breast, and that it nursed and seemed pleased and more quiet; but she was not aware that any milk was obtained or that she had any for it. I advised her to persevere in the application of the child to the breasts, which she did, and the child recovered, and in the course of a week or ten days obtained a full supply of nutriment from the breasts.

The mother continued to nurse for months with as full and perfect a secretion of milk as though no interruption in the secretion had occurred.

The following case I report as having an important practical bearing on the treatment and disposal of a class of cases which occur in our community at the present day, to cure which or otherwise dispose of satisfactorily to the physician, is often found difficult.

Case III. Mrs. O. H. H., aged about twenty-one years, of feeble constitution and nervo-lymphatic temperament, was confined in July, 1847. Previous to her accouchment she was troubled with chronic aphtha, red canker, or with that condition
of the system which is well known as "sore mouth attendant on pregnancy and lactation." Nothing unusual occurred at the time of delivery. No considerable loss of blood was sustained. As in similar cases, there was a remission of diarrhœa and sore mouth for a few days after accouchment, giving rise to a hope that, being relieved from the condition of pregnancy, she would recover the powers of digestion and the assimilation of nutriment, so as to enable the system to sustain the calls upon it consequent to lactation. But in the course of ten or twelve days after accouchment the sore mouth and diarrhœa returned with increased violence, producing great debility. The secretion of milk was copious. Her pulse 120; the tongue flabby; there were frequent copious dejections of yellowish water, the face and extremities bloated, &c. Fearing the worst results for my patient, I advised the immediate removal of the child from the breasts of the mother to those of a wet nurse, at the same time informing the parents that on the recovery of the mother she could at pleasure reapply the child to the breasts and have a full supply of milk, and be enabled to perform all the duties and functions of a mother for an indefinite period of time. The child was given in charge of a wet nurse, the milk gradually disappeared, and the patient recovered under the use of tonic remedies and a generous diet. Between two and three months after this the mother called on me, having the appearance of restored health, and inquired if she might now take her child home with a hope of realizing my former assurances that she would be able to reproduce her milk. I assured her there was no doubt in relation to such a result, and her ability for the future to nurse her child. She took the child, applied it to the breasts, and in the course of two weeks had a good supply of milk.

I met her some nine months after, when she informed me she was happy in the enjoyment of good health, and, to use her words, she "had as good a breast of milk as if she had never dried it up."—[American Jour. of Med. Sci.

Retro-Pharyngeal Abscess, its Medical History and Treatment, &c., By Charles M. Allen, M. D., Resident Surgeon of the New York Hospital.

[A reprint from the New York Journal of Medicine, of an article with the above title, deserves condensation for our readers.]

Position of Abscess. Between the posterior wall of the pharynx and the cervical vertebrae.

Acute Abscess, Predisposing Causes. Same as predispose to the formation of abscess in other parts of the body; may be
the result of hereditary scrofulous taint, of the poison of syphilis, of long-continued habits of intemperance, of difficult dentition in children, of scarlatina, variola, &c. &c.

Exciting Causes. Exposure to cold, followed by inflammation of the pharynx itself, which, terminating in suppuration, deposits the pus between the pharyngeal fascia, and the muscles lying upon it; or inflammation of the lymphatic glands behind the pharynx, where these glands are found to exist, or by a foreign body, as a fish bone, passing through the posterior wall of the pharynx and forming the nucleus of abscess, or by retrogression of erysipelas, stricture of oesophagus, rheumatism, &c.

Chronic Abscess. Predisposing causes of the same character as in the acute form of the disease.

Exciting Causes. Caries or tubercular disease of the cervical vertebrae, progressing nearly in the same manner as psoas abscess.

Symptoms of Acute Form. Local uneasiness, stiffness in the back of the neck, chilliness, succeeded by febrile excitement; though fever is not an invariable attendant, the chilliness being continuous. In young children convulsions are sometimes present, often oedematous swelling of the anterior and lateral portions of the neck; as the disease advances soreness of throat is increased, and a sensation of a foreign body arrested at the base of the tongue is experienced; respiration difficult, voice nasal, cool perspiration about the head, pulse always quick and very frequent, though sometimes full and forcible. In children the dyspnœa often produces convulsions, which speedily terminate in death.

Attempts to swallow or to lie down increase the dyspnœa, and the somnolency or coma when present. The tongue is spasmodically thrust out when the patient is requested to show it, and returned with considerable difficulty, though it is often protruded from the mouth without the ability to return it.

The internal surface of the mouth and throat is congested with swelling of the tonsils and epiglottis, and an ovoid tumor may be felt by the finger pushing against the posterior wall of the pharynx, and in some instances, separating the alæ of the thyroid cartilage of the larynx. If death results, it is caused by asphyxia, or by spontaneous opening of the tumor, its contents deluging the air-passage.

Symptoms of the Chronic Abscess, are usually symptomatic of some constitutional disease, mostly traceable to hereditary taint. Pain in the back of the neck increased by moving the head, and often most severe in the after part of the day. As the disease advances, these symptoms become more marked, resulting in complete closure of the jaws. In such cases, the cavity
of the abscess is liable to follow a more extended route, terminating sometimes in the mediastinal space, or again between the deep lateral fascia of the neck.

After (sometimes a long period of time) the dyspnœa, dysphagia, &c., appear as in the acute variety, but often attended with a low typhoid form of fever, which terminates in death unless promptly and skilfully treated.

For want of space we pass over the diagnosis, prognosis, and pathology of the disease, as presented by Dr. Allin, and proceed to state the treatment, which is divided into surgical and medical.

Surgical Treatment. Make a free opening into the cavity of the abscess, as follows: support the head of the patient firmly, pass the forefinger of the left hand into the mouth, raise the velum palati, and press the point of the finger against the tumor; then open with a common scalpel or bistoury, the blade being covered with sticking-plaster, to within half an inch of its extremity. The incision should be free, at first, to avoid the necessity of repeating the operation.

Medical Treatment. Apply emollient and soothing poultices, fomentations, &c., to the neck; after the discharge has ceased the local application of an astringent gargle, as follows:—

[Bi-boratis sodæ 3ij; Tinct. myrrhæ f 3j; Syr. simplicis f 3ss; Aqua puræ f 3vjss; Misce.]

The condition of the general system may need tonics, and even stimulants, but it is not usual to administer, where the appetite is good, and the patient's strength may be sustained by a generous system of nourishment.

The pamphlet contains, in addition to what has already been stated, a statistical table of fifty-eight cases.

[New Jersey Med. Reporter.]

On some of the Causes of Pericarditis. By Dr. John Taylor.

In this communication, which appeared in the "Medico-Chirurgical Transactions," vol. xxviii. p. 453, the main object of the author is to determine what are the principal causes of pericarditis, and to ascertain their frequency, both absolutely and relatively to each other.

He does not profess to investigate all the causes of pericarditis. He has first inquired what were the causes actually observed in all the examples of the disease which have fallen un-
der his notice; in the next place, he has investigated more in
detail, their frequency, both absolutely and relatively to each
other, as well as some other of the circumstances connected
with each of the causes so observed; lastly, he has examined,
incidentally, the influence of the same causes in producing in-
flammation of other internal organs, both in connection with,
and independently of, pericarditis.

The cases of acute and severe pericarditis examined are 35
in number. Of these nineteen occurred in the progress of acute
rheumatism; ten in connection with Bright's disease of the
kidneys; three others may have had Bright's disease, but if not,
the cause is unknown; one occurred with malformation of the
heart and consequent cyanosis; two were produced by the ex-
tension of inflammation from a neighboring texture,—in one
from the liver and diaphragm, and in one from the left pleura.

These severe cases of pericarditis may again be conveniently
subdivided into two smaller groups.

1. Those occurring in persons previously in good health, or
in the course of an acute disease; and 2nd. Those occurring in
persons in bad health or in the progress of some chronic disease.
A remarkable and important difference will be found in these
two divisions, in relation to the causes of the disease. Of 29
cases examined, with a view to this difference, sixteen belong
to the first, and thirteen to the second, of the two divisions just
described. Of the cases in the first class all were complicated
with acute rheumatism, and none of them, so far as is known,
with Bright's disease. Of the cases in the second class, only
one was complicated with acute rheumatism; whereas fully two
thirds were known to be associated with Bright's disease, and
all of them may have been.

The two great causes of pericarditis, therefore, appear to
have been acute rheumatism, and Bright's disease of the kid-
nens. The author next enters into some considerations inten-
ded to show that these two diseases owe their power of inducing
pericarditis to the same ultimate cause, viz: an alteration in
the composition of the blood; but he does not attempt to deter-
mine, whether the alteration in the blood be essentially the same
in relation to the production of pericarditis, in the two diseases
referred to. If it be assumed that the pericarditis, which was
associated with cyanosis, likewise depended upon the state of
the blood in that disease, it will then appear that only two gen-
eric causes of the inflammation of the heart were observed in
thirty-five cases under consideration, viz: a morbid condition
of the blood, and extension of inflammation from a neighboring
texture.

The author next examines the cases of adhesion of the peri-
cardium, and of white spots upon it, with references to the causes of the inflammation producing them; and he arrives at the conclusion, that in every case in which any information is given upon the subject, there had previously been either acute rheumatism, or pleurisy, or there was found actually existing, either Bright's disease, or some other disease of the kidneys.

The two chief causes of acute pericarditis which were thus observed, viz: acute rheumatism, and Bright's disease of the kidneys, are next examined with more detail.

1. Of Acute Rheumatism as a cause of Inflammation in the Heart. The frequency of acute rheumatism, as an observed cause of pericarditis, has been already stated; it was observed in two-thirds of all the cases of the latter disease.

Of seventy-five cases of acute rheumatism, treated by the author in University College Hospital, thirty-seven, about one-half, had, morbus cordis of some kind or degree; the rest had probably none.

Among these seventy-five cases of rheumatism, there occurred six of acute pericarditis of considerable severity, besides two very slight cases. The proportion of the former, therefore was one in twelve and a half cases. In the same seventy-five cases of rheumatism, there were thirty-two cases of valvular disease of the heart, either old or recent, besides two known to be recent. There was, therefore, one case of valvular disease in about every two cases of rheumatism.

The author next compares these results with those of various writers upon the same subject, and from this comparison he concludes—

1. That acute inflammation of the heart has occurred less frequently, as a complication of acute rheumatism, in his experience, than it has been believed to occur in the experience of those writers whose opinions seem to have been most generally adopted by the profession.

2. That the frequency of inflammation of the heart, even in his cases, has been such as abundantly to show the great influence of acute rheumatism in its production.

An attempt is next made to ascertain the real amount, and the causes of the difference between the observations of the author and those of the writers referred to. The result, as it respects most of these writers, may be briefly stated to be,—

1st. Of Pericarditis. In those instances in which such data have been given as enable us to compare similar cases, the results are very nearly the same. In various instances, however, no comparison can be fairly made, either from the want of figures, from the mixing together of cases of endocarditis, and of pericarditis, or from a great difference in the age of the subjects.
With respect to *Endocarditis*, the discrepancy is much greater than in the case of pericarditis, and one of the chief causes of the difference appears to the author to be, that most writers have given the proportion of cases of valvular disease in acute rheumatism in such a manner as implies (when it is not directly stated) that they were all cases of acute disease—omitting, therefore, to distinguish the proportion of them which were of older date.

The proportion of cases of valvular disease of all dates observed by the author is nearly the same as that observed by the chief writers referred to; but he attempts to show,—

1st. That the greater number of these are examples of old valvular disease.

2nd. That, at all events, in most cases it is very difficult to distinguish when the disease is recent and when old; and, 3rd. That, as far as he has been able to ascertain, acute endocarditis is less frequent than acute pericarditis in rheumatism.

The frequency of morbis cordis in chronic rheumatism is next inquired into, and compared with that in acute rheumatism and from this inquiry it appears, 1st. That the total number of cases of morbis cordis, old and recent, is nearly the same in the two kinds of rheumatism. 2nd. That acute inflammation of the pericardium and of the endocardium is much more common in cases of acute than of chronic rheumatism.

The frequency of other internal inflammations in the course of acute rheumatism is next examined, and compared with that of inflammation of the heart, and the result is that the last mentioned inflammation exceeds every other in the frequency of its occurrence.

The next subject of examination is—the circumstances which favor the occurrence of inflammation of the heart in the progress of acute rheumatism.

1st. *Metastasis.* Metastasis of the rheumatism did not occur in any one of the cases observed; hence it is inferred that this is not the ordinary nor even a frequent mode in which rheumatism produces cardiac inflammation. It does not, however, follow from these facts that metastasis never takes place, and it is attempted to be shown that its occasional occurrence is both consistent with theory and established by observation.

In this part of the paper the author refers—1. To some cases of rheumatism in which the inflammation of the heart appeared before that of the joints. 2. To some cases of what has been termed "rheumatic fever without arthritis," *i.e.*, cases presenting all the symptoms of acute rheumatism except the affection of the articulations. 3. To one of his own cases in which he thinks it probable that there have been acute rheumatism, and
in which there was pericarditis, but no affection of the joints throughout.

2nd. Form of the Rheumatism. Adopting the divisions of rheumatism given in the treatise of Dr. Macleod, we find that all the cases of rheumatic pericarditis occurred in connection with the fibrous as distinguished from the capsular form of rheumatism. In estimating the influence of this circumstance, however, it is necessary to remember that the fibrous variety of rheumatism is much more common than the capsular.

3rd. Intensity of the Rheumatism. From the cases examined, it appears to result that the violence and fatality of rheumatic pericarditis, are generally greater in the cases in which the accompanying rheumatism is very acute than in those in which it is sub-acute. Whether pericarditis be more frequent in the more severe than in the less severe form of rheumatism, the author's cases do not enable him with confidence to determine. As far as they go, however, they are opposed to such a view, for three-fourths of the examples of rheumatic pericarditis occurred in subacute rheumatism.

4th. Stage of the Rheumatism. In more than half the cases of rheumatic pericarditis, the affection of the heart appeared on or before the fourth day of the disease. With one exception, the pericarditis did not appear sooner in those cases in which it was very severe than in those in which it was much less severe.

5th. Influence of Repeated Attacks of Rheumatism. In the cases examined, pericarditis was found to be both more frequent and more severe in the first than in subsequent attacks of rheumatism.

6th. Previous diseases of the Heart. Ten out of fifteen patients had no previous disease of the heart, and among these were found all the most severe cases of pericarditis.

7th. Age. Of fifteen patients, nine, or about two-thirds, were only twenty years of age or under; five were between twenty and twenty-six; and one was about forty.

8th. Sex. Of fifteen patients, nine were males and six were females. It is necessary, however, to remember that rheumatism is more common among men than women.

9th. Influence of Venesection. Twelve of the patients had not been bled before the pericarditis appeared; the remaining three were bled, one eleven days, one five days, and one three days, before the pericarditis supervened.

Mode in which Rheumatism produces Pericarditis. Upon this question the author adopts the following hypothesis as consistent with all the facts he is acquainted with:—

The cause of acute rheumatism is probably the presence of
some morbid matter in the blood, which has an especial affinity
for the fibrous and fibro-serous tissues of the body, and which,
by fixing itself in one or more of these, induces various local
inflammations. The similarity of the structures implicated, is
probably the reason why rheumatic pericarditis or endocarditis
often occurs at the same time with or succeeds to rheumatic
inflammation in the joints, just as rheumatic inflammation in one
joint occurs with or succeeds to that in another; and the heart
is more frequently (?) and more severely affected in severe cases
of acute rheumatism, for the same reason that more joints
are affected and more severely affected, and also that more fever
is present in such cases; which reason may not improbably be
a greater abundance of the materies morbi in the blood.

II. Of Bright's Disease of the Kidneys as a Cause of Inflammation in the Heart. We have already seen that of thirty-five cases of pericarditis, Bright's disease was the only assignable cause of the inflammation in thirteen, or more than one-third. It remains to institute the corresponding and complementary inquiry, into the frequency of pericarditis and endocarditis in Bright's disease.

1. In the bodies of fifty patients, who had either died of Bright's disease or who were ascertained to have this disease in an advanced stage, acute pericarditis was found in 5, or in 1 out of 10, and acute endocarditis in 4, or in 1 out of 12.

2. On the other hand, in 142 bodies, in which the kidneys were not affected with any appreciable disease, acute pericarditis was found in 4, or in 1 out of 35, and acute endocarditis in 2, or in 1 out of 71.

Pericarditis and endocarditis, therefore, being four times more frequent in fatal cases of Bright's disease, than in fatal cases without renal disease, it seems clearly to follow that the influence of Bright's disease in producing these inflammations is unquestionable and great.

III. The frequency of other internal inflammations in fatal cases of renal disease, is next examined and compared with their frequency in fatal cases without renal disease. From this comparison it appears,—

1. That the proportionate number of acute internal inflammations, exclusive of those of the heart, is twice as great in the series of cases with renal disease, as in that without such disease; the numbers being respectively ninety-six and forty-two per cent.

2. That the proportion of patients, likewise, among whom these inflammations were distributed, is greater in the former than in the latter series of cases; the numbers being respectively sixty and thirty-six per cent.
Hence we may safely infer, that Bright's disease has a great tendency to produce other internal inflammations besides those of the heart.

IV. A further examination of the same facts shows, that the relative frequency of various internal inflammations, is different in fatal cases of Bright's disease and of other diseases, taken indiscriminately.

The following are the various inflammations inquired into, arranged in the order of their frequency, as they were calculated to be due to renal disease, or to the causes operating in other fatal diseases.


V. From a comparison of the numbers given in this paper, we may calculate the tendency to produce various internal inflammations of the causes operating in fatal cases of Bright's disease as compared with those present in cases without renal disease. If we use the term Bright's disease, to represent all the causes operating in fatal cases of Bright's disease, and then compare these with the causes in operation in fatal cases without any renal disease, we shall find that Bright's disease produces:—1. Endocarditis, almost 5 times as often as all other causes put together; 2. Cerebritis, fully $3\frac{1}{2}$ times as often; 3. Pericarditis, fully $2\frac{3}{4}$ times as often; 4. Pneumonia, just 5 times, as often; 5. Pleuritis, just $\frac{3}{4}$ times as often; 6. Meningitis, 3 times less frequently; 7. Peritonitis, 100 times less frequently. The author next inquires into the comparative efficacy of acute rheumatism and of Bright's disease, in producing pericarditis and other internal inflammations.

In comparing these two affections, we meet with some difficulty, arising from the fact that one of them is an acute disease and is seldom fatal, whereas the other is chronic and generally fatal. It appears to the author that the best mode of avoiding this difficulty is, to compare fatal cases of Bright's disease with ordinary cases of acute rheumatism. If the object were to ascertain the proportion of cases, in which traces of previously existing inflammation were found, this method would be objectionable, because the one disease having run a much longer course than the other, it would have had much more time to produce any inflammation which it had the power to produce; but, if cases of actually existing inflammation alone be counted, then the objection does not exist, and the result should not be far from the truth.
Of seventy-five cases of acute rheumatism, eight, or one in nine and a half, were complicated with pericarditis acuta. Of fifty fatal cases of Bright's disease, five were complicated with pericarditis acuta—or one in ten.

Hence, Bright's disease in the advanced stage, and acute rheumatism, appear to have caused acute pericarditis in an equal proportion of cases.

An examination of twenty cases of old adhesion of the pericardium, however, shows, what the considerations stated above might have led us to anticipate, that old adhesions of the pericardium have been produced twice as often by Bright's disease, as by previous attacks of acute rheumatism.

From considerations which could not readily be made intelligible in this abstract, the inference is next drawn, that acute rheumatism has a greater tendency to produce pericarditis than has Bright's disease in its earlier stages, and consequently that the tendency of Bright's disease to induce pericarditis, and probably also other internal inflammations, increases in proportion as the affection of the kidney is more advanced.

The conclusion thus arrived at is quite in accordance with the modus operandi of Bright's disease in producing local inflammations, which has been assumed in an earlier part of the paper; for, if this effect of renal disease depend upon a morbid condition of the blood, arising from the excessive accumulation of urea, we should expect the effect to increase in proportion as the structure and the functions of the kidneys, and the consequent composition of the blood, deviate more from the healthy condition.

In conclusion, some remarks are made upon the probable occurrence of pericarditis in other blood diseases, besides those observed by the author.

Likewise some observations on the importance of the constitutional or predisposing causes of inflammation, as distinguished from the exciting causes.—[Abridgment from Braithwaite's Retrospect.

Cases of Synovial Articular Inflammation of the Knee, treated successfully with Urate of Ammonia.* By W. E. Horner, M. D., Prof. of Anatomy in the University of Pennsylvania, Senior Surgeon of the St. Joseph's Hospital, etc.

The liniment of ammonia is so well known in the treatment of chronic articular affections, that its character may be consi-

*This paper was originally read before the Academy of Natural Sciences, on Tuesday December 9th, 1851, though now published by preference in a Medical Journal.
dered as settled; but my attention has been only lately called to the still higher powers of urate of ammonia, an article which though sufficiently offensive to the olfactories, has a strong compensating quality in the efficiency of its action. My first observation in regard to it was the result of having accidentally been called to a poor woman who was in a state of unremitted and excruciating suffering, day and night, but especially during the latter period, from a chronic inflammation of the knee joint, attended with considerable swelling and tenderness, and some degree of redness. I made to it the ordinary applications of cold fomentations, and evaporating lotions, enjoined rest, attended to her diet and the state of her bowels, and gave opiates at night in the shape of Dover's powder. After ten or twelve days of attendance, in which no progress was made to a cure, I was much gratified on a visit to find that the pain had ceased suddenly, and that the preceding night had been spent in great ease. The strong expression of satisfaction on my part, led to a communication from her, with many apologies for herself, that, finding the disease so little abated, she had been tempted to try the remedy of a simple friend, who had been remarkably improved by it in a similar attack. This remedy was a poultice made of human urine, thickened with potter's clay, and put on as warm as one could bear it; and to be repeated when it got dry. She declared to me, that this rather indelicate application had relieved her of all pain in a few hours. The fact of relief was incontestible; the question was in regard to the remedial agency of the article employed, and I therefore determined to make some experiments on the value of ammonia in combination with fine argillaceous earth.

Having a similar case shortly afterwards, in the St. Joseph's Hospital, I tried in it a solution of muriate of ammonia formed into a poultice. No very distinct or satisfactory result followed, and it was discontinued. Having the idea still in my mind, and wishing to be satisfied about it, but reluctant to employ the article resorted to by the poor woman, I determined to find my urate of ammonia in some other form of an easy kind, and for that reason adopted the guano, which has so large a proportion of phosphate of lime, urea and of urate of ammonia in it. A female patient, aged 34 years, Mrs. C——, from Tamaqua in this State, who had for more than a year labored under inflammation of the right knee, was put under my charge at the St. Joseph's Hospital, Oct. 8th, 1851. She had been well attended to by Dr. Scherner, who had conducted her through the most acute period of her complaint. The joint had suppured, and she came to town with a small fistulous orifice on the inner side of the knee, through which a probe could be easily passed
between the tibia and os femoris. From this there came daily a spoonful or more of matter, when a plug was withdrawn from the orifice. She still suffered great pain at night, the part was tender, and was in continual uneasiness, and she had some slight fever in the afternoon. Here was exactly the case to try the efficacy of urate of ammonia, as naturally formed in animals. I accordingly obtained some guano, and had it made into a hot poultice with clay. The joint was kept enveloped in the poultice with frequent changes, for nearly the remainder of the month, at the end of which time a very marked improvement had taken place in the amount of pain, and also in the degree of swelling; and the purulent discharge had almost ceased.

The application produced a very copious vesication of the knee, and it had to be weakened to reduce the caustic qualities. Having conducted this treatment as far as seemed necessary, the skin was permitted to heal. Some little pain recurring afterwards, she was blistered for it; that getting well, the emplastrum calefaciens was applied, and the leg was also kept supported by an extending band on the ankle, and a counter-extending one on the thigh, their action being sustained by a splint on the outside of the limb. At the end of six weeks, November 25th, she has left the hospital without pain or uneasiness in the knee. The joint is in a state of false ankylosis, and straight. I have covered the knee with emplastrum adhesivum, and secured it in that position with strong paste board splints, moulded to the knee; and have recommended her to keep it so for two or three months, until all danger of secondary suppuration be removed. Probably at the end of this time the judicious use of frictions and of Stromeyer's screw splint, may impart some flexion to the limb.

The Hospital record sheet shows the following details of dates, which may be inserted in this place:

Oct. 9. Poultice of guano, (urate of ammonia) and potter's clay, equal parts.

Oct. 10. Poultice has blistered. It was discontinued, and simple cerate applied.

Oct. 11. Patient has less pain; soreness of knee reduced, and not so much swelling. A poultice with one-third of the urate of ammonia, and two-thirds potter's clay.


Oct. 14. Quantity of urate reduced to one-fourth of poultice. Treatment continued pretty much in this state to near the end of the month. Vesication by Emplast. Cantharid. about this, but omitted on record.

Oct. 28. She was permitted to eat as she pleased.

Nov. 5. Emplastrum calefaciens.
Nov. 12. Discontinue emplastrum calefaciens, and re-apply the urate of ammonia as on 14th October.

While this case was in progress, another occurred in a boy who had the knee joint opened by a cut of half an inch or so in length. Synovial inflammation followed, with the ordinary symptoms. Its usual acute-period was passed through, under the depletory antiphlogistic treatment, and with evaporating lotions to the part. The disposition to fall into the chronic state, attended with tumefaction was relieved by five days use of the same argillacious, uro-ammoniacal poultice.

The Ward sheet exhibits the following entries in regard to this case: Patient, Timothy Roach, aged nineteen years, admitted September 23d, a day or two after accident. Knee painful and stiff, somewhat swollen. Rest and fomentations of warm water directed on that day. Also loss of ten ounces of blood from arm.

Sept. 24. Local bleeding by scarified cupping. Fomentations continued.

Oct. 4. Warm fomentations to this date; in the mean time an evident articular effusion has occurred into the synovial membrane of the knee. A blister plaster 4 inches by 4, was then applied.


Oct. 7. The patient so much relieved from pain as to be permitted to leave his bed and promenade with a crutch.

Oct. 9. Some aching and tumefaction indicated a persistence of articular irritation. The poultice of urate of ammonia (guano) one-fourth, potter's clay three-fourths, was then applied hot, with frequent renewals to the 14th of October, at which time all the symptoms were relieved. The patient was discharged cured on the 15th.

The above cases are reported much in outline. I shall continue, as opportunity offers, to test the value of the above remedy, and also compare its results with other remedies. It appears to me to have some special qualities, which are of a highly beneficial kind in the affections alluded to. It is so active a revulsive when applied strong, that I have no doubt of their being many cases of serous inflammation in which it may be usefully resorted to. I would here suggest a trial in puerperal peritonitis and in pleurisy. I see no objection except the odour.

The poultice of guano and clay dries very quickly, so that it is better to shield it with oiled silk or India rubber cloth. The clay I look upon as simply a vehicle, but it may also have some physiological action from its physical properties in regard to moisture.
The analysis of the best guano, by the chemist, presents the following constituents, which are mentioned here for facility of reference. The proportions will vary according to their atmospheric exposure and to the degree of adulteration in trade. As it is an expensive article for agricultural purposes, it has become common to reduce its chemical relations by the addition of common earthy substances:

- Uric acid, thirty per cent.
- Uric acid with ammonia.
- Carbonate of ammonia.
- Muriate, oxalate, and phosphate of ammonia.
- Free ammonia.
- Phosphate of soda.
- Phosphate of lime.
- Sulphate of potash and soda, and oxalate of lime.

It is the large quantity of ammonia in it which makes it so active a stimulant to vegetable growth, and so disagreeable to the smell. It, however, is not so intolerable medically, as assafetida, an article which we have but little hesitation in prescribing.—[Medical Examiner.

On the Pathology of some Affections of the Ear which induce Cerebral Disease. By Mr. Toynbee.

Mr. Toynbee has presented a memoir to the Royal Medico-Chirurgical Society, in which he has endeavored to specify the diseases of the ear which are liable to extend to the brain, as well as to show that each division of the internal aural apparatus has its particular division of the encephalon to which it communicates disease. He states, for instance, that—1. Affections of the external meatus and mastoid cells produce disease in the lateral sinus and cerebellum. 2. Affections of the tympanic cavity produce disease in the cerebrum. 3. Affections of the vestibule and cochlea produce disease in the medulla oblongata. In speaking of the external meatus, its intimate relations with the lateral sinus and cerebellum are pointed out; the affection most frequently producing disease in these parts is shown to be catarrhal inflammation of its dermoid layer, one of the numerous diseases which have hitherto been classed together under the term otorrhoea. This affection of the external meatus is fully described; and it is shown that it is found to endure during many years, without the presence of pain, or any other symptom calculated to apprise the surgeon of the presence of a formidable disease, while the bone may be becoming slowly carious, and portions of the dura mater and cerebellum disorganized. In the second division of the paper,
the tympanic cavity is described to be the part of the ear from which disease is most frequently propagated to the brain. This circumstance is accounted for, firstly, by the great liability of the mucous membrane of the tympanum to undergo pathological changes; and, secondly, by the existence of very intimate relations between this membrane and the dura mater. The affection of the tympanum which most frequently produces disease in the cerebrum is chronic catarrhal inflammation of the mucous membrane, an affection thus far only known as an otorrhoea. The four changes in the dura mater and cerebrum produced by the affections of the tympanum are—

1. Inflammation of the dura mater, and its separation from the surface of the petrous bone by serum.

2. Ulceration of the dura mater, and its complete detachment from the petrous bone.

3. An abscess in the substance of the cerebrum.

4. Undefined suppuration of the substance of the cerebrum.

From a careful examination of cases, it appears that chronic catarrhal inflammation of the mucous membrane of the tympanum may exist as many as twenty or more years, without the production of any disease beyond it, or at least, without the existence of symptoms by means of which the presence of such disease can be diagnosed; nevertheless, in the great majority of cases vital structures become sensibly affected in a much shorter period. In a third section of the paper the author devotes some space to the consideration of the labyrinth, and it is shown that purulent matter in the vestibule or cochlea sometimes causes disease of the auditory nerve, which is transmitted to the medulla oblongata, producing suppurative inflammation of the meninges, and death, without the presence of any caries of the bone. In the course of this paper the author shows the necessity of abolishing the use of the term otorrhoea, and of using in its place the names of the several diseases, eight in number, of which a discharge from the ear is one of the symptoms. In conclusion, the facts which he is desirous of impressing upon the minds of medical men are, that the bone, dura mater, and substance of the brain may be slowly undergoing disorganization, without the presence of any other symptoms calculated to reveal to the medical man the existence of formidable disease than the presence of a discharge from the external auditory meatus; and that, consequently, no person suffering from catarrhal inflammation of the dermoid layer of the meatus, the membrana tympani, or of the mucous membrane of the tympanum, can be assured that disease is not being prolonged to the temporal bone, the brain, and its membranes; and that any ordinary exciting cause, as an attack of fever or
influenza, a blow on the head, &c., may not induce the appearance of acute symptoms, which, as a general rule, are speedily fatal.—[Medical Times.

Anti-Syphilitic Agents, to replace Mercury.

In the Comptes Rendus des Scéances de l'Acad, des Sciences for the 3d of November, 1851, we find a note on this subject by M. Edouard Robin, followed by experimental researches, by Dr. Vicente.

M. Robin, reflecting on the fact that the mercurials, used in the cure of Syphilis, did not probably exert any peculiar action on the system, but removed the disease by entering the circulation and destroying the venereal virus, was led to the belief, that other substances, besides those which had been employed hitherto, might be found, which would exert the same power over the poison.

All the anti-syphilitic remedies at present known, belong, according to M. Robin, to the class of anti-septic substances; and pertaining to the same class, two compounds appeared to him eminently worthy of trial in this disease—these are the bi-chromate of potash and the sesqui-chloride of iron.

Accordingly he invited a very experienced practitioner, M. Vicente, to study experimentally the action of the bi-chromate of potash, and the results at which he arrived were very favorable. We insert the resume of the observations of M. Vicente:

"1. The bi-chromate of potash is undoubtedly an anti-syphilitic agent, and acts with more energy and rapidity than the mercurial preparations.

"2. In the three cases in which I have administered this new therapeutic agent, the patients have experienced no inconvenience, except perhaps some nausea at the commencement, particularly when they neglected to drink water after the pill, in order to prevent the slight local irritation; but with this precaution, and the addition of opium, as a corrective, the stomach soon tolerated the bi-chromate of potash, which, being completely soluble in water, may be administered in a draught or pill; taken after a meal the pills have never caused either nausea or vomiting.

"3. The bi-chromate of potash being soluble, its absorption into the system is complete and almost instantaneous; hence the rapidity of its therapeutical action, even in doses of a quarter of a grain.

"4. The bi-chromate of potash does not appear to be anti-plastic in its action like mercury; it did not cause salivation, diarrhoea, or any particular phenomena."
"5. Consequently, if these facts be confirmed by subsequent experiment, this agent will advantageously replace the mercurial preparations."—[Transylvania Med. Journ.]

Report of a fatal Case of Tetanus following the ligature of Hemorrhoids. By James Bolton, M. D. (Read before the Medical Society of Virginia, at its October meeting.)

M. C., colored female æt. 35—married; has suffered intensely from piles since the birth of her first child fifteen years since.

Oct. 6. A mass of about the size of a hen's egg protrudes from the anus, and separates the nates.

Operation.—The patient was fully anæsthetized. The mass was so vascular that merely sponging with cold water caused the loss of about half a pint of blood in a few minutes.

It was divided by sulci into three tumors. A needle was passed through the base of each, carrying a double ligature, which was tied on both sides of the tumor.

In forty-eight hours nearly the whole had sloughed off. Chlorine wash was applied to correct the fact or and to promote healthy action.

On the fourth day a moderate dose of sulphur and bitartrate of potash was ordered to remove constipation caused by opium used to allay the pain which was produced by the ligatures.

About three or four times the quantity ordered was given, and produced violent hypercatharsis. This was not checked until it had lasted several days, owing to neglect of directions.

On the 11th day the patient felt remarkably well until night, when she suffered from cramps of the hams.

On the 12th day there were symptoms of decided tetanus. Ordered morphiae sulph. gr. ss.; quinine di-sulph. gr. x. every second hour. Chloroform to be used as often as necessary to subdue spasm. Directions not attended to until night.

Observing some fecor from the anus, applied injection of strong solution of nitrate of silver.

13th day. Spasms continue when free from the influence of chloroform. Some tendency to sink. Inability to swallow. Directed mercurial inunction extensively. After relaxing the patient completely by chloroform, passed a stomach tube and injected morphia sulph. gr. i.; quinine sulphate 3i. and brandy oss. Only one spasm occurred after this, but the patient continued to sink, and died without a struggle in about four hours. A post-mortem examination was not permitted.

Remarks.—Up to the time that hypercatharsis was produced,
the patient was doing very well. Pain had ceased and the appetite and spirits were good. From that time pain returned, accompanied by physical and mental depression. It is therefore highly probable that the irritation of the part, together with general exhaustion, which no doubt caused the tetanus, was really due to the improper administration of medicine to the patient, already in a critical condition from the operation.

Stethoscope.

Strychnine and Turpentine in the treatment of Cholera  By J. Howes, M. D., Resident Physician of the Commercial Hospital, Cincinnati.

From the last of April to the middle of June, there were ten cases of cholera in the Commercial Hospital, nine of which died under the treatment usually adopted in such cases. These cases were mostly far advanced, as indeed, are nearly all those brought to the Hospital.

The success following this treatment was so small, that I concluded none could be much less, and therefore considered every case of cholera a legitimate subject for experiment; and as it devolved on me, in the absence of the attending physician, to prescribe for all patients who came into the wards over which I, as resident physician, had charge, I tried the effect of several different remedies upon persons attacked with cholera, and finally settled upon the following:

R.  Strychnia,  gr. ss.
    Spts. Turpentine 3 ii.
    Mucilage,  3 viii. M.

Dose, table-spoonful, to be given every half hour, until the discharges have ceased, and perfect reaction is secured.

This treatment, with the consent of the attending physician, has been made use of in the last twenty-five cases of cholera which we have had in the hospital. Of these cases, ten were in a state of perfect collapse; twelve had a perceptible pulse, but otherwise manifesting all the phenomena of collapse; and three had a warm dry skin, and a pulse of nearly natural fullness, with vomiting, purging, and cramps, the discharges presenting the appearance of rice water.

Of these twenty-five cases, three did not react at all, four died of consecutive fever, and eighteen recovered.

In some of the worst cases, we repeated the dose every fifteen minutes instead of half hour. One of the most desperate took three and a half pints of the mixture, in forty-eight hours, and
recovered. None of them manifested any of the poisonous effects of strychnia.* We made as much use of external applications in our first cases, as in the last. Frictions of all kinds we always found to exhaust very much those patients who were in, or approaching very nearly, collapse. In a few cases we have made use of sinapisms or blisters.—[Western Lancet.


Dr. Von Mauthner, Director of the Hospital, St. Amne, of Vienna, has employed for some time the extract of Beef's Blood in the protracted Anæmias of children. According to this distinguished practitioner a large number of diseases are caused by an Anæmic state, rather than is generally believed, by irritation, and ought, therefore to be treated by other than antiphlogistic means. Unfortunately, science has furnished, as yet but few remedies, capable of combatting successfully Asthenic diseases, having their point of departure in the constitution of the blood.

M. Von M. has employed with success the Ammonio Chloride of Iron in the treatment of children, presenting periodical symptoms of congestion, without any appreciable organic cause, and in debility attending intermittants, but he has become convinced that there are Anæmic conditions in which the patients do not bear the use of any of the preparations of Iron, and it is in such states that the Extract renders the most efficient service.

The extract is prepared in the following manner: Blood, fresh from the animal is thrown in a filter, and the residue evaporated to complete dryness. It is administered in the form of powder, or dissolved in water, in quantities of from grs. 10 to 3 i. per day. Under the continued use of this means the patients improve very much in appearance and gain rapidly in strength. This result ought to astonish no one when it is considered that the extract supplies just those substances which are wanting in the blood of these little sufferers, viz: the hæmatine and the fibrine.

According to Dr. Von Mauthner, this preparation is especially adapted to the following Anæmic morbid conditions:—

1st. Anæmia succeeding chronic diarrhoea of children of a cer-

* Since the above was written, we have had a patient to whom was administered one and a half pins of the above mixture, in sixteen hours, which produced quite severe tetanic spasms, which were relieved in a few moments by chloroform, and the patient is convalescing.

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tained age. It is on the contrary of but very little use in very young subjects and in such as have just been taken from the breast. 2d. Anæmia after Typhus. The author who is perfectly convinced of the advantages which it offers in this case, assures us that it may be administered without any danger of fatiguing the digestive organs. 3d. Anæmia which follows severe pneumonia, when the lungs are not as yet restored to their normal state, and the patient is troubled with cough and fever: but it is to be remarked that the remedy is not equally beneficial in tuberculosis. 4th. Anæmia succeeding wasting suppuration, and scrofulous ulcers. 5th. Anæmia after serious accumulations produced by scarlatina. In this condition of the system it seems to surpass all other remedies in use, since, contrary to the effect which has been observed of other tonics, it produces no irritation of the kidneys, a result often leading to hæmaturia and albumenuria and constituting a new disease.

This remedy, so simple in its use, and costing only the labor of preparing it, merits, as it seems to us, the attention of practitioners, especially for the poorer classes, among whom Anæmic effections are unfortunately so common.—Annales, Med. de la Flandre Ocid.—[North-western Med. and Sur. Jour.


During the last three years, M. Brown-Sequard has made a considerable number of experiments, with the view of determining the degree of re reparative power which exists in the Spinal Cord; the results of which are very remarkable. The following is one of the most striking:—The spinal cord of a pigeon was entirely divided between the 5th and 6th dorsal vertebrae; and the operation was followed by complete paralysis of the posterior part of the body, as regarded sensibility and voluntary movement. At the end of three months, voluntary movements began to show themselves, in the midst of reflex actions; and sensibility also reappeared. These powers gradually augmented; and six months after the operation, the bird could stand for some minutes, but fell if it attempted to walk. In the course of the seventh month it began to walk, but unsteadily, helping itself by its wings. By the end of the eighth month, it could walk, slowly without support; but if it attempted to walk fast, it fell over, unless it supported itself by its wings. Twelve months after the operation, it could run; and when the account of the case was drawn up, fifteen months after the section had been made, its progression seemed in all respects normal, save that a certain degree of stiffness remained in its gait.
In several Guinea-pigs, in which the section had only been made through one-half of the spinal cord, an incomplete return of voluntary power was observed within seven or eight months after the operation. In the case of one Guinea-pig, which had been subjected to this operation a year before, and in which sensibility appeared to have been completely restored, and voluntary movement less completely, a careful examination was made of the injured part. It was found that the section had traversed both the posterior columns, as well as the anterior and lateral columns, and a portion of the grey substance on the right side; all of which parts exhibited a sort of contraction, the continuity of the divided parts being re-established by a whitish cicatrix. On examining the substance of this cicatrix, it was found to be in great part made up of fibres of areolar tissue, the direction of which was transverse or oblique; but these were crossed by great numbers of nerve-fibres running in a longitudinal direction, which exhibited a double contour, and were uninterruptedly continuous through the whole extent of the cicatrix. Amongst these were scattered some ganglionic corpuscles. A like reproduction of nerve-fibres in the cicatrix of the spinal cord, has been substantiated by M. Brown-Sequard in two other cases.—[Gazette Médicale. Brit. and For. Med. Chir. Rev.

On Kiestein. By Dr. Veit.

In consequence of the discrepancy of opinion which prevails among observers as to the value to be attached to the appearance of the urine termed Kiestein, as diagnostic of pregnancy, Dr. Veit has, during a year and a half, been conducting a series of experiments at the Halle Lying-in Institution. He has examined for this purpose the urine of 10 men, of 4 non-pregnant females, and of 48 women in various stages of pregnancy. He comes to the same conclusion as Höfe (Chemie und Mikroskop am Kramkenbette) and, recently, Lehmann, viz., that the so-called pellicle of Kiestein is no peculiar matter at all, and is not of the slightest value as a sign of pregnancy. In urine of both non-pregnant and pregnant women, pellicles are formed containing vibriones, and frequently the triple phosphate; the chief difference between the respective urines being, that in that of pregnant women, alkaline, and in that of non-pregnant women, acid, reaction more frequently manifests itself. This may, in some measure, depend upon the greater concentration of the urine in pregnancy, and the larger proportion of mucus mixed as a consequence of the changes induced in the condition of the mucous membrane of the bladder by the passive hyperaemia of that organ during pregnancy. Persons partak-
ing of a more nitrogenous diet than did the poor pregnant women whose urine was examined, might furnish different results in this respect.—[Zeitsch. fur Geburt. Brit. Amer. Journal.

On the Induction of Premature Labour.

At a late meeting of the Edinburgh Obstetrical Society, Dr. Moir made a statement of the mode of inducing premature labour, which was introduced by the late Dr. Hamilton. The plan consisted in gently dilating the os uteri with the finger or a catheter, and separating the membranes from the cervix without rupturing them. When labour came on it proceeded as in the natural way, and the probability of the life of the child being saved was much increased by avoiding a premature rupture of the membranes. When this proceeding failed to induce labour, Dr. Moir was in the habit of passing a catheter along the posterior surface of the uterus, between it and the membranes, and by means of the stillet, puncturing the latter high up. By these means he had succeeded in every case but one.

Dr. Simpson is in the habit of inducing premature labour by dilating the os with sponge tents; and he considers this a more certain as well as a more safe mode than any other. Like Dr. Hamilton’s plan, it had the advantage of not rupturing the membranes. It had also, in Dr. Simpson’s opinion, other advantages. He has tried Dr. Kiwisch’s plan of injecting a continuous stream of tepid water against the os uteri in one case with success.—[Edinburg Monthly Journal.

On the Effect of Pressure above the Pubis in Uterine Hæmorrhage. By Edward Williams, M. D., Resident Physician to the South-Eastern Lying-in Hospital, Dublin.

I was lately called to a case of uterine hæmorrhage, occurring after labour, and after the expulsion of the placenta. When I arrived I found the patient bandaged tightly; vinegar applications, also, had been used externally to the genitals; the pulse in both wrists was scarcely perceptible, and she appeared a good deal prostrated. The flooding had been arrested by the above means, at least partially. I applied pressure with the hand above the pubis, and instantly, not more than thirty seconds or a minute, it produced a magical effect on the pulse, which became bounding and strong, as if the heart had been stimulated to increased action. Theorise as you may, I leave this to learned physiologists; I merely state the practical results—viz., increased action of the arterial system and arrest of the flooding.

It may be said, all this is nothing new; all this is stated in books
on midwifery. I am aware of this, and claim nothing original; but I believe that practical observations may strengthen and confirm the views of theorists and authors, and thus continued observation of many may do service to the talented few.

[London Lancet.


That quicksilver is one of the metals capable of absorption into the economy is a well-known fact, detected as it has been by various chemists, not only in the blood, but in the secretions of various organs, and especially the saliva, and in the structure of the organs themselves. But as to the mode of its distribution the duration of its presence in the various organs, and whether it is found in all or certain tissues only, are points yet to be investigated. Dr. Gorup-Besanez relates the result of a recent investigation of the body of a woman, who was long (twenty five years) laboriously engaged in silvering looking-glasses, but who, from the convulsive tremors that were induced, had been obliged to desist from her occupation for a year prior to death.

The somewhat collapsed brain did not entirely fill the skull, and the dura mater was of a reddish-blue from venous congestion. The consistency of the brain was firmer than usual. The lungs were hepatized, loaded with dark-coloured blood, and non-crepitant.

The chemical results obtained by following the processes of Fresenius and Babo were as follows. The lungs and heart gave no traces of mercury; a very small quantity was detected in the liver, and none in the bile. A doubtful precipitate was thrown down upon the gold plate by the brain, while the spinal column presented no traces. That any remains at all should be found after a year is remarkable, and is confirmatory of other facts, proving how long certain metals, e.g. antimony, may be retained in the economy. That the liver was the only organ in which it could then be detected, confirms the doctrine that metallic poisonous substances are longest found in that organ.—[Buchner's Report. Brit. and For. Med. Chir. Review.


The distribution of the blood-vessels in the gastric mucous membrane has an interesting relation to its double function; for the vessels of the surface, which are those most concerned in absorption, are veins, and have a large diameter; whilst those
of the deeper portions of the membrane, which are subservient to secretion, are arteries, which form very delicate net-works around the gastric follicles. [Henle and Pfeuffer's Zeitschrift. Ibid.

Meadow Sweet in Dropsy. By M. Tessier.

From experiments made by M. T., in certain cases of dropsy, he believes that spiræa ulmaria or meadow-sweet possesses diuretic properties; that it is also slightly astringent and tonic; that it is agreeable to the taste, and produces no disturbance of the stomach or of the nervous system; and that all parts of the plant seemed to possess the same properties. After all known diuretics had been used in vain in a case of ascites, connected with intestinal irritation, M. T. ordered a quart of the decoction of the meadow-sweet to be taken daily. From the third day, the patient passed much more urine than before. At the end of 16 days, the medicine was suspended, and the urine became at once scanty; it was resumed, and continued six weeks; and the dropsy was removed without occasioning any debility. In a young woman affected with heart disease, it produced abundant diuresis, without lowering the circulation like digitalis.—[Bull. de Therap. Northern Lancet.

Sulphuric Acid in Diarrhœa.

The British medical periodicals contain additional testimony in favor of the diluted sulphuric acid in diarrhœa and affections approximating to cholera. The success obtained by some is represented as very striking. All concur, however, in repudiating this remedy in cases presenting dysenteric characters. It is most useful in passive diarrhœa or those forms of the disease in which there is not much excitement. The doses recommended vary according to circumstances, but are usually quite large. One formula suggested consists of \(\frac{1}{3}\) oz. of the dil. sulph. acid (of the dispensatories) in \(7\frac{1}{2}\) oz. water—of which 1 oz. may be given every two hours, or oftener, if rejected by the stomach. For children, it may be made palatable by sweetening.

Prurigo of the Genital and Anal Regions.

Various remedies are from time to time recommended in the journals for this disagreeable and obstinate affection. The
London Lancet, for December 15th, gives an application of M. Tourniè's, as having been used with much success. "The affected spot is to be rubbed twice a day with calomel ointment, (one to two drachms of calomel to ounce of arzunge,) and, after each application, dredged with a powder, consisting of four parts of starch to one of powdered camphor." We have used a great variety of applications, for the relief of this unmanageable affection, and have derived most advantage from a cerate made of calomel {5 i,} in Goulard's cerate (§ i.)—[Medical Examiner.]

Sesquicarbonate of Ammonia in Lepra and Psoriasis.

M. Cazenave, so well known as a very successful dermatologist, has just published experiments tending to show that sesquicarbonate of ammonia may advantageously be used as a succedaneum of arsenical preparations, in lepra and psoriasis. The salt is mixed in the following proportions:—Half a drachm of sesquicarbonate of ammonia; diaphoretic syrup, seven ounces; take from one to three table-spoonfuls per diem. The physiological effects are very slight, but in the space of about a week the scales begin to fall off; those which succeed are thinner, the patches which give them support gradually fall in, the redness fades after a longer or shorter time, and a lasting cure generally ensues. If Diarrhoea, lassitude, cephalalgia, quick pulse, and rapid alterations of heat and cold, were to occur, as was the case with two or three patients, the remedy should be suspended.—[London Lancet.]

New mode of Disguising the Taste of Cod-Liver Oil.

Dr. Routh exhibited to the Medical Society of London, a specimen of "Sardine flavoured oil," prepared by digesting a number of sardine fishes, as sent over from Italy, in some cod-liver oil. After a month or so, the oil acquired the taste and smell of the sardines, and was very pleasant to take; spread over a piece of hot toast, it formed really quite a luxury. The bottle was handed round, and seemed to give general satisfaction.—[Medical Times.

Umbilical Superfætation.

M. Danyau read (Nov. 18th) to the Academy of Medicine of Paris, a report on a case by Dr. Sulikowski, of a girl born in 1833, who had at birth a remarkably large abdomen, which increased in size till the age of ten years. During this period her health was greatly impaired, and she suffered much from
abdominal pains and other symptoms. In 1843, a rupture took place at the umbilicus, and from twelve to fourteen pounds of serous liquid escaped; the tumor was notably diminished; through the opening left in the parietes a substance could be perceived, fleshy, resisting, red, and studded with teeth and hair. Several years afterwards the tumour was successfully removed by operation, and was found to contain a deformed male foetus. — [Medical News.

On the Abortive Treatment of Gonorrhœa by Chloroform.

By M. Venot.

M. Venot, of Bordeaux, states, as the result of a twelve-month's experience, that injections of chloroform, though of little avail in confirmed gonorrhœa, are possessed of a complete abortive efficacy, if employed during the first week. — [Bull. de Thérap. Brit. and For. Med. Chir. Rev.

Miscellany.

Religious Monomania; Self-mutilation. — (Under the care of Mr. Lloyd.) — We desire to call our readers' attention to a patient admitted a few days ago, under the care of Mr. Lloyd. The case is one of a very painful character, and falls as much under the cognizance of the psycologist as the surgeon: the former will therein find a new example of religious monomania with destructive tendencies, and the latter an instance of self-mutilation, somewhat startling in a purely surgical point of view.

It appears that the patient is a well-conducted servant girl, twenty-three years of age; she has light hair and complexion, and has been in service for the last nine months with a widow lady at Islington, where she never showed any signs of mental aberration. Her father was a bricklayer, who died from a severe cold caught in a well; her mother and sister are alive; and it would seem that no distinct signs of insanity have been known to exist in the family. The patient herself states very clearly that she was very happy in her situation, that she went to church every Sunday, and that she was in the enjoyment of good health. The catamenia have always been regular, and no uneasiness in respect of menstruation was ever experienced.

On the morning of the 7th of November, the mistress had left the kitchen but a short time when her attention was attracted to a very strong ammoniacal smell about the house. She inquired from the servant whom she had just left below stairs, whether some linen was burning, and receiving no answer, she proceeded into the kitchen, where she found the girl before the fire with her left arm thrust into it. The mistress, who was naturally very much alarmed, soon be-
came aware that the hand had been completely severed from the arm, and was lying on the fire; and when anxiously inquiring for the cause of this frightful scene, the girl exclaimed that she had cut off her hand with the carving knife, and that God had told her to do so. When remonstrated with touching this sad mutilation, she seized a steel skewer, and attempted to destroy her own eyes by thrusting its point into them.

A surgeon, who had hurriedly been sent for, was soon upon the spot; and whilst he was endeavouring to take from the fire the severed hand which was lying upon it, the unfortunate creature rushed forward, and thrust her right and only remaining hand into the fire. By this last and desperate act she inflicted a severe burn upon the forearm and hand. She was finally conveyed to the hospital, a sad victim to a sudden and unexpected monomaniac attack.

On examination, it was found that the left hand had been severed from the arm as cleanly as a saw could have done it, the only difference from an ordinary amputation being, that no soft parts had been left for covering the lower ends of the radius and ulna, which latter were quite exposed, with small fragments of cartilage still half attached, the whole being somewhat obscured by charring. It would appear that the bleeding was inconsiderable, and as no actual haemorrhage had to be stopped, it may be surmised that the actual charring to which the stump was exposed soon after the mutilation may have acted as the actual cautery. The left forearm was somewhat swollen, and on the right side the hand and forearm were found to be severely burnt, the action of the fire having penetrated to the cellular tissue. The poor girl was keeping her eyes closed, and when the lids were separated it was found that the skewer had principally wounded the conjunctive and sclerotic, between the lower eyelid, the external canthus, and the globe; there was much infiltration between the tunics, but the iris was untouched in either eye.

The patient seems to be strictly monomaniac, as she gives very apposite and satisfactory answers respecting her age, state of health, family, and various other circumstances. When questioned, however, as to the unfortunate mutilation she has inflicted upon herself, she invariably answers that God told her to do it. When closely pressed as to how she knew that she ought to commit such an act she appears wrapped in her monomania, and merely answers, "God knows."

On the second day there was some purulent discharge from the eyes; the stump, which had been simply dressed, and the right arm, which had been wrapped up in cotton wool, were rather painful; the bowels had been twice moved and the patient had been tranquil, composed, and even inclined to sleep. When interrogated she does not seem displeased at being disturbed, and gives short and clear answers to the questions put to her; she does not cry out or mutter, but now and then moves the upper extremities slowly in different directions and finally raises them above her head. The breathing is slow and regular, the carotids beat somewhat faintly and heavily, and when a
certain pressure is made upon one of these vessels, the patient utters no complaint, nor do any cerebral phenomena become apparent.

Although the poor girl has been very quiet since admission, she is watched with great vigilance, as she might suddenly be seized with a fresh monomaniacal and destructive fit. Mr. Lloyd ordered some calomel; and purposes, when the patient has been watched for a few days, to endeavor to render the stump a serviceable one. We shall watch the progress of this case with painful interest, and acquaint our readers with its subsequent features.—[London Lancet.

The Microscope as a means of Diagnosis.—One occasionally hears the question asked—"Have you any faith in the microscope?" and asked, too, in such a spirit as to convey the answer in the question. This expression of doubt as to the value of this inestimable instrument, has in a great measure arisen from confounding the statement of the facts observed with the conclusions drawn from them by the observer. A microscope, such as can now be had for a very reasonable sum, cannot err. It may not be able to reveal all that is essential to minute structure, but it cannot add anything of itself to that which is placed beneath it for examination. The microscope is to the eyes of ordinary observers what a pair of spectacles is to the eyes of the short-sighted. Both individuals are enabled to see that which is invisible to the unassisted vision. It is when the observer begins to interpret, that error commences, and it is to him, and not to his instrument, that the question as to faith applies. Well, then, does it become those who seek to make use of the microscope—and who can now-a-days do well without it?—to endeavor to render themselves competent interpreters of what they see, and until the accomplishment is obtained, to confine themselves to a description of facts.—[London Lancet.

A new Quackery.—In Naumberg a man named Mahner is preaching the necessity of a new regeneration, not in the spiritual but physical sense. He warns a sickly race that it must return to the lost state of "primitive health," or Urgesundheit, as the means of more fully enjoying life and attaining a patriarchal age. It is to be secured by a diet of bread and water, going barefoot, and letting the hair and beard grow; in short, making a nearer approach to man's original state in costume than the decencies or prejudices of modern society will altogether permit.—[London Lancet.

Amputation of the entire Lower Jaw, with disarticulation of both Condyles.—The January number of the New York Journal of Medicine contains the details of the above operation, as performed by Professor Carnochan. The result was completely successful, and adds another to the many brilliant achievements of American Surgery.

Fluid Extract of Ergot. By Joseph Laidley, of Richmond, Va. "It is prepared by treating fresh and good ergot in powder first with
ether, allowing the latter to evaporate spontaneously, thus securing all the oil—then with alcohol, and lastly with water; the last two liquids are evaporated below 212° until the fluid measures one-third as many fluid ounces as the ergot employed weighed in troy ounces; sufficient sugar is added to preserve it, and the oil is then thoroughly incorporated, and sufficient water added to render it of such strength that one fluid drachm (one teaspoonful) will represent 40 grains, or about two doses of ergot.

"Prepared as above, fluid extract of ergot is in the form of a concentrated syrup, possessing the advantages of being pleasant to take, of being always ready for use, thus avoiding the delay sometimes attendant upon administering a medicine where delay is so hazardous as in labour. The smallness of the dose is another recommendation in its favor. The writer believes that it will keep unchanged for a long time. Some in his possession, after having been kept for about two months in a moderately warm situation, is entirely unchanged. Some of this preparation was furnished to Dr. C. S. Mills, of this city, who tested it in a case of labour about the middle of November. He informs the writer that it proved entirely satisfactory; its action was almost immediate, and produced no nausea."

[Stethoscope.

Medical Institutions at Lima.—Lima, the population of which is about 85,000, has a medical school, where a great many efficient professors are appointed. The students are eighty in number, and are admitted in the four hospitals of the city. The Santa Ana Hospital is exclusively devoted to women, and has 700 beds; that of St. Andrew is for men only, and numbers 400 beds; the third is a military hospital, and the fourth an institution for incurable patients, with 80 beds. The latter hospital contains principally black people and mulattoes, affected with local chronic diseases, especially lepra and ulcers of a frightful description. In the other hospitals fever and dysentery are the most common diseases, particularly among the poor. Small-pox destroys a great many patients, as also elephantiasis. In the winter bronchial affections are somewhat common, owing to the dampness of the climate.—[L'Union Méd. London Lancet.

Statistics of the Medical Profession in Paris and Russia.—On the 1st of January, 1849, there were 1859 doctors of medicine in Paris, being 53 less than in 1847; and now, in 1851, the number is reduced to 1851, being a still further diminution of 38. During the last two years 65 have died, while, during the two former years, only 56 died, and still fewer during the prior periods. In 1843–7, the mean annual mortality was 1 in 75; in 1848–9, 1 in 50; and in 1850–1, 1 in 42. There have emigrated 86, of whom 12 have repaired to California. Towards following up the vacancies, 113 new doctors have been made during the last two years.

Officiers de Santé have, however, increased from 156 in 1849, to 178 in 1851, and the pharmaciens from 363 to 381. Sage femmes
have diminished from 480 in 1847, to 385 in 1849, and 350 in 1851. —Révue Medico-Chirurgicale.

According to the official lists, published Jan. 1851, there were, in the entire Russian empire, 7957 doctors possessing the right to practice, 552 veterinary surgeons, and 132 oculists, dentists, and others possessing restricted rights of practice. There were also 714 pharmaciens having authority to sell medicines, viz: 77 in the two capitals, 150 in the governmental towns, and 487 in other parts. Siberia and the oriental governments of the empire only possess 19 civil practitioners; and the insufficiency of this number has given rise to the establishment of a medical school at the university of Kazan. In the course of the year 1850, there were treated 737,442 patients in the hospitals, of whom 609,564 are returned as cured, and 91,545 as dead, i. e. a mortality of 1 in 13.—L’Union Médicale.—[Brit. and For. Med. Chir. Rev.

Professor Henderson’s Conversion to Homœopathy.—During the discussion which followed the motion of Mr. Syme, in reference to the exclusion of homœopaths from membership of the Society, and which was carried unanimously, Dr. Simpson related a very capital story, which will doubtless amuse our readers. Some eight or ten years ago, an old schoolmate of Dr. S., who was a homœopathic druggist in Liverpool, presented to him a small, but very beautifully painted box of homœopathic medicines. Dr. S. put it to a very natural use—he gave it as a plaything to his eldest son, then a child. The youngster, full of mischief, oftimes un corked the tiny vials, and pouring the contents into a heap, would re-fill them from the general mass. It thus happened that the globules belonging to the different bottles were more or less thoroughly mixed together, and then new and strange compounds were produced. It also sometimes happened, that when the child, wearied of his performance, others engaged in the innocent amusement of re-filling the bottles from the general heap. A professional brother calling one day on Dr. S., who was not at home, saw this pretty box and pocketed it. Weeks elapsed ere the two friends met, when Dr. S. was informed by him that he had been trying to practice homœopathically, and that he had seen some wonderful effects and cures from the drugs contained in that precious little box! At this interview Dr. S. did not disclose to his friend the important fact that the globules he had been using were elaborately commixed; he was reluctant, cruel man! to spoil, at once, so good a joke. In the progress of time, the physician became more and more a homœopathist, and then it became too serious a matter to joke about, when he actually published a list of supposed homœopathic cures.


Death of Priessnitz.—Priessnitz, the celebrated founder of hydro- pathy, died at Graefenberg on the 26th of November, at the age 52. In the morning of that day, Priessnitz was up and stirring at an early hour, but complained of the cold, and had wood brought in to make a large fire. His friends had for some time believed him to be suffer-
ing from dropsy of the chest, and at their earnest entreaty he consented to take a little medicine, exclaiming all the while, "It is of no use." He would see no physician, but remained to the last true to his profession. About four o'clock in the forenoon of the 26th he asked to be carried to bed, and upon being laid down he expired.—[London Medical Gazette.

BIBLIOGRAPHICAL.

Carpenter's Elements of Physiology—new edition.

We have to acknowledge the receipt, from the publishers, Messrs. Blanchard & Lea, Philadelphia, of a new edition of Carpenter's Elements of Physiology.

This, and other kindred works of the author are so well known in this country, and so highly esteemed, that it is unnecessary to say anything in commendation of them. It is proper to observe, however, that the present is not a mere re-print of former editions, but has been carefully revised and subjected to material alterations: several of the chapters have been re-written and made to conform more nearly to ascertained facts in relation to the subjects of which they treat. As a diligent compiler and as a successful cultivator of the branch of science to which he has devoted himself, Dr. Carpenter occupies a distinguished position.

It is refreshing to note, that this and some other re-prints of English medical books have recently slipped through the press without being saddled with an American editor. We trust that we have seen the end of the shallow system of quackery in authorship which has made us the laughing stock of Europe. Hereafter, it is to be hoped we are to have English books, unmutilated by omissions and undelicated by notes and interlineations.

M....r.


We learn, from the editor's preface, that the lectures which compose this work were prepared for publication by the late Prof. B., with the exception of a few which were revised by Prof. Gilman. This gentleman has also added notices of some subjects which Dr. B. had not included in his course. Although the work cannot justly
claim any very high degree of merit, we think it a good digest of the present state of knowledge on the subjects of which it treats. It is handsomely printed, as indeed are all the medical books issued by the Messrs. Wood.

G.


We are pleased to see that Messrs. Blanchard & Lea are engaged in publishing another edition of this valuable work. The first volume is before us, printed in handsome style, and containing all the "recent discoveries in Natural History, Chemistry, Physiology and Practical Medicine, relating to the Materia Medica. It is unnecessary to say anything in commendation of this work, as it is universally admitted to be the most comprehensive treatise on the subject in our language. We presume that there will be no delay in the publication of the second volume.

G.


This work is so well known and so highly appreciated that it is unnecessary to do more than to call attention to the fact that a new and enlarged edition is now offered to the profession. We think it the best manual extant, and should have a place in the library of every physician.

G.


This work has been favorably received in England, and has reach-
ed a third edition. It appears to be carefully prepared, and was probably called for by the profession in that country. We have now several Formularies, quite enough for all useful purposes; but to those who have none of these, this work may prove convenient.

G.

*Essays on Life, Sleep, Pain, &c.* By S. H. Dickson, M. D., Professor of Institutes and Practice of Medicine in the Medical College of the State of South Carolina, &c. Philadelphia: Blanchard & Lea. 1852.

We regret not having room to notice at some length this very creditable little work. It treats of subjects of general interest and in the distinguished author's happiest style.


An excellent work for students who are preparing themselves for the ordeal of the "Green Room"—and may be consulted advantageously by practitioners who have allowed themselves to grow "rusty" in reference to first principles.


A pamphlet that ought to be procured by those who are going to California by way of the Isthmus.

*Logic, in its relations to Medical Science: an address delivered before the Starling Medical College at its third Annual Announcement.* By Edward Thompson, M. D., D. D., &c., President.

A very logical and readable production.

(Circular.)

Paris, Jan. 12th, 1852.

At a recent meeting of American physicians in Paris, an association was established whose object is the promotion of Medical Science.

This association, essentially national, is progressing under the most favorable auspices. It is intended to be permanent in its nature, and is designated the "American Medical Society in Paris."

Notwithstanding the vast advantages afforded by the French metropolis for the study of medical and surgical science, we feel ourselves
isolated from our national medical literature, and, therefore, confidently appeal to the conductors of American journals and periodicals. We do this with the less hesitation, feeling assured that it will be not only a medium of improvement to ourselves, but a means of a more general diffusion and just appreciation of American literature.

By order of the Society.

A. J. SEMMES, M. D., Corresponding Secretary.

NOTICE.

The fifth annual meeting of the American Medical Association will be held at Richmond, Va., on Tuesday, May 4th, 1852.

All secretaries of societies, and of other bodies entitled to representation in this association, are requested to forward to the undersigned correct lists of their respective delegations as soon as they may be appointed.

The following is an extract from Art. II. of the constitution:

"Each local society shall have the privilege of sending to the association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly constituted medical college or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate."

The medical press of the United States is respectfully requested to copy.

P. CLAIBORNE GOOCH,
One of the Secretaries, Bank-st., Richmond, Va.

State Medical 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.