ARTICLE XI.

Cases treated with Veratrum Viride. By Dr. D. C. O'Keeffe.
(Reported by J. S. Clements, of Penfield, Ga.)

The notes of the subjoined cases have been kindly furnished me by my friend and preceptor, Dr. O'Keeffe. In view of what has been said, in this Journal, on the remedial properties of the American Hellebore, by Dr. Norwood, and the erudite exposition of its botanical characters, by Prof. C. T. Quintard, I shall not embarrass the subject with preliminary remarks, but enter forthwith into the subject.

Case I. Nov. 3, 1851.—Mrs. ——, aged 21, was delivered of her first child one week ago; progressed satisfactorily until above date. Condition at that time: Skin hot and dry; tongue furred, white on centre, red at tip and edges; mouth dry and lips crusted; slight headache; pain in back and bowels—least pressure on abdomen causes pain; pulse 115, small and hard; dysuria for last twenty-four hours; has had two stools during same period from castor oil and spts. turpentine she had taken. Diagnosis—Incipient puerperal fever. Prescription: Pepper poultice to abdomen, warm cloths to vulva, spts. nitre in parsley tea every two hours, until dysuria is relieved.

5 o'clock, P. M. Has urinated tolerably freely since morning, less pain in bowels, pulse 120; other symptoms the same.
Prescription: Eight drops tinct. veratrum viride every three hours until pulse is reduced.

8th—9 o'clock, A. M. Took but two doses of the veratrum viride, before nausea was induced, and lasted two to three hours. Simultaneously with the induction of nausea, perspiration set in, the pulse was lessened in frequency, and continued so all night. Present condition—Pulse 100, skin cool, tongue less red, feels but little pain and sleeps better, except during existence of the nausea, than she had done in several nights. Took a dose of oil and turpentine at 1 o'clock this morning, which has not operated yet; feels nausea occasionally.

9 o'clock, P. M. One stool; feels better, nausea occasionally all day; pulse 85; has taken none of the veratrum viride since last night. Ordered, 10 gtt. tr. veratrum viride every three hours, till nausea occurs, if fever returns. Has passed urine tolerably freely to-day.

8th. Has had no fever of consequence since last date, and therefore needed no medical attention.

Remarks.—This case would, in all probability, have terminated in puerperal fever; of which it presented the essential characters, but for the timely administration of the hellebore. The febrile action could not have been owing to the dysuria and consequent distention of the bladder, for after these symptoms were relieved, the pulse numbered 120; neither could it be fairly attributed to want of action from the bowels, for they had been moved twice the day the first note was taken. She had had her “milk fever” three or four days before the date first noted, and got on well during the interim; the lochial discharge was normal, and the untoward features were attributed by the family to “a cold she had taken.” It is reasonable, therefore, to infer that it would have run its course, as a case of puerperal fever, had not the potent agency of the veratrum viride curtailed its progress. This is the first recorded case of puerperal fever treated by the American hellebore, and the sanguine expectations of its worthy pioneer, Dr. Norwood, have been fully answered.

Case II. Nov. 8th, 1851.—Eliza, a negro woman, aged 25,
strong and vigorous constitution, was taken with pneumonia of right lung on the 4th; was seen and treated by Dr. A. A. Bell until the 8th, after the usual manner. Calomel, tart. antimony, ipecac, Dov. powder and blister, constituted the treatment. He had used the tinct. of veratrum viride freely for two days, without producing any perceptible effect whatever, in addition to the remedies above enumerated. The patient's condition at above date was as follows: Skin warm and moist, from ipecac and tart. antimony; bowels disposed to looseness; tender to the touch. At 5 o'clock, P. M., she took 10 gtt. tinct. veratrum viride to control the circulation, which had not been influenced in the least by the calomel and tartar-emetic which she had been taking for twenty-four hours.

7 o'clock, P. M. Pulse the same; still perspiring—15 gtt. veratrum viride. 8 o'clock, P. M. Nausea and profuse perspiration; griping in bowels, which was followed by a copious watery operation; pulse 110—took 60 gtt. tinct. opii. to check bowels. 9 o'clock, P. M. Nausea and perspiration the same, bowels easy, feels drowsy, pulse 100, intermittent. 12 o'clock at night. Nausea and perspiration, pulse 100, not intermittent—tied 10 gtt. veratrum viride.

9th—10 o'clock, A. M. One operation since last note, followed by 30 gtt. tr. opii; still perspires; skin cool; pulse 100, not intermittent; no pain; feels drowsy. Ordered, 10 gtt. veratrum viride every three hours while the pulse numbers 100—should it fall before that, to be given less frequently. Convalescence commenced at above date.

Remarks.—This case Dr. O'Keeffe saw in consultation with Dr. Bell, who had judiciously treated it with the usual remedies. He had even given the hellebore a fair and impartial trial for two successive days; but it failed—signally failed. The present case was the second in which the incomparable remedy, hellebore, failed in Dr. B.'s hands to produce any effect whatever, and he was on the eve of condemning it as an insignificant puff, when a different preparation proved to him satisfactorily that his was an inferior article—was inert. Should this disap-
pointment happen to others, they would do well to pause, and consider the reliability and intelligence of their druggist. Dr. B. obtained his tinct. of veratrum viride from his druggist, while the preparation that fulfilled its mission—told the heart's arteries "so fast shalt thou beat and no faster," was prepared by a physician, in his own office, in the proportion of two ounces to the pint of alcohol.

It is difficult to say, with unerring certainty, what agency the veratrum had in bringing on a favorable crisis in this case, or how it would have terminated under the usual treatment. She took the first dose of hellebore at 5 o'clock, P.M., the tongue being moist and skin warm, but moist also; notwithstanding these favorable effects from the calomel and tart. emetic, the pulse was not reduced any. Two doses of the hellebore accomplished what several doses of the tart. antimony had failed to do. A crisis might have taken place without the veratrum, and its occurrence, after its exhibition, may have been a coincidence instead of an effect; but from the infallible certainty with which it reduces the action of the heart and arteries, I think it not unreasonable to attribute the favorable change, in the present case, to its potency.

Case III. Mr. B., aged 45, complained of cold chills and acute pain in left side on 12th of November. Poultries, baths, diaphoretics and expectorants, failing to relieve him, he was bled next day 20 oz., the pulse being 100, full and strong. The v. s. and perspiration that followed relieved the pleuritic pain, partially, for a time, but it returned next day with some severity. A blister was applied to the affected side, which removed the pain; took 15 grs. of calomel, twice, in divided doses, which produced three dark operations. During this time, the tongue was covered on the middle with a whitish fur, natural at edges; the mouth dry, clammy, and exceedingly unpleasant, required cleansing frequently in the day; the pulse during the whole time 90-100.

8th day of illness. Skin hot, harsh and dry; tongue furred, clammy and sticking to roof of mouth; taste unnatural, very feeble and extremely restless; pain no where, pulse 90 to 100, variable, feeble and hard. Took several doses of diaphoretic pre-
parations, until altering the condition of the skin, which was so hot and dry that he said he felt like he should "burn up." At 10½ o'clock, A. M., took 10 gtt. veratrum viride, the pulse being 100. At 11 o'clock, the skin was warmer and disposed to become moist; pulse stronger and more frequent, 114; no nausea. 1 o'clock, P. M. Skin moist, generally; large drops of sweat on face, drowsy, no nausea; pulse 114. 3 o'clock. Vomited considerable quantities of bilious matter several times. After he had vomited twice, skin became cool and dry, and the pulse fell to 100; and after he had vomited two or three times more, the pulse fell to 80, was small and weak. 5 o'clock. The vomiting having continued, and feeling griping pain in lower bowels, he took two tea-spoonfuls of paregoric, which checked the vomiting and griping. Expectoration, of which there was little or none before nausea, became profuse after it, and relieved the lungs very much. He took no more of the hellebore, and his pulse fell to 60, and continued so for several days, when convalescence commenced, and progressed satisfactorily to recovery.

Remarks.—Here is a case in which the usual diaphoretic remedies had been used freely and faithfully, without effecting the desired result; whereas 10 gtt. of the veratrum acted like a charm. The hellebore was not given in this instance to diminish the frequency of the pulse—for that was not at all imperative—but to act simply as a diaphoretic, and to remove the great heat of which the patient complained so much. It is proper to note that, before nausea set in, and after taking the veratrum, the temperature of the surface was heightened, and the pulse accelerated from 100 to 114 in the minute—a result that ensued only in the present instance.

Without further notice of this case, which was considered one of typhus fever, I propose to give, in detail, the notes of the case of pneumonia in which the hellebore was administered as a principal remedy during the whole progress of the disease.

Case IV. Nov. 23d, 1851, 9 o'clock, P. M. A negro girl, aged 20, of strong constitution, in seventh month of pregnancy, felt pain (slight) for the first time, in her left side, this morning,
but attended to her usual duties until three hours before she was prescribed for. Condition: acute pain in her left side; cough hard, painful and frequent; skin hot and dry; tongue clean; pulse 120, and strong. *Diagnosis*—Pleuro-pneumonia.

*Prescription:* Venesection 1 quart; poultice to left side, and 10 gtt. tinct. veratrum viride. 12 o'clock. The same; 15 gtt. veratrum viride. 3 o'clock, A. M. The same; 20 gtt. veratrum viride.

24th, second day, 7 o'clock, A. M. Skin a little cool, vomited some since last note, perspired some during nausea; other symptoms the same—23 gtt. veratrum viride. 8 o'clock, A. M. Nausea and vomiting several times, skin natural, pain almost relieved; pulse 80, small and weak; deathly sick—Ginger tea to relieve nausea, and poultice to chest. 6 o'clock, P. M. Took the veratrum every three hours since last note; skin warm and dry; one stool; pain in side returned; pulse 112—15 gtt. veratrum viride. 8 o'clock. Vomited three times; skin moist; pain in side the same; pulse 80. B. Calomel, Dov. powder, *aa* 5 grs.; ipecac, 3 grs.; to be taken at once—cups over seat of pain, and poultice.

25th—9 o'clock, A. M. One stool; emesis several times in night; skin harsh and dry, but natural in temperature; cough hard and painful; pulse 120—15 gtt. veratrum viride every three hours, poultice to chest, and expectorant to relieve cough. 7 o'clock, P. M. Took three 15 gtt. doses of the hellebore, after the last of which she vomited three times; no stool; skin cool; pulse 80; respiration rapid, 50 in the minute. 11 o'clock, P. M. Took no medicine since last note; respiration rapid, embarrassed and difficult; skin cool, but harsh and dry; very restless, pulse 120, hard and constricted—15 gtt. veratrum viride in 50 gtt. tr. opii., to produce sleep.

26th—1½ o'clock, A. M. Took since last note 15 gtt. veratrum viride: respiration and pulse the same; skin warm and moist, is in a copious perspiration; no nausea—20 gtt. veratrum. 8 o'clock, A. M. Respiration and pulse the same; skin dry and warm; no stool; pulse 120—20 gtt. veratrum viride. 9 o'clock, A. M. Was sitting up when last note was made, which perhaps accelerated the pulse somewhat; skin a little moist and warm; pulse 100, lessened 20 beats without
any nausea or vomiting; "felt worms creeping up her throat," attended with a flow of saliva and a desire to heave. (Complained of this sensation of worms in the throat since she has been taking the hellebore, and the same feeling was described by another patient who was taking the veratrum at the same time.) 15 gtt. veratrum viride every three hours, and immediately a powder of calomel, Dover's powder and ipecac; blister to left side. 7½ o'clock, P. M. Took the above; no stool; after second dose of veratrum, vomited freely; skin warm; perspired none; blister well drawn; cough loose; pulse 90—continued veratrum every three hours, and gave injection to relieve bowels.

27th—9 o'clock, A. M. Two stools; emesis several times; cough very troublesome, causing vomiting; respiration very rapid, 50-60; pulse 100—15 gtt. veratrum viride, and same powders intermediately; blister dressed.

28th—8 o'clock, A. M. Followed prescription: two stools; constant nausea and vomiting; cough hacking and troublesome; tongue slightly furred; respiration same; pulse 100—continued hellebore and powders. Night visit: No improvement; felt labor pains since last note. Prescription: Discontinued hellebore; blisters to legs and right side; quinine, Dov. powder and ipecac, every three hours, and tart. antimony alternately.

29th—9 o'clock, A. M. Miscarried: pulse very frequent; getting worse—same treatment continued; brandy and quinine if pulse should sink. Night visit: Dead.

Remarks.—This case of pneumonia tested the hellebore to its utmost capacity, and brings home to our mind the very reasonable conviction that it will not prove infallible in the treatment of pneumonia. On reviewing these notes, it will be seen that the heart and arteries seldom failed to respond to the sedative influence of the veratrum, while the respiration was not affected by it in the least: it was a singular phenomenon to observe the respiration as frequent as 50 or 60, the skin cool and moist and the pulse 80. Hence, in this case, at least, it did control the circulation, but did not affect the respiration or inflammation. There is every reason to believe that the pneumonic inflammation received no check whatever, notwith-
standing the circumstance that the patient was kept fully and constantly under the influence of the hellebore. But it is a question of reasonable doubt, whether any course of treatment would have averted the inevitable doom that awaited this patient in view of her advanced state of pregnancy. It is the duty of physicians who submit this agent to the test of clinical experience, to watch carefully its effects, and report them for the benefit of the profession: the remedy is in a state of probation preparatory to its admittance into the sanctum of practice, and nothing should be withheld that may add to its value or detract from its merits. In view of the severity and well-marked character of the diseases in which it is most likely to be used, its effects can be early determined, either as positive or negative: it will control the bounding pulse, or it will not; there is no half-way ground—no room for speculative propensities. In a type of typhoid fever, in which pulmonic symptoms predominated, Dr. O'K. assures us it had the happiest effects in curtailing the duration of the fever and expediting convalescence. But in cases in which inflammation of the intestinal mucous membrane exist, its exhibition may prove somewhat questionable. It may be said, that as far as the cases go, the claims of the American hellebore to a potent remedy are founded on no fictitious representations: they rest on the indisputable facts of rigid experience; and we have little doubt that when it shall have passed through an extensive trial, the conviction of its importance will become universal, and in the language of Dr. Norwood, a new era in the treatment of disease will be the consequence.

ARTICLE XII.

A Case of Tetanus—successfully treated. By W. W. Havis, M. D., of Houston County, Georgia.

Through the kind solicitations of my professional brethren, I am induced to give the details of a case of Traumatic Tetanus, which came under my care in January last; and if, by reporting in a concise and unvarnished style the features of the disease and the means used for its arrest, I contribute a mite
(by data) in elucidating the same, I will realize an ample recompense for my labor.

January 11th—5 o'clock, P. M., I was summoned to the bed-side of a negro man, æt. 28, of athletic form and robust constitution. On the 20th of December, he exposed himself, in a state of nudity, to the cold, which was severe, and from this congelation of his feet supervened. I saw him on the 28th: his feet were healing kindly; had been no constitutional excitement whatever; removed the lost phalanges of 2d and 3d toes of left foot.

Jan. 3d. Toes nearly healed. Boy walking about the yard without inconvenience, deemed farther attention unnecessary.

Jan. 8th. Exposed bare feet to the frost.

Jan. 11th. Found him resting upon occiput and nates; teeth separate ½ inch; articulates with hissing; face awfully disfigured; muscles of trunk, neck and face perfectly rigid; spasmodic twitching of diaphragm; extremities unaffected; tongue coated white; pulse 100, feeble; skin dry and hot; feet swollen, perfectly tense, very painful; severe paroxysms, at intervals of fifteen minutes, with aggravation of every symptom. Duration two minutes, pulse unchanged, articulation impracticable, excrutiating pain at scrobiculus cordis, bowels not evacuated since 8th. Placed him in warm bath; elm cataplasm to feet, sinapism to abdomen, empl. lyttæ from occiput to sacrum. Comp. ext. colo. and calomel aa grs. iij., followed by oleum ricini and ol. terebinth; pulv. Doveri, grs. x. every three hours.

Jan. 12th—11 o'clock, A. M. Bowels unmoved; pulse 98; volume sine force; paroxysms unaltered; tongue dry, and brown; viscid, frothy saliva exudes through teeth; dysphagia; skin hot and dry; feet very painful; teeth clenched during paroxysm; fine vesication upon spine. Ordered, ung. hyd. rubbed upon vesicated surfaces, enema of solution chloride sodium, opium cataplasm to feet, and mustard to abdomen; pulv. Dover. continued.

13th—11 o'clock, A. M. Pulse 88, tongue foul, paroxysm in statu quo, spasm reduced by attempting deglutition, small stool, pain in feet unabated, saliva profuse and ill-conditioned. Ordered, calomel grs. v., pulv. jalap grs. xx., followed by
enemata of chloride sodium; cataplasms; alc. ext. cannabis indicus, grs. iss. every half hour.

14th—11 o'clock, A. M. Bowels moved, and no essential change—continued hemp. 15th. Pain at epigastrium very poignant during clonic spasm, tongue foul, respiration accelerated, saliva profuse, pulse 91, bowels unmoved. Ordered, salt enema—hemp continued. 16th. Dysphagia terrible, paroxysms irregular, induced by effort of any kind; hiccough troublesome; three copious stools. Ordered, quinia grs. xx., opium gr. i., every three hours. 17th. Clonic spasms greatly aggravated, pulse 100, patient groans piteously, lachrymation profuse, eyes blood-shot, fearful dyspnæa, pain at scrobiculus cordis severe, extremities affected and opisthotonos complete; every symptom unpropitious. Ordered, tinct. veratrum viride gtt. xii. every two hours; poultice, &c. 18th. Pulse 75, skin cool and moist, tongue cleaning, saliva losing foetor and vicinity, deglutition improved, clonic spasm at intervals of an hour, duration ½ minute, two copious stools, pain in feet abating, swelling subsided, appetite capricious, (takes chicken broth, the first nutriment of any consequence since invasion of disease,) pain in epigastrium diminished. Cataplasms, pulv. Dov., &c., continued. 20th. Pulse 80, swallows without much inconvenience, clonic spasm not appeared since 1 o'clock A. M., two copious stools, excessive nausea and emesis, tongue nearly clean. Ordered, sinapism to epigastrium, pulv. Doveri grs. xv., pulv. zinjiber grs. ij., until nausea and vomiting is relieved, every three hours. 21st. Pulse 100, tongue clean, red and dry; nausea and vomiting quelled, prostration great, severe pain at hypogastrium, two stools, all blood, lbj. aa.; tonic rigidity of muscles unchanged. Ordered, enema acet. plumb. and tinct. opii., sinapism to hypogastrium, Dover's powder, continued. 6 o'clock, P. M. Two stools, blood and mucus; enema repeat-
ed, elm tea as potation, opium and tannin aa. grs. ij. 22d. 
Pulse 90, small; tongue moist, profuse diaphoresis, prostration 
great, one stool semifœcal. Ordered, brandy 5 iss. every three 
hours, charcoal and opium cataplasm to feet, opium grs iss. 
every four hours. 23d. Pulse 80, tongue moist, skin cool and 
moist, sleeps, one stool, fœcal, small; tonic spasm abating, feet 
doing well; amputated middle phalanges of 2d and 3d toes of 
left foot, and gave flap. Ordered, quinia grs. ij., opium grs. ss., 
brandy 3 ij. every four hours.

This treatment was persevered in until tonic rigidity of 
muscles was overcome; then the quinia and brandy prescribed 
until his wonted strength and health were restored. Tonic 
rigidity was not reduced until the lapse of twelve days after 
arrest of clonic spasm. From arrest of clonic spasm to the 
23d of January, there was tonic rigidity, and at no time within 
the period could his head be raised one inch without elevating 
the body the same length. In using the terms clonic and tonic, 
I wish to be understood as not employing them to express per-
fecf relaxation from violent contraction, but a medium ground: 
from violent exacerbation, to mild. The risus sardonicus was 
perfect during tonic spasm—the violence of the clonic so dis-
torting the features as to banish anything like a risus. His 
respiration was always difficult during clonic spasm, but easy 
during tonic; sore when twitching of diaphragm perturbed it. 
He rested upon his nates and occiput all the time of his illness, 
except one day and night, and then opisthotonos was complete. 
The Indian hemp which I used, presented all the physical 
qualities of a fine article, but was certainly devoid the action 
ascribed to it by Dr. O'Shaughnesey. The quinia seemed 
entirely out of place, notwithstanding its merit as an altera-
tive and sedative; it proved rather a conservative of the spasm 
than otherwise, and I cannot attribute such a sudden exacerba-
tion of the disease to aught save the drug. The veratrum 
viride effected such sedation as to give unwonted potency to 
the Dover's powder, and it was for this I stopped it, feeling 
confident that I could continue the sedation as well with the 
Dover's powder as with the hellebore, and secure a more de-
cided action upon the gastro-enteritic functions.

The case may, by skeptics, (for want of autopsical facts),
be termed a mild one, a mere flash; because its action was not substantiated by the patient's death. But, because some cases prove fatal in a few hours, it is not proof that other cases are not as severe, because they procrastinate their "dead set" a day or two, or even eventuate in restoration to health. But, "quantum sufficit." I do not consider the case as one of the most active, but as one of inveteracy, and requiring medical aid. Further comment is unnecessary: let the case and its treatment go for its worth, and I am content.

ARTICLE XIII.

A Case of Onanism, presenting great difficulty of Diagnosis.
By J. A. Long, M. D., of McMinn Co., East Tennessee.

On the 15th of October, 1851, I was called to R. M., a young man, æt. 25 years, of rather delicate constitution, had suffered from several attacks of chill and fever, and was of a family predisposed to renal affections. I found him sitting up by the fire, complaining of a dull, heavy, listless feeling, with a general aching and numbness all through his system, and particularly in his limbs, more referable to the bones than other parts of the body. He was somewhat cold, or rather chilly, at times, but nothing like a distinct chill had he suffered from the onset of his disease. His pulse was somewhat accelerated and rather weak; skin warm, and perspiring; bowels costive; tongue pale, and covered with a white coat; feet and hands rather inclined to be cool, and said he felt as he generally did previous to attacks of chill and fever, which I thought myself he was about taking. From the inactive state of his liver and bowels, I gave him one or two calomel purges, followed by quinine, with some benefit for a short time only.

In about a week I was again called, and found him in a similar condition, only somewhat worse, particularly in his back and lower extremities. Ordered, blue pill, followed by oil, and quinine to be given as before, and continued for several days.

I was again called in about a week, and found all of his symptoms much aggravated, particularly in his back, of which he complained greatly on being moved. Numbness and aching
down his legs, and in fact all over his body; fugitive pains through the abdominal muscles, and with more or less constriction around the abdomen; great soreness on pressure along the spine, especially the lumbar and lower dorsal region; pulse 140 in the minute, skin warm and perspiring freely. I now changed my opinion as to the nature of his complaint, and thought I undoubtedly had a case of spinal meningitis to deal with.

_Treatment._—Local depletion, followed by a blister along the whole of the tender portion of the spine; calomel, until a decided impression be made upon the system; low diet, &c. The effect of this course of treatment was only to ameliorate the symptoms, reduce the fever and pulse, and to allay or remove the excruciating pains of the spine. The pains of the back have become more dull and deep-seated, as if they were in the kidneys; great soreness along the lumbar muscles, particularly on pressure; perspiration still profuse, and has a disagreeable acid odour; still complains much of his extremities, aching in his bones, &c. He now presents unequivocal symptoms of rheumatism of the lumbar muscles, which, however, only last a short time, and are followed by deep-seated pains in the region of the kidneys, of a spasmodic character, severe and excruciating, shooting down in the direction of the ureters to the testicles, these latter organs being drawn up. He has become greatly emaciated, notwithstanding his appetite has been tolerably good, and he has been generally allowed a generous diet. His case remained stationary, under the form of nephralgia, for at least two months, without fever or any excitement of the arterial system. Throughout the whole of his illness he has been remarkably restless, irritable (especially at night) and slept but little. Opium was used, in large doses, to allay his suffering, with only temporary relief. The whole class of diuretics was used without advantage. He had the appearance of a man of at least 45 years of age: his face became shrivelled and wrinkled, his countenance was bad and anxious, he wore his cap pulled down over his eyes during the whole of his sickness, and frequently exclaimed, "what a fix—what a fix to be in! death is far preferable. Oh, I will die! oh, I will die!" &c. In this stage of the disease, all hopes on the part of
the patient and his friends were lost, and, in fact, death seemed to be his inevitable doom, unless some speedy relief were afforded him. There was but slight alteration of the urine, either in color, quality or quantity; at times it was slightly albuminous. His bowels continued costive, and were only moved when oil was given or the syringe used.

One of my pupils, Dr. G. A. Long, on visiting the patient, was asked by him if he knew what — _self-pollution_ was, and what were its effects. This conversation, on being reported to me, immediately unriddled the mystery of the case—my suspicions were confirmed at my next visit by a full acknowledgement of the baneful practice. I now put him upon a more nourishing diet, and the free use of tonics, quinine and the various preparations of iron, and directed as much cheerfulness as possible on the part of the attendants. This course was persevered in until he could go about the yard, and was able to take the cold bath. He began to improve immediately, under the iron and quinine treatment, though slowly and gradually.

**Remarks.**—I have been thus tedious in the particulars of this case, because I thought it would be instructive, especially to the junior readers of the Journal. As this is the first case of the kind I have met during a practice of eight years I naturally conclude it is of rare occurrence, especially in country practice, though occurring sufficiently often to deserve the attention of medical men. By way of excusing himself, this young man mentioned to me another, equally guilty with himself, who had abandoned the practice on account of a severe spell of _chronic rheumatism_, affecting nearly every joint of his body, but especially his back and lower extremities. He was down some twelve months, and his case was spoken of as a very strange one. His appearance was that of my patient—downcast countenance, old look in the face, dejected spirits, &c. There is nothing a young man can be guilty of that will undermine and sap the foundation of his constitution sooner and more effectually than this abominable practice.
PART II.

Eclectic Department

Throat Diseases. By Ira Warren, M. D.

Folliculitis.—This disease made its appearance in this country, so far as is known, in 1830, and the attention of the profession was first drawn to it, as a distinct disease, in 1832. Some have supposed its origin to have had a hidden connection with the epidemic influenza, which spread over the civilized world in 1830; but this is only conjecture. In its early developments, it attracted notice chiefly by its visitations upon the throats of the clergy. Hence its popular name of "clergyman's sore throat." It was soon found, however, to attack all classes of persons, whether engaged in any calling requiring a public exercise of the voice or otherwise. It was more noticed by public speakers and singers, by reason of the greater trouble it gave them.

The disease consists simply in a chronic inflammation of the mucous follicles or glands connected with the mucous membrane which lines the pharynx, larynx, trachea, &c. The office of these little glands is to secrete a fluid to lubricate the air-passages. When inflamed, it spreads an acrid, irritating fluid over surrounding parts, and excites an inflammation in them. This, if not arrested ends in ulceration; the expectoration becomes puriform and undistinguishable from that of consumption, and the patient dies with all the symptoms of phthisis. Indeed, before its nature was understood by the profession, it was thought the most fatal form of consumption, because it could be affected only to a very small degree, if at all, by medicines taken into the general system.

When disease lays hold of those follicles in the larynx which supply a fluid for lubricating the vocal cords, and the secretion conducted to those instruments of speech is acrid and irritating, the voice becomes hoarse; and when at length the ulceration reaches the vocal ligaments themselves, the voice suffers a gradual, and finally a total extinction. I have treated a large number suffering entire loss of voice, and am happy to say it has been restored in every instance.

The approach of this disease is often so gradual as hardly to attract notice—sometimes for months or even years giving no other evidence of its presence than the annoyance of something in the throat to be swallowed or hawked up, an increased secretion of mucus, and a sense of uneasiness and loss of power in the throat after public speaking, singing, or reading aloud. At
length, upon the taking of a cold, the prevalence of an epidemic influenza, or of an unexplained tendency of disease to the air-passages and lungs, the throat of the patient suddenly becomes sore, its secretions increased and more viscid, the voice grows hoarse, the difficulty of speaking is aggravated, and what was only an annoyance, becomes an affliction, and a source of alarm and danger. The disorder clearly belongs to the family of consumption, and needs early attention.

It is amusing to reflect upon the theories which writers were in the habit of constructing, a few years since, to account for the throat affections among the clergy. It was attributed by some to speaking too often, by others to speaking too loud. One class of writers thought it arose from high, stiff neck-stocks; another, from a strain of voice on the Sabbath to which it was not accustomed on other days.

The cause of the disease lies deeper than any of these trifling things. So far as ministers are concerned, it may be expressed in two words—labor, anxiety.

The clerical order are placed just where they feel the force of the high pressure movements of the age. They are the only class of recognized instructors of adult men, and are obliged to make great exertions to meet the wants of their position. The trying circumstances in which they are often placed, too, in these exciting times, by questions which arise and threaten to rupture and destroy their parishes, weigh heavily on their spirits and greatly depress the vital powers. And when we add to this the fickle state of the public mind, and the shifting, fugitive character of a clergyman's dwelling-place, and the consequent liability to poverty and want to which himself and family are exposed, we have a list of depressing causes powerfully predisposing to any form of disease which may prevail. As we have said, however, it is not the clergy only, but all classes of people who are afflicted with this dangerous malady.

The long and rather awkward name which Dr. Green has given to this disease is, Follicular Disease of the Pharyngo-Laryngeal Membrane. I call it Folliculitis, or, as this term does not describe its seat, follicular laryngitis, or follicular pharyngitis, according to its position.

Through a general lack of acquaintance with this disease, it has been often confounded with bronchitis. But bronchitis is an inflammation of the mucous membrane which lines the bronchial tubes, and of course has no existence except below the bifurcation of the trachea. In strictness it is not a throat disease at all.

Folliculitis is also often mistaken for laryngitis. But this latter disease is an inflammation spread over the mucous
membrane of the laryngeal cavity. Bronchitis and laryngitis affect mucous membranes; folliculitis, the follicles of these membranes. Each is a separate disease, and they are easily distinguished by one who understands them. They are often complicated and unite in one subject.

There is yet another form of these chronic diseases, with which many are afflicted. Inflammation sometimes begins behind and a little above the velum palati, in the posterior nares, or back passages to the nose. Thus seated, it generally passes under the name of catarrh in the head. It often creates a perpetual desire to swallow, and gives the feeling, as patients express it, "as if something were sticking in the upper part of the throat." When the inflammation is of long standing, and ulceration has taken place, puriform matter is secreted, and drops down into the throat, much to the annoyance and discomfort of the patient. Many times the sufferer can only breathe with the mouth open. Upon rising in the morning, a great effort is generally required to clear the head, and the extreme upper part of the throat. Even distressing retching and vomiting are sometimes induced by the effort to clear the back nasal passages. There is occasionally a feeling of great pressure and tightness across the upper part of the nose; and the base of the brain sometimes suffers in such a way as to induce headache, vertigo and confusion. The smell is frequently destroyed, and sometimes the taste.

If the inflammation be in the pharynx or larynx, there is a similar sensation of something in the throat, but the desire is not so much to swallow it as to hawk it up.

Beside these chronic forms of disease, there are a number of acute inflammations which attack the air-passages, and run a rapid and very dangerous course. Croup is well known as one of them. There is another, which attacks the mucous membrane of the larynx and epiglottis, which reaches also the sub-mucous cellular tissues of these organs, and which often proves fatal in a few hours. The effusion of serum into the epiglottis, in consequence of a high state of inflammation of that cartilage, causes it to stand upright, so that it cannot cover and protect the opening to the larynx; and the lips of the glottis, distended by the same cause, approach each other, thus closing up gradually the passage to the wind-pipe, and threatening immediate suffocation. It was this disease of which Washington died, as we learn from the clear account of the symptoms given by his medical attendants, though they mistook the disorder for another, the profession not being then acquainted with it.

Treatment of Throat Diseases.—Fifteen years ago, these
disorders were thought to be incurable; and by all the appliances of medical art then known, they were so. But time has brought a successful method of treatment, as well as a clearer knowledge of their nature. The honor of first employing such treatment in this country belongs to Dr. Horace Green, Prof. of the Theory and Practice of Medicine in the New York Medical College. It had been previously used by Drs. Trouseau and Belloc, of Paris; but this detracts nothing from Dr. Green's just honors, as he had no knowledge of their discovery—for such it was—until after he had done the same thing on this Continent.

This treatment, as is generally known to the profession, consists in topical medication, or the applying of the remedy directly to the diseased part. The medicinal agent, more extensively used than any other, is a strong solution of nitrate of silver. This substance is not, however, adapted to every case—other articles succeeding better in some few instances. Modern chemistry has given us a variety of articles, from which the skilful physician may select a substitute, should the nitrate of silver fail. This article has, however, proved itself nearly a specific for inflammation of mucous membranes, acute or chronic not connected with a scrofulous or other taint of the system; and where such taints exist, it will generally succeed, if proper constitutional remedies are used.

Instruments.—The instrument employed by most physicians is a piece of whalebone, bent at one end, to which is attached a small round piece of sponge. I formerly used this instrument myself, and am happy to know, that notwithstanding its defects, it was generally successful. Yet where the larynx has been highly inflamed, with a swollen and ulcerated condition of the epiglottis and lips of the glottis, I have found the singular powers of theargent, nitratis put at defiance by an irritation evidently produced by the sponge of the probang. Upon its introduction in such cases, the parts contract upon and cling to it, and suffer aggravated irritation, almost laceration, upon its withdrawal, however carefully effected.

A case of this sort occurred to me in the person of a gentleman of great moral and intellectual worth, a teacher of a classical school, to whom I was called in Plymouth county, in August, 1849. He was at the point of death from starvation, not having been able to swallow anything, not even water for a number of days. The epiglottis and lips of the glottis were much swollen and deeply ulcerated, and the whole pharyngo-laryngeal membrane involved in a high state of inflammation. The first two applications of the nitro-argentine solution, made to the isthmus of the faucæ and pharynx on Saturday evening and Sunday,
so far relieved him, that on Monday morning he drank, with a sense of unspeakable satisfaction, a tumbler of cold water. Before I could see him on Wednesday evening, however, he was again sinking, the full activity of the inflammation having returned; and every subsequent attempt to introduce the sponge, and to carry it down to the seat of the disease, caused such irritation as to exhaust the patient. He sank and died, leaving a void in his neighborhood which it will be hard to fill. I feel confident that with the instrument I am about to introduce to the notice of the reader, I could have reached the seat of the disease with so little disturbance of the parts, as to have saved his life.

Such defects in the probang led me to contrive an instrument, which I call a *Laryngeal Shower Springe*. It is in the form of a syringe, the barrel and piston of which are of glass. To this is attached a small tube, made of silver or gold, long enough to reach and enter the throat, and bent like a probang, with a globe at the end, from a quarter to a third of an inch in diameter, pierced with very minute holes, which cover a zone around the centre, one third of an inch or more in breadth. This silver globe I daily introduce into highly inflamed and ulcerated larynges, generally without any knowledge of its presence on the part of the patient, until the contained solution is discharged. A single injection throws a *very fine* stream through each of the holes in the globe, and thus all sides of the walls of the trachea are washed at once. Moreover, the smallness and smoothness of the bulb allows of its easy and painless passage through the rima glottidis, so as to bathe the walls of the trachea as low as the bifurcation, and even of the large bronchi. Physicians will understand the advantage of this in the case of ulcers low down in the trachea. They will see its advantage, too, in the case of croup in children, into whose larynges it is not easy to introduce the sponge.

The introduction of this instrument into the larynx is easy. Upon the approach of any foreign substance, the epiglottis instinctively drops down upon the entrance to the larynx, guarding it against improper intrusions. It has been found, however, that when the root of the tongue is firmly depressed, this cartilage cannot obey its instinct but stands erect, its upper edge generally rising into view. Availing himself of this fact, the surgeon has only to depress the tongue with a spatula, bent at right angles, so that the hand holding it may drop below the chin, out of the way, and as the epiglottis rises to view, slip the ball of the instrument over its upper edge, and then, with a quick yet gentle motion, carry it *downward* and *forward* between the lips of the glottis, and the entrance is made.
have often admired the heroic faithfulness of this epiglottic sentinel, who, when overborne by superior force, stands bolt upright, and compels us to enter the sacred temple of speech, directly over his head!

This instrument I have used with great satisfaction. A considerable number of physicians, in different States, have procured and are now using it.

For bathing the upper part of the throat, I construct it with a straight tube, with holes over the outer portion of the globe, and extending to the centre. This washes instantaneously the faucæ and pharynx, without throwing the solution back upon the tongue.

Inflammations in the back passages to the nose, have been almost entirely inaccessible by any reliable healing agent, and consequently incurable. The probang could only reach a short distance, and caused great suffering. I have had this syringe constructed with a short bend, and the globe pierced with a few fine holes at the upper end. Carrying this globe up behind the velum palati, with a single injection I wash both passages clear through. I have had the pleasure of curing a large number of bad cases, of several years' standing, to the surprise and delight of the patients.

Many of these throat affections are connected with functional disturbance of the liver and stomach. In such cases the inflammation of the throat generally refuses to yield until the hepatic and gastric troubles are corrected. Indeed, in a majority of cases, the topical applications need to be accompanied, for the above as well as for other reasons, by a constitutional and alterative treatment.

One word respecting the tonsils. They are chiefly "an aggregated mass of mucous follicles"; and in many follicular diseases they are found enlarged, inflamed, and sometimes indurated. In such cases they secrete a thin, unhealthy, irritating fluid which is spread over the throat, increasing and perpetuating its disease. Much of this secretion, too, finds its way into the stomach, and thence into the circulation; and I am not sure that many cases of scrofula are not engendered by the poison thus conveyed to the blood. At all events, the throat seldom gets well in such cases, until the tonsils are removed.

For the excision of these glands, I found the same lack of instruments, as for making topical applications to the throat. The only one which had any claims to regard, was the guillotine instrument, invented some years since by Caleb Eddy, Esq., of this city. It had, however, no facilities for drawing the tonsil forward. Generally, all that could be done with it was to trim the gland, which did little good, for it became again en-
larged. I attached the bull-dog tenaculum to it, with which I have been able to draw the tonsil from between the pillars of the fauces, and cut it through the root, so as effectually to prevent a second growth. As there were still some defects in this instrument, I have prepared an entirely original one, with which the extirpation of these glands is so easy and expeditious, and withal so little to be dreaded by the patient, as to leave, I think, little further to be desired in this line.

As bearing directly upon this subject, I will add, that about three years since, Dr. Chambers, of London, reasoned that if nitrate of silver have a specific influence over inflammations of mucous membranes, it would cure bronchial consumption, and perhaps other forms of that disease, if it could be got into the lungs. He accordingly made a powder of that article and lycopodium to be breathed into the lungs. His account of it was published in the London Lancet, and has appeared in this Journal.

In August, 1849, I prepared the same powder; and not only in the cure of bronchial consumption, but in the treatment of the first and third stages of the tubercular form of this disease, I obtain results from it which I can derive from no other article.

I also use lycopodium for preparing powders in the same way, with sulph. of copper, crystals of nitrate of mercury (sometimes useful in secondary syphilitic troubles of the throat,) iodide of potassium, &c.

For breathing powders of every kind, I have constructed a neat inhaler, which consists of a glass tube and a receiver—the latter being something like a tube vial, perforated with holes around the lower end. The powder is poured into the receiver, which is placed in the larger tube, and twirled between the thumb and finger while inhaling.

In the bronchial forms of consumption, the local disease is confined to the mucous membranes; and in the tubercular type, the deposite begins upon the same tissue. Breathing medicine directly into the lungs is therefore the rational mode of attacking the local disease. The time must soon come when this form of treatment will be universally adopted. The mode of applying it will doubtless be improved, and the articles employed be multiplied. But we are on the right track, and the period may not be distant when this fearful malady, taken in proper season, will be held as curable as chronic diseases of the stomach or liver.—[Boston Medical and Surgical Journal]
Cerevisia Fermentum.—On the use of Yeast in Putrid Sore Throat, &c. &c.

To the Editor of the Boston Medical and Surgical Journal:

Sir,—The gratifying effects of the use of yeast, and the very happy result, in a case of putrid sore throat, that I have just had under my charge, induce me to offer the following suggestions for publication in your excellent Journal.

The case alluded to was a boy 12 years old. For a week previous to my being called in, he had complained of common sore throat. He had had the usual domestic remedies applied, and among them a flannel bandage around the neck. He considered himself well on Monday, 11th inst., and imprudently took off the bandage, going out and exposing himself to the inclement weather. He was taken severely ill on Monday, with a high fever, headache, &c., and early on Tuesday morning I was sent for, and found him laboring under all the symptoms of malignant inflammation of the throat, accompanied by an eruption on the face and neck, of a dark-red color; face somewhat swelled; skin of face and neck exceedingly rugous, like the surface of the leaf of sage; tongue of a fresh meat color; rima glottidis tumefied and inflamed: epiglottis erect and almost immovable from tumefaction, and the whole mouth and fauces dry and harsh. There was considerable cough, but the tough ropy sputa could not be expelled. I applied the usual antiphlogistic treatment, except bloodletting. A sinapism on the throat enabled the patient to swallow his medicine. The usual course of such a disease went on regularly till Thursday morning, the eruption having extended over the whole body. On that morning, unequivocal symptoms of ulceration and typhoid showed themselves. The pulse was small, thready, feeble and quick; the mind wandering, with incessant murmurings; inability to articulate intelligibly; alternate severe pains in the head and abdomen; little sensibility in the throat; small white and grey spots throughout the mouth, tongue and fauces, and numerous petechiae on the face and abdomen. I immediately ordered half a pint of fresh brewer’s yeast, mixed with half a pint of water, with brown sugar sufficient to give it flavor, and to take a table-spoonful of the mixture every two hours, suspending all other remedies, except the gargle (made of borate of soda, honey and infusion of sage) and occasional sinapisms to the throat. Up to this time the fever and eruption had been regularly intermittent, coming on about 2 o’clock in the morning, and subsiding about 12 M., at which time the skin became quite smooth, and very slight signs of the eruption. On Friday morning, a great change had taken place. He had rested
Yeast in Putrid Sore Throat.

1852.

tolerably well during the night; his tongue and mouth were nearly relieved and clean; the fever and eruption were quite moderate, and passed off before 9 o'clock. On Saturday, still further improvement was manifested. He could eat with facility, and begged for food, which was allowed him freely. On Sunday morning, all symptoms of the disease had disappeared, except the swollen and sore lips, and edges and point of the tongue. On Monday, all he required to constitute him perfectly well was strength; but even in that respect he was not very unwell, for he got up, in the absence of his mother from his room, and went to the window; and when I saw him last, on Tuesday, he was about the house with the rest of the family. He continued to take the yeast until Monday evening.

I have been rather particular in relating the case, that it might be understood; though I fear some will think, from the rapid recovery and imperfect description, that it was not a very severe one. I have seen many cases, during my thirty years' practice, of putrid sore throat, scarlatina maligna, or whatever else it may be called, but I have never seen a more threatening one than this, particularly on Thursday morning. Its happy termination I attribute entirely, under Providence, to the free use of the yeast. I had used this article ever since the Rev. Mr. Cartwright, of Louisiana, published his account of its successful employment in nervous fevers some thirty years ago. I prescribe it in the typhoid stage of all eruptive diseases, especially small-pox, and generally with the happiest effect.

And now, sir, to the object of this paper. Do we not sacrifice too much in our endeavors to refine our remedies? Nearly all our writers discourage the use of yeast, saying we can avail of its active principles in far more elegant and convenient forms. I do not believe this. Who, I beg leave to ask, who knows what the active principles of yeast are? We can analyze and obtain from it potash, carbonic acid, acetic acid, malic acid, lime, alcohol, extractive mucilage, saccharine matter, gluten, water. But can we say that these ingredients or principles, artificially combined, in part or in whole, individually or collectively, will make yeast? And will the article thus made have the same effect as the natural article or compound does? Who can say that the effect of an article like this is attributable to its generation of carbonic acid, or to its tonic power derived from the bitter principle, or to the stimulating principle of its alcohol? We all have used carbonic acid in

*This boy had scarlet fever (scarlatina simplex) very severely, six years ago, and was attended by myself.
the form of carbonated water, effervescing draughts, &c.; and stimulants in the form of ammonia, alcohol, wine, &c.; and tonics in the form of bark, quinia, &c.; but never have I seen the effects from all these equal to those of yeast. Who can say that in the process of analyzation some very active principle is not lost? I think yeast exerts a direct and most powerful influence upon the degenerated blood, restoring it speedily to a healthy condition. It seems to generate some active principle while in the stomach, which acts upon the blood and nervous system. Certainly its effects on the system, in diseases of a typhoid character, are entirely unlike those of any other remedy. In our endeavors to render our remedies more "elegant," and "convenient," therefore, by the extraction of active principles, we should be careful lest we sacrifice utility to nicety. We all know that even quinia is not in all cases a substitute for Peruvian bark, although this article approaches nearer to a perfect embodiment of the active principle of a natural product than any other. Quinia is not always bark, nor morphia opium. But in the case before us, for yeast, in my opinion, no substitute can be obtained, even by a combination of every one of its active principles artificially; for, as before observed, there seems to be an active principle in the original that cannot be found by analysis, and that is destroyed by it. This principle seems to me to resemble the principle of life.

In conclusion, I hope your professional readers will bear these suggestions in mind, and when they have a case suitable for it, give the article a trial, and the patient a chance to be benefited by it. It is proper to say that brewer's yeast is the article I always use. Distiller's, baker's and common family yeast, do not act so well; though either are very far better than none. When prepared as above, it is by no means disagreeable. With children, I generally call it porter sangaree, and they are not aware of the deception.

Yours,

GIDEON B. SMITH, M. D.


Baltimore, January 27th, 1852.

Dear Sir—I feel it to be my duty to place at your disposal the following statement of facts, at the earliest moment.

I had scarcely returned from mailing my article to you on the subject of the use of yeast in putrid sore throat [see above], when I was called to visit a family of four children. I found them all laboring under severe symptoms of scarlatina maligna. The mother informed me they had been for two or three days complaining of dryness and some soreness of the throat,
headache, nausea, and pain in the back and stomach; but on Friday evening, 23d inst., three of them went to bed, viz:—
John, 13 years; Mary, 8 years; and Robert, 4 years of age: Charles, aged 10 years, not in bed, but complaining greatly. When I saw them, on Saturday morning, the eruption was fully developed on the face and neck of the three first, of a dark dull red color; the throat very sore; the tongue dry, with a dark fur on the middle and back portion; grey spots on the tonsils and fauces; great mental uneasiness; eyes quite red, and great anxiety of countenance. In fact, all three had strong symptoms of the worst form of scarlet fever. The pulse was almost too quick to be counted, and heat of the skin very high. The skin of all three had also assumed the peculiar rugous appearance described in my previous article. I had come to the conclusion that brewer's yeast was an antidote to the specific poison of scarlet fever, and I immediately ordered its free use in these cases, administering it also to Charles, who was not yet in the eruptive stage. I ordered the yeast to be mixed with an equal portion of water, and to be well sweetened with brown sugar, each patient to take a tablespoonful every two hours, unless it affected the bowels, in which case the quantity to be reduced one half. I gave no other medicine, and did nothing else except applying sinapisms to all their throats to enable them to swallow. On Sunday morning I found they had all passed a tolerably comfortable night. Their tongues were all clean, moist, and of a healthy color; throats slightly sore; the eruption extended over the whole body, but evidently on the decline. Charles, who was one day later in the various stages than the other three, was now on an equality with them. On Monday morning all of them were so well they begged hard to be allowed to leave their beds, except Robert, the youngest. This morning, Tuesday, 27th, I have pronounced them all well. Robert had been dreadfully burned several months ago, by the bed being accidentally set on fire while he was in it. All the burnt surface had been healed, except a place as large as my hand on the lower part of the abdomen. His long confinement and debility from that accident rendered his attack of the scarlet fever much to be dreaded; but even in this case the disease had passed away. The fact that this remedy acts as an antidote to the poison of scarlet fever, seems to derive great support from the case of Charles, who commenced taking it before the fever and eruption were developed, and who, though one day later than the others in the development of the disease, got well at the same time they did.

Now here are four cases, three of which commenced on Friday night, the other on Saturday night, all presenting the
Observations on Diseases of the Ear.  

[April, 1850]


Acute Myringitis, with perforation of Membrana Tympani.

Case 1. The Rev. J. H——, aged forty-five, on the 2nd March, 1850, performed the burial service in a damp country churchyard, and in the same evening felt he had "taken cold." He was attacked during the night with great pain in the left side of the face, extending into the ear, which increased and was followed by difficulty of swallowing, and tenderness round the angle of the jaw, and over the mastoid process; all which symptoms, as he had previously suffered from neuralgia and
rheumatism, he attributed to these causes, and took for his relief large doses of quinine and opium. The pains and discomfort continued to increase, and he began to experience deafness and confused sounds in the ear, with great irritation over the whole of the auricle, and extending far into the ear-passage.

This alarmed him, and on the 9th of March he consulted me. I found him then labouring under considerable pain, as before mentioned, penetrating deeply into the head, and increased by every effort to swallow or open the mouth wide. He feels the carotid of that side beating loudly in the ear; has tinnitus; the noise, he says, at one time is like the scraping of a saw-mill—at another like the rushing of the wind. He does not fancy he is very deaf, but I find the hearing distance is less than three inches. I take this opportunity of mentioning that, with a view to ascertain and note carefully the variation in the hearing power of patients, whilst under treatment, I always employ a metronome for this purpose; its steady, distinct, and uniform beat is more to be depended upon, and therefore is a much better and surer test than the ticking of a watch as ordinarily used.

An examination of the ear showed the auricle in a state of phlegmonous inflammation, and the tragus and commencement of the ear-passages so swollen that no inspection could be made by the speculum.

The next day after free leeching over the mastoid process and in front of the auricle, and the application of warm fomentations and bran poultices, I was enabled to examine the condition of the ear-passage and membrana tympani.

The whole length of the canal was covered with a muco-purulent secretion. On this being washed away with warm water, the canal was found tender to the touch, swollen, and very red. The membrana tympani, from its excessive vascularity, was bright rose colour; the projection of the malleus could not be detected; its whole surface looked pulpy and villous. The tonsils on both sides were enlarged and slightly ulcerated; the fauces generally relaxed; and no air could be passed through the Eustachian tube on the affected side, the effort to do so being attended with great pain. There is a good deal of constitutional disturbance. The appetite is bad, and the night sleepless. Leeches in front of the meatus were again ordered, and counter-irritation to be freely kept up over the mastoid process. A pill, composed of extract of hemlock and colchicum, and blue-bill, was directed to be taken three times a day.

March 13.—The pain and irritation in the ear, and difficulty of swallowing, had considerably lessened; there is otorrhœa.
The noises in the ear continue most distressing. He is now able to force air through the Eustachian tube; the otoscope detects the air as gurgling through a mucous fluid, and with a peculiar hissing sound indicative of a rupture of the membrane. The speculum shows the membrana tympani still deeply red, though darker in colour, with two distinct vesicles on its surface, though so swollen and pulpy that the exact situation of the perforation could not be detected. The hearing distance is not an inch; indeed, the deafness is nearly complete. The medicine, and counter-irritation over the mastoid process, were ordered to be continued.

16th.—the constitutional symptoms much improved; the pain and irritation in the ear and the adjacent parts are lessened; the noise he likens now to the lowing of cattle. The discharge is very profuse: no improvement in hearing.

The ear was washed out with warm water, and I found a polypus excrescence had shot out from the interior wall of the canal and completely filled up the passage. I removed it by means of Mr. Wilde's ingenious and very useful "snare," and found the membrana tympani of a pale pink colour, with very little remains of its former villous and pulpy appearance. The perforation could not be seen; it was of an irregular shape, and situated near the anterior and inferior portion of the membrane. The removal of the fungus extended the hearing distance at once to about four inches.

As the mouth was rather tender, the pills were discontinued, and the iodide of potassium in bitter infusion was directed to be taken three times a day. A fine point of nitrate of silver was applied very lightly to the edge of the perforation, and gentle syringing with a weak tannin solution ordered twice a day.

This patient continued improving under treatment, both in his general health and in the local malady. On the 15th April, I found the membrana tympani rather thick and studded with opaque spots; there is slight discharge; the hearing distance is about one foot; the tinnitus still continues. Counter-irritation behind the ear with tartrate-of-antimony ointment; the occasional pencilling of the membrane and auditory canal with a solution of nitrate of silver (5 grs. to 1 ounce); and the Bath waters, formed the local and constitutional treatment for another month. At the end of that time the general health was perfectly restored; the discharge had quite ceased; there is still some tinnitus, and occasionally loud crackings, on gaping or swallowing, are heard by him.

I may observe that this gentleman has suffered a long time from dysphonia clericorum; the throat is always more or less relaxed, and the Eustachian tube, I doubt not, partakes of the
same irritation of the membrane. The perforation in the tympanal membrane is of an irregular shape, occupying about a fifth of the membrane, the remaining portion of which has now assumed a tolerably healthy appearance; the auditory canal is dry, and without any secretion of cerumen. The hearing distance is about two feet.

I considered this a favorable case for the use of the hydrated cotton, as recommended by Mr. Yearsley, and to the value of which, in judiciously selected cases, and when applied with due care and tact, I have before borne my full testimony.

Its application increased directly the hearing distance to nearly three yards.

I instructed my patient in its application, and on his visiting me about three months afterwards, I found him still deriving the same comfort from its use, though he says he cannot always "hit upon" the exact point of the membrane to which it should be applied, and then it not only fails in giving relief, but generally produces pain and irritation. An examination of the membrana tympani at this time showed it opaque and slightly vascular, the perforation existing as before. There were no remains of any polypoid growths, and a healthy secretion of cerumen was being established.

_Tympanitis; Exfoliation of the Ossicula; Periostitis and Caries of a portion of the Mastoid Process._

**Case 2.** Miss S——, aged 37, first consulted me in 1849. She stated that she had had scarlet fever at the age of nine years, which was followed by discharge from the left ear, and subsequent deafness in both ears. Her recollection of symptoms at that early period is, of course, not very clear, but she thinks the right ear was first affected. She never remembers having discharge from this ear, but from the left the discharge has been present at intervals from that period until now. On the right side the hearing distance is only two inches; on the left, four inches. The right membrana tympani is thick, opaque, and studded with pearly deposits, and very much collapsed; air is easily pressed into the tympanal cavity, but from probably old fibrous adhesions, the shape of the membrane is but little influenced by it. The ear-passage is dry and scaly. The left membrana tympani shows a large perforation, occupying its inferior portion; the lining membrane of the tympanum seen through it is of a dark red colour; there is otorrhoea; air is freely passed by the Eustachian tube through the aperture.

Although from the extent and long standing of the disease, I felt little confidence in any treatment being productive of much good, I advised the application of glycerine to the right ear,
and the hydrated cotton wool to the left. The glycerine certainly did much to improve the condition of the former, and the wool that of the latter, for the hearing distance was increased so much in each ear as to enable her to hear tolerably distinctly across a small room.

I frequently saw this lady during several months after this date, and she always spoke in the strongest terms of the immense addition to her comfort this treatment had induced. Not content, however, with this, in an evil moment she made application to one of the advertising quacks, and received, by post, a nostrum, with directions to apply it freely to each ear. This I afterwards showed to an experienced chemist, who informed me that it was an ethereal tincture of horse-radish.

On the evening of July 1, 1850, she first used this application to both ears. Early the following morning she was awoke by pain in the left ear, which continued increasing during the day, but as she was led to expect pain from the application, she not only bore it patiently, but even applied the drops again at bed-time. The pain now became excessive, and her sufferings were such that at an early hour of the morning, I was requested to visit her. She then told me what she had done. She was experiencing no inconvenience in the right ear, but in the left ear and left side of the head, she described her sufferings as agonizing.

I could make no internal examination of the ear; the whole auricle was so inflamed and sensitive, that the least touch was unbearable to her. Leeches and fomentation locally with salines and anodynes, formed the treatment, and when on July 5, five days after her misfortune, I was able more easily to inspect the parts, it was indeed sad to see the ravages that this attack of inflammation, acting on a part already much diseased, had produced. The meatus was filled with a profuse and offensive purulent discharge; its removal, by the most gentle syringing, showed the membrana tympani nearly entirely destroyed, throwing open the tympanal cavity, the lining membrane of which is of a dark red colour, pulpy and granular, and covered with purulent discharge; the power of hearing, even by contact is quite lost.

It is unnecessary to follow this case, step by step, in its progress. The general health, never good, now began to suffer considerably from the increased local irritation, and it was to improve this, that the treatment was principally directed. She was put under a course of very mild alteratives and bitter tonics, with the iodide of potassium; but in spite of the most judicious management and careful watching, the local disease fast extended. Large polypoid growths sprung up from the lining
membrane of the tympanal cavity. The otorrhœa became pro-
fuse and most offensive, and it was soon apparent that in addi-
tion to the disease of the soft parts, the bony structure was
becoming involved; caries and exfoliation of the ossicula fol-
lowed, and she began to experience great and continued pain
over the mastoid process, with slight swelling, redness and
soreness on pressure—Leeching and counter-irritation locally,
and the most steady perseverance in constitutional treatment,
failed, however, to arrest these symptoms, and the periostium
itself quickly became involved in the inflammation; a free in-
cision down to the bone allowed the escape of offensive matter,
followed afterwards by a considerable exfoliation of bone.
The wound healed, and the general health improved, but deaf-
ness, permanent and incurable, remained, the consequence of
her unfortunate error.

Acute Myringitis from the introduction of a Foreign Body
into the Meatus.

Case 3.—Master O——, aged nine years, a scrofulous lad,
dropped, while at play, a glass bead into the right ear. Four
days after, he complained of ear-ache, for the relief of which,
laudanum and stimulating applications were freely used. On
the next day he first told his parents of the accident, and the
removal of the bead was ineffectually attempted by forcible
syringings, poking with forceps, bodkins, probes, &c. I first
saw him on the seventh day after the occurrence. An exami-
nation by the speculum showed the foreign body at the bottom
of the meatus, and it was removed without difficulty. He was
suffering great pain in the ear, extending over the side of the
head; he was feverish and excited. The auditory canal in its
whole length was dry and red; the membrana tympani was
exceedingly vascular, the vascularity being greatest nearest
the attachment of the malleus. Warm fomentations and saline
purgatives were then prescribed.

On the following day (November 14) the little patient was
so ill that I was requested to visit him at home. I found that
he had passed a night of great suffering from intense ear-ache.
His pulse was quick; tongue loaded; face flushed; the pain
extends over the whole head; he is slightly delirious, and his
sensibility to sound is so great that the slightest noise excites
and disturbs him. An examination of the ear showed great
redness and swelling of the auricle; great pain over the mas-
toid process, extending round the angle of the lower jaw; the
auditory canal was so swollen as not easily to admit of the in-
troduction of the speculum; a sufficient examination, however,
could be made to show the dry, puffy, and vascular state of the
passage; the membrana tympani was of a bright-red colour, the vessels branching and uniting in all directions, so as to form a mass of red. His sensibility to sound is not so acute—indeed he is rather deaf, and complains now of strange noises in the ear.

This was a case of acute myringitis, in which, from experience, I felt assured of the necessity of bringing the system quickly under the influence of mercury—a practice, in the early stages of myringitis, so strongly urged by Mr. Wilde, in his valuable communication on the subject, and to the importance of which I can well bear my testimony. In addition, therefore, to the free fomentations, and the application of leeches round the meatus, I ordered one grain of calomel, with two of James’s powder, every four hours, with low diet and saline purgatives. The leeches gave temporary relief, but during the night the pain returned with increased violence. In the morning I found the constitutional disturbance very great. The pain in the ear was acute, and the cerebral irritation very alarming. He is now quite deaf; the noises in the ear remain as before; the tumefaction of the meatus, and the general vascularity of the membrana tympani still continue. Leeches were again applied, and the calomel continued.

Nov. 16th.— Slept better; in less pain; the noises in the ear, he says, are like the squeaking of trumpets. He cannot hear a loud-ticking watch when close to the ear; hears it when it touches the auricle or mastoid process. The pulse is very quick, and the febrile excitement considerable. The membrana tympani is still very red; two or three ecchymosed spots are seen near the attachment of the malleus. The auditory canal is swollen and dry, and has several distinct vesicles on its surface.

18th.—Gums very tender; general symptoms much relieved; is free from pain; sleeps well; bowels much purged. He says he does not hear the trumpet-sound in the ear: it is now like the constant whistle of a railway engine. Can hear at three inches from the ear. The auditory canal has now no swelling; it is paler and dry; the vesicles have healed; the membrana tympani is much less red—indeed, except over the attachment of the malleus, it has assumed a yellowish-brown colour; it looks dry and inelastic. The calomel was discontinued, and three grains of mercury with chalk ordered every night; counter-irritation with tartar-emetic ointment was directed to be used over the mastoid process.

21st.— Very slight tenderness of the gums; the constitutional condition continues improving; the hearing distance extends to six inches; the membrana tympani shows a marked improve-
ment; any vascularity is scarcely perceptible, except when air is forced through the Eustachian tube, when vessels are seen starting over its surface; it still looks dry and muddy; there is no secretion in the auditory canal, which is very dry, and covered with scales of exuded cuticle. The tinnitus continues. He was directed to continue the grey powder, and to take three grains of iodide of potassium three times a day. The tartar emetic ointment having been rubbed in cautiously and too freely, the whole of the covering of the mastoid process and back of the auricle is a mass of pustules, which are exciting a good deal of general irritation, to relieve which a poultice was ordered.

28th.—The little patient is considered by his friends to be nearly well. He is stronger, sleeps well, except that he is tormented by the irritation of the pustules behind the ear, which are healing very slowly; says he hears very well. I find, however, on testing his hearing, that though greatly improved, it is far from perfect; he is a sharp, intelligent, and attentive lad, and catches conversation quickly. The auditory canal is less dry and scaly, and is secreting a small quantity of pale cerumen. The membrana tympani is regaining its transparency; its surface is smooth, has lost its granular appearance, and now no longer shows any vascularity, even on pressing air into the tympanum. He lost all sound in the ear for two days, when it returned slightly, but has again left him. I directed the bromide of potassium in infusion of cascarilla to be taken twice a day, with generous diet and change of air, and the discontinuance of all local treatment.

From this time the symptoms all gradually improved; the membrana tympani acquired its natural colour and elasticity, all tinnitus ceased, and the hearing power became perfectly restored. The auditory canal continued very dry for some time; the application of glycerine appeared to make up for the deficiency of ceruminous secretion, but a healthy formation of wax was at last fully established.

I need scarcely say that any attempt to treat ear disease without a full and complete examination of the organ, must always end in unsatisfactory results. The speculum which I am in the habit of using, consists of a funnel-shaped tube, with a polished interior; the light of a wax taper is concentrated on a small polished mirror, and is reflected by a double reflector into the tube; the tube does not expand like Kramer’s speculum; indeed, there is so much bony matter and so little soft parts in the auditory canal, that I have rarely found any advantage from a dilator.

This speculum, originally made by “Jordan, Manchester,”
and to be had at Weiss's, enables me distinctly and easily to examine the condition of the membrana tympani, if present, or, if destroyed, deeply into the tympanal cavity. I know objections have been made to artificial light as being likely to mislead, and I admit that the sun's rays are to be preferred; but how seldom in this country can we avail ourselves of them! I feel that diffused light will very rarely enable the practitioner to gain anything like the opportunity of a certain examination of the lower part of the ear passage, and in the absence of the sun's rays, I know no speculum which gives such advantages as the one I have described.—[London Lancet.

On the Vaccine Fluid as an Internal Remedy in Small Pox.
By Dr. Jose Alves Nogueira, of Porto-Algre, Brazil.

The great number of patients which I have lost from small pox, during fifteen years of practice, both while in charge of military hospitals, in which this disease is very prevalent, and in private practice in the city, has led to the use of a variety of remedies, none of which has produced such satisfactory effects as the vaccine pus diluted in water and taken internally. My first case was a negro, attacked with confluent small pox, which in spite of all the ordinary antiphilologic remedies, increased in violence until it threatened the life of the patient. At this time it occurred to me to make trial of the vaccine pus, which being a preventive, it might possibly possess the power of curing the disease; on the same principle that belladonna, so efficacious in the treatment of scarlet fever, is also a preservative against it. Experience alone will decide, and as my patient was rapidly growing worse, I resolved to put it to the test. Procuring a lamina of vaccine pus, of the purest quality, I dissolved it in an ounce of water, and gave him a tablespoonful in the morning. In the afternoon the fever had diminished, and I gave him another dose. He passed the night comfortably, and slept for the first time in three or four days; he awoke with some appetite, his face was much less swollen, and he could open his eyes. I gave him the remainder of the remedy, and he convalesced without farther treatment, except a dose of castor oil.

Case 2d. Child three years of age, whose body was completely covered with variolous pustules, nearly united to each other, especially on the face and extremities. It had an intense fever, disturbed sleep, vomiting, difficult deglutition, diarrhoea and delirium. Under the use of the ordinary remedies, the pustules had arrived at their greatest perfection, and at this moment I resolved to administer the vaccine pus. Soon after
the first dose the little patient had a quiet sleep, the delirium ceased, the swelling diminished and it rapidly recovered.

Case 3d. Was a child, thirteen years of age, robust, and of sanguine temperament; two cases of this disease, in the same family, had recently proved fatal. When first called, I found the symptoms of small pox well developed. the pustules being so united that it was difficult to separate them; the mother and others of the family, terrified at the fatality of the disease, had abandoned their home, and although they had never been vaccinated, could not be induced to submit to this operation.* My little patient was left in charge of two ladies, who, with commendable charity, offered to nurse her. The disease ran an unusually violent course, the face appearing at one time to be a single pustule. With the exception of mild sudorific infusions at first, I used no other remedy than the vaccine pus, taken as before described, and with the most complete success; the disease not leaving that disfiguration of the skin which is usual after recovery.

In conclusion, I may remark, that before using the vaccine internally, I applied it externally in the usual way; but without the least result. It is necessary that the pus be of the purest quality, taken from a healthy subject, before the period of suppuration, generally on the seventh or eighth day, while in a limpid state, and preserved on glass plates, or better, in glass tubes. I am not aware that any specific remedy, for combating the morbid effects of this terrible disease, has been suggested; but the vaccine matter, so well known to the profession as a preventive, when taken internally, I have found to be the most powerful agent that can be used for its cure, and may be considered as the specific remedy.—[N. Y. Jour. of Medicine.

Observations on Nitrate of Silver Stains of the Conjunctiva.


The application of a solution of nitrate of silver, if long and injudiciously applied to the conjunctiva of the eye, produces a discoloration which is indelible. The sclerotic conjunctiva becomes of a dusky brown, or of an olive color; the palpebral linings, more particularly of the lower lid, assume a brownish or

* It appears incredible that, notwithstanding the government of Brazil spends a great amount of money, annually, for vaccination, there die every year of small pox, upwards of a thousand persons; and still more incredible, that there are many families who will not be vaccinated, because they consider it entirely useless; this ignorance of the benefits of vaccination, however, exists principally in the interior.
livid hue, or as will be presently shown, become black; the sulcus between the inferior lid and globe is more deeply dyed than the other parts. In the majority of cases the conjunctiva of the superior lid retains its natural color. In a few rare instances the salt becomes incorporated with ulcers of the cornea, forms a subchloride of silver, and perpetuates one or more black lines in their cicatrices.

A still more uncommon, and I believe hitherto unrecorded change of color consists in absolute blackness of the conjunctiva, an instance of which, the only one that has ever come under my notice, is probably of sufficient interest for publication in your journal.

Case.—A young woman, aged 29, came from a small town in Radnorshire to consult me for a dimness of vision.

Both corneæ were extensively covered by opacities, which were irregularly streaked with black lines. The caruncula lachrymalis and tarsal borders were of a jet-black color, giving the appearance, at a cursory glance, of soot or dirt settled on those parts. The palpebral conjunctivæ were smooth, and in color not quite so black as their margins. The sclerotic conjunctiva presented a deep olive color. I found on inquiry, that she had, at one time, suffered from strumous ophthalmia, for the cure of which a strong ointment and some drops had been prescribed and freely used. These applications had been continued for three or four months.

The black streaks which traversed the corneal opacities, and the olived sclerotic conjunctiva, decisively indicated the nature of the other discolorations.

There is a much greater susceptibility to these stains in some individuals than in others. They are more common to adults than children; possibly because ophthalmic disease among the latter is for the most part either of the strumous or purulent kind in both of which the surface of the eye and its appendages are continually bathed in secretion.

If we excise a portion of discolored sclerotic conjunctiva, a white cicatrix is formed, indicating that the sclerotic maintains its natural color.

At present we are unacquainted with any means for removing the stains under consideration. Our obvious duty is to prevent their occurrence by vigilant attention and care. This may be accomplished by prescribing the preparations of nitrate of silver in short and intermitting courses, and by frequently noting the condition of the lining membrane of the inferior palpebra. In public ophthalmic practice, it would be well if the solution were not dispensed in larger quantities than two drachms at one time.
Since writing the above, a man 60 years of age, who has been all his life a martyr to rheumatism, has become my patient at the Eye Infirmary. The right globe is collapsed; the left eye retains some vision; it has been repeatedly inflamed; the iris is of a dull leaden color, and convex towards the cornea; the pupil is puckered, adherent to the lens, and filled within a third of its area by opaque lymph (artesia iridis imperfecta.) Near the centre of the cornea is a leucoma.

Fifteen or eighteen months ago, he for the first time consulted a surgeon, who prescribed caustic drops, which he has ever since applied. The conjunctiva of the inferior palpebral sinus is of a greenish black color. The inner surface of the superior lid has lost somewhat of its natural polish; a few black drops assume an arborescent shape near the superior punctum; a light brown and well defined narrow stripe extends along the concave aspect of its tarsal cartilage.

I have cited this case to show the impropriety of allowing patients to use the preparations of lunar caustic ad libitum; and as an interesting example of how well the superior lid escapes serious change of color, even in the worst and most neglected cases. It also illustrates the destructive character of uncontrolled rheumatic ophthalmia.—[London Med. Times.

**Medical Properties of the Scullcap.** By C. H. Cleaveland, M. D., of Waterbury, Vermont.

Dr. Parrish. I have received from Ariel Hunton, M. D., of Hyde Park, in this State, a communication in regard to his experience in the use of the *Scutellaria laterifolia*, and as it embodies some observations that may be of use to the profession, I am led to offer it through the medium of the columns of the *Reporter*.

He writes: "I have been in the habitual use of this article some fifteen years. When I recommended the use of the blue side-flowered scullcap to my patients, I was in the habit of informing them, especially nervous females, that I had a new remedy, reputed to possess excellent and active nervine properties, which I wished them to use according to directions, to mark the effects, and to inform me if it did not prove to be far superior to valerian, foreign or domestic, (many in this vicinity have, of late, become accustomed to use the root of the cypripedium under the name of American valerian.) After a trial, those who had used it informed me they considered it preferable as a nervine to anything they had previously used, for, after taking a cup of the infusion of this herb, they were insured a happy exemption from their former nervous pains."
"It is now nine years since I was called to a Miss C., in this vicinity, who was suffering from convulsion of her limbs. They would jerk for an hour at a time, with such force that the jar might be plainly felt on the floor of an adjoining room. I had never previously seen a case of this character, and it, of course, was one of uncommon interest to me. The paroxysms did not recur at stated periods, but there were as many as two in the twenty-four hours. The patient had already taken a variety of medicines previous to my seeing her, but without any apparent benefit. I ordered a pill of the extract of stramonium, of my own manufacture, of half the size of a kernel of wheat, once in six hours, and a strong infusion of scullcap, a large spoonful each hour. Under this course of treatment, the patient shortly recovered, and has since been entirely exempt from any difficulty of the kind.

"Case second was a Miss of about twelve years of age, afflicted with chorea. In this case I was called as counsel, and was requested to adopt and carry out any course I might prefer.

"As the primae viae had already been thoroughly cleansed by cathartics, the patient was at once put upon the use of the infusion of the scullcap, a large spoonful each hour, and a pill of the stramonium once in six hours, and, before the end of the second week, convalescence was fully established.

"Case third was also a young lady, of about fifteen years. I was called to see this patient in January, 1851. She was also suffering from chorea, and was continually in motion. In this case I adopted the same course of treatment as in the former, but the pills of the extract were used but a few days, while the infusion was continued longer and until recovery, which occurred after a short time. The father was of the opinion that the recovery was wholly attributable to the infusion of the scutellaria."

Dr. Hunton is of the opinion that the S. galericulata possesses medicinal properties similar, and of equal potency with the S. laterifolia, and would prefer to use it, as it is less disagreeable to the palate, but it is by no means as common in this vicinity, and we have both been accustomed to use the latter. He also considers the scutellariae as one of our most valuable vegetable tonics.—[New Jersey Med. Reporter.

Paracentesis in Acute Pleurisy.

In an article contained in the Medical Examiner, No. for Jan. 1852, entitled extracts from a lecture 'On the present position in Europe of some of the most interesting and import-
ant points of modern Surgery, recently delivered as an Intro-
ductive Discourse, by Thomas D. Mutter, M. D., Professor of
Surgery in Jefferson Medical College, Philadelphia, we observe
the following notice of paracentesis in Pleurisy:

"Pleurisy.—An operation altogether novel in the disease for
which it was practiced, has been introduced by Prof. Trouse-
seau, of Paris, one of the most distinguished practitioners of
that city of eminent medical men. Prof. Trousseau told me
that he has succeeded in relieving several patients who were
almost in articulo mortis: and I have myself known it to ac-
complish the same end. The operation is nothing more than
the evacuation of the fluid in cases of acute pleurisy. You
are aware that the secretion is here often exceedingly rapid,
and unless the lung be relieved, the patient must die of suffo-
cation. When, therefore, you find a patient thus situated, recol-
clect that paracentesis thoracis, promptly performed, will proba-
bly afford immediate relief."

That the rapid secretion of the fluid contained in the pleural
sac in acute pleurisy, often exposes the patient to death by suffo-
cation, is a novel fact. It is to be hoped that young practition-
ers who may discover the chest on one side to be filled with
fluid, will not deem it necessary to perform the operation of
paracentesis without a reasonable delay, notwithstanding this
injunction to resort to the operation promptly, by so distin-
guished a surgeon.

Dr. Walshe, a pretty fair authority, says that in acute pleu-
risy, "Death is so rare a result of the disease when attacking
individuals free from organic affections, that I have neither
myself (and I have carefully attended to the point since my
attention was first drawn to it, a year ago, by M. Louis) lost a
patient from pure primary idiopathic pleurisy, with or without
effusion, nor known of an occurrence of the kind in the prac-
tice of others." We may commend this statement to those
who might be induced by Dr. Mutter's recommendation to
puncture the thorax, as the reviewer of Dr. Walshe's treatise
in the American Journal of Med. Sciences does to the "consi-
deration of those who regard the disease as demanding bleeding,
blistering, mercurials, and the whole armament of antiphlogis-
tics."

The operation of paracentesis in cases of chronic pleurisy, in
which the absorbing property of the membrane has been great-
ly impaired by the quantity of fibrinous exudation, and the degree
of distension, has been proposed and practiced in this country
within the past year, by a method simple and devoid of pain and
danger. We allude to the plan originated by Dr. Morrill,
Wyman, of Cambridge, Mass., which was communicated to the profession by Dr. H. I. Bowditch, of Boston. Dr. Bowditch's article on this subject was copied into this Journal, and may be found in vol. VI. We observe in the January No. of the American Journal of Med. Sciences, a report, by Dr. Bowditch, of several cases in which paracentesis with the small trochar attached to a suction apparatus was resorted to with marked advantage.

This procedure in the large accumulations of chronic pleurisy, certainly merits farther trial, but the proposition to tap the chest to remove the serum rapidly effused in cases of acute inflammation, is another matter, and, as it seems to us, should be protested against.—[Buffalo Med. Journal.

By Professor Bock.

The most common deformities of the knee-joint may be arranged under the four following heads.

1. Contraction of the knee (contractura genu) is the name given to the condition in which the knee is in a state of abnormal constant flexion, with considerable, little, or no power of motion in the joint.

2. Recurved knee (genu recurvatum.) Here the knee is in a state of superextension, and the popliteal space forms the apex of an angle pointing backwards.

3. Genu varum, or bow-leg: called by the Danish wheel-leg (Hjulbenet.)

4. Genu valgum, or knock-knee: in Danish, calf-knee (Kalveknæet;) in German, goat's leg (Ziegenbein,) X-leg (X bein.)

The name genu valgum is borrowed from an imperfect analogy with pes valgus. In the latter, the foot is thrown outwards. In genu valgum, it is not the knee, but the tibia which is pressed outwards; and the more correct denomination would, therefore, be tibia valga, if the analogy with the foot were preserved. The same is the case with genu varum.

Genu valgum has been but imperfectly described in surgical works. Prof. Bock has for some time been collecting materials for a more accurate knowledge of this deformity, and now publishes the results at which he has arrived.

Pathology.—In the normal condition, the knee-joint deviates from the long axis of the lower extremity, on account of the greater extension downwards and inwards of the inner condyle of the femur.

The thigh-bones hence converge downwards, especially in
females, in whom the pelvis is wider, and the neck of the thigh bone is larger and directed more outward. It is the unnatural exaggeration of this condition to which the name of genu valgum is given. It might be supposed, that this affection is more frequent in the female sex: such, however, is not the case, for it is far more rare in women and girls than in men and boys. Both knees may be affected, but one is generally more so than the other: and it is then almost always the right knee which is the chief seat of the disease. When one knee alone is affected, it is the right in about twice as many cases as the left. The origin and progress of the disease are gradual and almost imperceptible.

The knee forms the apex of a triangle, the other angles of which are at the ankle and the great trochanter, so that the base consists of the straight line which may be drawn between these points. The altitude of the triangle, or the perpendicular line from the knee to its base, points out the greater or less degree of the disease; this may naturally be denoted by the anomalous proportions of the angle at the knee, which, from being very obtuse, becomes, in the more advanced stages, a right or even a very acute angle.

On examining the knee, the following changes are found:—On its anterior surface, the united large tendons of the extensor muscles, and the ligamentum patellae, are found much stretched; and the more so, in proportion as the knee is bent backward as well as inward. The patella is displaced outwards; so that, in a more advanced stage of the disease, it rests on the external edge of the knee, in front of the condyles of the femur and tibia. The knee loses its natural convexity forward, and becomes acute-angled on its anterior and outer edge; and the anterior part which lies more interiorly forms a plano-convex region in front of the inner condyle. On the outer surface of the knee, or in the angular bend, we often find the tendon of the biceps much stretched, as well as one or two portions of the external ligaments extended into sharp strings. The external condyles, both of the femur and of the tibia, are small, and can scarcely be felt in the more advanced stages of the disease. When the curvature is very remarkable, there is a transverse furrow in the skin on the exterior part of the knee. The natural hollow of the ham is obliterated; and the posterior surface of the knee joint is more or less plano-convex. The inner surface of the knee forms the obtuse apex of the angle; and here the internal condyles of the femur and tibia are felt always prominent, usually hypertrophied, and, in rachitic cases, enormously swelled.

The condition of the whole extremity is at the same time
changed. The thigh assumes an oblique direction downwards and inwards, towards the opposite knee. The knee is directed inwards, against or behind the sound knee, and the shin-bone assumes a direction downwards and outwards, so that the foot is at a great distance from that on the sound side. As the disease advances, the direction of the foot is changed; but this will be treated of under the head of complications. In children, where the affection is of a truly paralytic nature, and has followed convulsions, there has been constantly observed a sinking of the temperature, as much as two degrees, in the diseased limb. In grown persons, the author has not found this symptom. In consequence of the bending of the limb, the distance from the pelvis to the sole of the foot is diminished; the direction of the pelvis in walking consequently becomes oblique, so that the anterior superior spine of the ilium may be found an inch lower on the affected than on the sound side. This obliquity of the pelvis becomes gradually permanent, so that it is observed both during walking and standing. In cases where the deformity has not yet reached a high degree, and in children, the limb can generally be brought back with the hands to its natural position; but the tension is felt to increase in the biceps femoris and external ligament of the knee-joint; and, when the force is removed, the limb instantly resumes the bent position. In rachitic cases, not only the internal condyle of the femur, but also, in a still higher degree, that of the tibia is enlarged. The concavity inwards, which is naturally formed by the tibia, is obliterated; and, in the more advanced stages, there may even be a pretty conspicuous convexity, so that the whole extremity more resembles a bow curved inwards than an angular bending. The knee-joint generally retains its mobility. In the higher degrees of curvature, this is indeed somewhat limited; but either true or false ankyloses are seldom met with as consequences of the affection of the knee which has been described.

When both legs are curved, the right leg is always slightly more bent than the other, and the apices are turned towards each other. This has given rise to the German designation of the disease—X-lex (X-bein).

In this affection, the patients halt in a peculiar manner. If one bone only is affected, there is a lameness—(a) because one extremity is too short; (b) because the foot of the diseased limb falls beyond the centre of gravity of the body; (c) because the affected knee, in walking, both hinders the free swinging motion of the healthy knee, and is in its turn impeded by the latter. Each of these causes has distinct results, which modify both the direction of the limb and the lameness. When the
extremity is too short, there is a natural attempt to compensate the defect; and this is effected partly by the already mentioned obliquity of the pelvis, and partly by the formation of a curve in the healthy leg. In healthy individuals, who have for some time had genu valgum, there will almost always be found a slight but true contraction of the knee in the sound leg. But in children, almost without exception, the other knee will become curved, either as genu varum or valgum. The outward direction of the tibia and foot causes the peculiar up-and-down lameness to become rotary and swinging, like mowing, and this swinging is increased, to prevent the collision of the knees during walking. In the more remarkable modification, the body seeks to maintain its equilibrium; and it attains this object more completely than in many other forms of lameness—e.g., from congenital dislocation of the thigh. This is partly affected by the position of the pelvis, and partly by a greater degree of mobility in the lumbar vertebrae. The diseased leg is generally sufficiently powerful, in persons affected with genu valgum, to enable them to walk for some distance. Naumburg has compared their gait to that of ducks; but this is scarcely correct. The gait is more swinging than waddling, as in persons with rachitic distortion of the pelvis or double congenital dislocation of the hip-joint. The patient who has genu valgum in one leg, endeavors, while standing, to preserve the centre of gravity by moving the sound leg somewhat outward beyond its natural position. Hence the points of support in the feet are at a greater distance from each other, and the surface within which the centre of gravity of the body can fall is greatly increased. Patients with double genu valgum usually, when standing, support the knees against each other, so as to form there a mediate resting point for the body, while the feet stand out from each other.

Complications and Secondary Deformities.—These are more various in this than in any other deformity whatever. Where the disease has commenced in youth, a curvature of the spinal column will generally be produced by the obliquity of the pelvis and the lameness. The affected limb is not unfrequently more or less atrophied. Ankylosis of the knee-joint rarely occurs, unless some chronic disease have preceded or accompanied the deformity. Prof. Bock has, however, seen two cases of ankylosed knock-knee in elderly persons; in these the limb was also directed backwards. But it is the feet which are especially influenced by the gait produced by genu valgum; and hence knock-kneed patients have, almost without exception, some deformity or other of the feet. The patient may, in consequence of the abduction of the tibia, tread and walk on the
inner edge of the foot, which hence often becomes callous. Hence there is a disposition to flat-foot, which is the most frequent complication. But, almost as frequently, the genu valgum is complicated with club-foot; and, as the shortness of the limb leads the patient instinctively to endeavor to touch the ground with the points of his toes, it is evident that these forms will be accompanied by a greater or less degree of talipes equinum. It has been hitherto impossible to determine the reason, why these secondary deformities of the feet should in some cases assume one form, and in others another. In certain peculiar cases, the deformity of the knee is secondary. A patient in Dieffenbach's ward had had, from childhood, cyphosis accurrvata of the lumbar vertebrae; in his youth varus had been developed in both feet, and, in his sixteenth year, he had become knock-kneed in both legs. Not uncommonly there is genu valgum on one side, and genu varum on the other, accompanied by the same, or by distinct deformities in the feet.

Causes.—There is no doubt that genu valgum may be congenital; this is, however, a rare occurrence. The causes of the development of the affection in latter years are partly external, partly internal, but most frequently both are combined. The greater convergence of the thighs in women may be supposed to be a predisposing cause; and Lessing says that this affection is more frequent in females than in males; this is, however, incorrect, for the deformity is twenty times more frequent in the latter sex, than in the former. Scrofula and rickets may be considered as predisposing causes, especially the latter. It still more frequently produces genu varum, in which case the external condyles of the femur and tibia are most affected and enlarged, while a similar swelling of the internal condyles give rise to genu valgum.

Genu valgum may, as a general rule, be considered as a disease of a paralytic nature, and its most usual cause as a depressed state of innervation. Hence the commencement of the affection is limited to certain periods of life, in which the nervous centres undergo a more than ordinary degree of disturbance, connected with the state of development. Genu valgum is developed either during the first dentition or during puberty. This rule is so constant, that the only exceptions are the cases in which some local malady has given rise to the deformity: but these are comparatively very rare. In children, the disease has always, in the author's cases, arisen between the eighth month and the completion of the second year, and has always been preceded by difficult dentition, with fever, convulsions, violent hooping-cough, or, as in one case, acute exanthematic fever. This agrees with what has been stated by Heine, with regard
to nine cases of knock-knee observed by him. The external causes, which may give rise to the affection at this age, and under the circumstances which have been mentioned, are, that the children walk too early, or too soon after a weakening illness, while they have not yet recovered strength, or that they are constantly carried on one arm, by which one knee is pressed inwards.

Among 221 cases of genu valgum, which the author has observed, 17 originated during the first dentition. In a few instances he has not been able to ascertain the period; but in almost all the rest, or about 200, the deformity commenced between the fifteenth and eighteenth years, or at the time of puberty. In all these cases there was an evident external cause for the deformity—the patient's position or occupation: but the limitation of the age referred to above, together with the fact that many following the same occupation, under apparently similar external circumstances, do not become deformed, seem to show that the external conditions are not sufficient to produce the disease, unless they meet with a corresponding disposition in the system of the individual, or rather in his development. We correctly consider the periods of dentition and of puberty as stages of development, in which the body is more obnoxious, than at any other period, to the hurtful operation of various extrinsic or intrinsic influences. That the deformity in question less frequently arises during dentition than during puberty, may be ascribed to the fact, that the influences above referred to, are more easily resisted by the system in the former than in the latter period.

This deformity is more frequent in smiths, joiners, bakers, and grocers. In 1846, there were in Copenhagen 644 smiths, among whom were:

225 blacksmiths and anchorsmiths; of whom 42 had genu valgum in the right leg, 7 in both legs = 19 per cent.
359 locksmiths; of whom 23 had genu valgum in the right leg, and 3 in both legs = 7 per cent.
30 nailsmiths; of whom 17 had genu valgum in the right leg, and 5 in both legs = 73 per cent.

There were thus, in all, 97 cases of the deformity among 644 smiths, making an average of 15 per cent.

The following are the immediate causes of the frequency of the deformity among smiths. Almost all smith's work necessitates the long maintenance of the same position, whether at the bellows, the anvil, or the vice; and, while standing in this position, they often have to use much force, which leads them to seek a firm and solid footing. The feet are hence removed
from each other, either both sideways, or one—always the left—fowards. In both these positions, any powerful effort will tend to produce genu valgum; for a great part of the weight of the body will, under the powerful movements of the arm and upper part of the body, act on the knee like a pressure from above and below. In blowing bellows, a work in which apprentices are generally employed, they must often stand uninterruptedly at work for several hours. At the vice and anvil, the left foot is placed forwards, the right backwards and rotated outwards, so that the toes are turned to the side. In this position they often stand with the leg and foot unmoved for several hours, while the upper part of the body is subjected to constant and violent swinging, in order to use the file or hammer. The influence of the position on the knee will be easily seen by any one who will make a trial of it. Blacksmiths and anchor-smiths are besides constantly liable to have to bear heavy burdens. The fact that nailsmiths are most liable, in spite of their work being least laborious, is explained by the circumstance that they almost constantly use a kind of vice, which is fixed near the ground, and against which they all, without exception, place the inner surfaces of both knees, “because it is impossible for them to work in any other way.”

Of 1340 journeymen carpenters, about 60, or 5 per cent., had genu valgum. It has been impossible to make very accurate observations on this class, as they endeavor to conceal the deformity as well as they can. It does not reach in them so high a degree as in smiths. Notwithstanding that the work of carpenters is less laborious than that of smiths, considerable exertion is required: most of the labour of carpenters, as sawing, planing, and polishing, requires the same positions as are here described in speaking of smiths. The author has also observed that carpenters carefully watch for this deformity, and endeavor to prevent its development. Many masters have told him that they have had to set free their apprentices, or, in the first year to caution them against habituating themselves to the posture which favors the commencement of the disease.

Of 334 journeymen bakers, 27 were knock-knee; 24 were affected in both knees, the right being generally more bent than the left. One individual had the curvature only in the right knee. In 16, deformity had not reached a very high degree. Notwithstanding that bakers seem to be affected with this malady more than the other classes above named, and several of them have some difficulty in walking, the deformity is not strongly developed. The disease does not arise from the position in which they stand while kneading dough; for in the first years, when this malady is developed, the apprentices are
not employed at this labour. But the deformity is produced by standing at night at the board, often half asleep or contending with sleep, seeking for rest in the most varied positions; or partly by carrying water or sacks of corn. It is possible also that the great changes of temperature in attending to the oven may have some influence; but the author considers the night watching as the most essential cause, for the constant struggling with sleep produces a relaxation of the muscles. All the bakers in whom he observed genu valgum, also had flat-foot; and the latter deformity, in several cases, had preceded that of the knees.

The generally received opinion, that grocer's apprentices should be liable to genu valgum, from standing long, or from shutting drawers with their knees, Prof. Bock has not found supported by facts: for, among 2000 individuals of this class, he has in vain sought for any examples of this deformity. It is said to have been more frequent formerly; and what has most surely contributed to its removal, is the reform in working hours, it having been formerly the custom to keep the shop open much later at night, and to open it earlier in the morning.

It hence results, that the general causes of this deformity are certain positions and habits, where these are often repeated, and especially at times when the body is more susceptible of their influence than at others. Other more accidental causes are, allowing children to walk too early, carrying heavy burdens, ulcers on the inner border of the foot, a burn on the outer side of the knee, resection of the upper end of the tibia, tuberculosis in the legs, caries, necrosis, rickets, syphilis, chronic abscesses, inodular bodies, &c.

The knee-joint is properly speaking, a ginglymoid articulation, and its essential movements are merely flexion and extension; but the hinge-like movements are not so absolutely limited as in other analogous joints. The knee possesses a slight power of pronation and supination, but only when bent: and this power is dependent on the rotation of the tibia on its long axis, being limited, when the limb is extended, by the cruciate ligaments. It is not connected with any peculiar apparatus, as in the rotary movements of the radius and ulna, and may properly be considered as a slight twisting, which becomes possible on the tolerably flat upper surface of the tibia, when the knee is in such a position that rotation is not prevented by the extensor muscles. The knee has hence no power of abduction or adduction; and therefore the motions of this joint do not help to explain a deformity, which is characterized as an abstraction of the tibia. Its immediate cause must be sought for in the parts which form, hold together, and strengthen the joint.

Although the part which these structures play in the produc-
tion of this deformity is for the most part passive, the biceps femoris seems to be active in those positions in which genu valgum is chiefly produced, and to exercise the greatest influence on the increase, if not on the origin, of the deformity.

Supposing that one of the external influences which have been referred to should steadily act on the knee-joint, at a time when either convulsive disease (first dentition) or an unequally powerful development, perhaps in connexion with a rapid slender growth (puberty), have weakened the nervous system; then the parts on the inner side of the knee have no power of opposing the pressure outwards. They are overstretched and slackened; and thus the conditions arise for the commencement of genu valgum. The most important relaxation takes place in the internal lateral ligament, which is lengthened and thinned in its whole extent: in the more advanced stages, the four tendons on the inner side of the knee are also lengthened. On the other side of the knee, the tendon of the biceps, and both the external lateral ligaments, as well as the posterior, are strongly stretched.

When the deformity commences, the angle at which the biceps femoris acts constantly, becomes more and more favourable to its increase. This is, however, still more favoured by the circumstance, that the weight of the body, which in the normal state is uniformly diffused over the upper surface of the tibia, is now transferred to the upper surface of the outer condyle of that bone. The inner condyle of the tibia, and that of the femur to some extent, are atrophied even in cases which are not of rachitic origin. This hypertrophy is greater, in proportion to the youth, or small size of the patient at the time when the deformity commenced. In rachitic cases, it sometimes attains an enormous degree. It is probable, also, that the internal semilunar cartilage is somewhat atrophied.

Prognosis.—As genu valgum is a deformity which depends rather on relaxation than on active contraction, the prognosis in general may be considered as scarcely favourable. It is, however, curable, when it comes under treatment in an early stage, and, which is more important, when the circumstances which have produced and kept it up can be removed. In your children the knee can be brought with the hand into its normal situation; and in these the prognosis is most frequently good, when the necessary continued watching of the growth can be maintained, and when the general condition of the child does not give a tendency to the continuance of the disorder, or to relapses. In young men, also, the deformity can be cured, when there are as yet no consecutive changes. But, under all circumstances, the removal of the deformity must not be
looked on as complete; for, even when the curvature is completely removed, it will still be necessary to employ fitting means to insure the result desired.

**Treatment.**—The treatment of genu valgum in young children, consists in mechanical means to keep the knee outwards, and this must be always supported by such general treatment as the constitution of the child may indicate. The most simple apparatus is a splint, either straight or convex outwards, reaching from the hip-joint over the outer ankle, and fastened at the ends with circular bands. This apparatus, however, hinders the child from walking, and therefore can only be used constantly at night; hence it can only be used in the more unimportant cases. It is preferable to make use of a steel spring, convex outwards, furnished at the height of the knee with a hinge, fastened at the hip to a bow which can be stretched round the pelvis; just over the outer ankle, the lower end of the spring passes into another bow, which can be fastened round the tibia. The spring is furnished on the outside, through its whole length, with buttons, on which are fastened small leather straps, four or six in number. These are brought round the legs; and on the inner side of the knee they glide between flat **pelottes**, which exert a pressure from within outwards, when the straps are stretched or buttoned. An apparatus of this kind may be worn for a long time, and its action gradually increased. It must be used for at least a year after the deformity is removed, and even then it must be gradually ascertained whether it can be left off.

The same apparatus, on a larger scale, and with greater strength of spring, can be used in grown persons. The patient can easily accustom himself to use it—indeed, he feels comfortable with it. In grown persons it will generally be an indication, before employing mechanical treatment, to divide the tendon of the biceps, or of the most stretched fibres of the lateral ligaments, but generally only of the posterior lateral ligament. The mechanical treatment, after tenotomy, may appear tedious; but the result will be more perfect; but without great perseverance on the part of the patient, and careful watching of the deformity for several years, the treatment of genu valgum will in general be ineffectual.—[Bibliothek für Lagen and London Jour. of Med.]

**Aphorisms on the Treatment of wounds and injuries of the Abdomen.** By G. J. Guthrie, Esq., F. R. S.

1. A blow on the wall of the abdomen, from any solid substance, causing a severe bruise, often, if not always, gives rise to the absorption of muscular fibre, and the subsequent forma-
tion of a ventral hernia. It is desirable, in all such injuries, to prevent or to subdue inflammation as soon as possible, in order to obviate the formation of matter between the layers of muscular fibres, which is a disagreeable, if not always a dangerous consequence. Severe blows or contusions from falls may rupture the hollow as well as the more solid or fixed viscera, causing death. A child just able to walk was placed under the author's care in the Westminster Hospital, having been tossed up into the air by its father with his right hand, and caught in its descent in the crutch formed by the thumb and fingers of the left, on the thumb of which it at last fell. The integuments seemed to be unhurt, the small intestine was ruptured and the child died. The author has seen all the viscera of the abdomen ruptured, at different times, from non-penetrating blows or wounds, the sufferers usually dying from hemorrhage.

2. When an incised wound is made through the wall of the abdomen, except perhaps in the linea alba, the parts, when vascular, are rarely found to unite in a permanent manner, so that a ventral hernia is the result. The knowledge of this fact, acquired during the war in Portugal and Spain, led Mr. Guthrie first to doubt the propriety of, and when confirmed by subsequent experience, to forbid the introduction of ligature, through muscles for the purpose of keeping in apposition parts which could not ultimately cohere.

In all simple wounds of the abdomen, of even a moderate extent, the edges of the wound should be brought together by means of a small needle and silk thread, precisely in the manner a tailor would fine-draw a hole in a coat, or a lady a cut in a cambric pocket-handkerchief, sticking plasters over it, no bandage. The position of the patient should be of the gentlest inclination of the body towards the wound, the limbs being bent so that the parts may press against each other. Absolute rest is no less to be observed, and steadfastly continued. In the position the patient is placed in he should remain. When Mr. Guthrie became an examiner of the Royal College of Surgeons, the practice of the older surgeons he found there was to purge such patients vigorously, in the same manner as they purged persons who had undergone the operation for hernia; against both of which practices he protested until they were condemned and reprobated—improvements the surgery of civil life owes, among many others, to her elder but less fortunate sister, the Amazonian of warfare.

The custom of directing a man to be bled forthwith, as well as purged, because he had been stabbed, was another and not less esteemed error, with the author's older colleagues, which experience did not sanction, and which he could not approve.
The abstraction of blood before reaction has begun, after the constitution has sustained a severe shock, delays it, as well as the commencement of the inflammatory stage necessary for the cure of the wound. The abstraction of blood is to be directed and regulated by the signs of reaction which have taken place, and by the augmenting intensity of the symptoms of inflammation which may follow. The quantity required is often large, although too much will do harm. Leeches are very beneficial, and the author has often applied from twenty to a hundred with the greatest advantage.

The pulse is by no means a guide to be relied upon, a small, low, and sometimes not even a hard pulse, being more strongly indicative of an overpowering state of inflammation than a quick and full pulse; and much more depends on the fixed pain, the anxiety, and the general oppression, than on the apparent state of the circulation. Long before general and local bleedings cease to be of advantage, calomel and opium will render most important services, particularly the latter.

3. Penetrating wounds of the abdomen are frequently followed by an immediate protrusion of some portion of the contents of the cavity. When the omentum has protruded, it should be returned as gently as possible; the finger should not follow, to ascertain its position; it should be left free from strangulation within, but in contact with the cut edges of the peritoneum, to which it is desirable it should adhere, as they are not likely to unite one with the other. The external wound is then to be sewed up as the author has directed, and the stitches are not to be carried through all the intervening parts down to the peritoneum, as is directed by most, if not all, authors whose writing are of ancient and even of modern date.

4. When the opening through which the omentum and intestine, or both, have passed, seems too small to admit of their being returned, the latest writers on this subject recommend that a director should be introduced between the upper portion of the wound and the protruded part, upon which a blunt-ended bistoury is to be passed into the cavity as far as the enlargement of the wound seems to require, when they are to be withdrawn together;—from all which the author dissents. The difficulty does not usually lie with the opening in the peritoneum, but with that in the aponeurotic or tendinous expansions, and it is this part only should be divided. A small cut in the peritoneum is not dangerous; a larger one is, and should always, if possible, be avoided, for however indifferent a quarter of an inch, more or less, may be in a large wound, it is not so in a small one. The protruded parts should be gently cleansed with warm water, with which the fingers of the surgeon should be
wetted, and then returned, the mesentery first, then the intestine, and the omentum last. At a later period, if the omentum be found protruded, adherent, inflamed, in a state of suppuration or gangrene, it should be left to itself, and treated in the most simple manner. A ligature should never be applied to it as whole, although it may be applied to a bleeding vessel of any part which has been cut, or which it may be necessary to remove. It should not, however, be spread out in these cases, and cut off, as is usually recommended, as it will gradually retract, and be withdrawn into the cavity of the abdomen, if the patient survive. An omentum wounded in the first instance, is in the best situation when placed just within and against the cut edges of the peritoneum; it is never in a better under any circumstances, except when it adheres to them.

5. When an intestine is protruded, it is to be treated in a similar manner, and the three great directions on this subject, of modern surgeons, are to be avoided: do not therefore cut the peritoneum, do not unnecessarily introduce your finger into the cavity of the abdomen, and be most careful to avoid, above all, the third direction, "that the patient is to be placed in such a posture, that the intestines should least press against the wound." On the contrary: relax every part, keep the patient perfectly at rest, and if you can so manage, that the intestine shall be steadily applied against the cut peritoneum, without protruding between the edges, so as to be in the best possible situation for adhesion. The external wound should be accurately closed by the continuous suture, supported by adhesive plaster and a compress, and a proper bandage, if it can be methodically applied.

6. When the intestine is wounded, as well as protruded, the case is complicated; a mere puncture, or a very small cut, is not to be dreaded, the bowel should be cleaned and returned, and the excess of inflammation closely watched. When the wound in the bowel is larger, but is less than a third, or not more than a quarter of an inch in length, it is less apt than might be supposed to permit the extravasation of its contents in consequence of the villous coat protruding through the opening in the other tunics, the edges of which being in great part muscular, have separated from each other. This eversion of the lining membrane, so conspicuous in wounds, is not seen in ulcerations, the previous inflammation having solidified the parts. Whenever then an opening in a bowel is not filled up by the internal coat, the edges must be brought together by ligature. A ligature placed around an intestine of a dog, cuts its way through, into the cavity; and if the animal should survive some months, the part which had been injured will not be easily discovered.
When the wound in the intestine is small, and yet larger than it would be safe to leave to nature, a ligature should be applied firmly around the opening, which should be raised with a pair of forceps, so as to admit of its application. When the wound is larger, the edges should be brought together by the continuous suture in a parallel line. A common needle carrying a fine well-waxed silk-thread, is to be introduced about half a line from the peritoneal edge of the opening, and brought out at the corresponding point on the opposite side, a knot on the end of the thread preventing its slipping. The first stitch should be a line from the end of the wound, and the last should terminate with a knot at a similar distance. The stitches should not be tightened when made, but left loose until all are inserted, when they may be drawn close, one after the other, the cut edges being turned in by a probe, so that the peritoneal surfaces may be in contact under the stitches, the divided edges being turned into the cavity of the bowel. It has been advised not to pass the needle through the mucous coat, but only through the strong areolar tissue connecting it with the transverse muscular coat. It is apprehended that if this could be accurately done, which may be doubted, the ligature might not ulcerate its way through to the cavity of the bowel. It is therefore better to pass the needle through all the coats, until further observations shall have been made on man on this point.

When an incised wound in the intestines is not supposed to exceed a puncture in size, or is less than a third of an inch in length, no interference should take place: for the nature and extent of the injury cannot always be ascertained, without the committal of a greater mischief than the injury itself. When the wound in the external part is made by an instrument not larger than one-third, or from that to half an inch in width, no attempt to probe, or to meddle with the wound, for the purpose of examining the intestine, should be permitted. When the external wound is made by a somewhat broader and longer instrument, it does not necessarily follow that the intestine should be wounded to an equal extent; and unless it protrudes, or the contents of the bowel be discharged through the wound, in the first instance, the surgeon will not be warranted in enlarging the wound, to see what mischief has been done. For, although it may be argued that a wound four or more inches long has been proved to be oftentimes as little dangerous as a wound of one inch in length, most people would prefer having the smaller wound, unless it could be believed, from calculation, that the intestine was also injured to a considerable extent. Few surgeons, even then, would like to enlarge the wound, to ascertain the fact, unless some considerable bleeding, or a dis-
charge of faecal matter, pointed out the necessity for such operation; when there would be reason for believing that the patient would have a better chance of recovery after the application of a suture to the wounded artery, or bowel, than if it were left to Nature.

If the first two or three hours have passed away, and the pain, and the firm, not tympanitic swelling in the belly, as well as discharge from the wound, indicate the commencement of effusion from the bowel, or an extravasation of blood, an enlargement of the opening alone can save the life of the patient, although the operation may probably be unsuccessful. It is not, however, on that account, to be always laid aside, when the state of the patient offers even a chance of success. The external wound should be enlarged, the effused matter sponged up with a soft, moist sponge, and the bowel or artery secured by a suture. When a penetrating wound, which may have injured the intestine, has been closed by suture, and does not do well, increasing symptoms of the inflammation of the abdominal cavity being accompanied by general tenderness of that part, and a decided swelling underneath the wound, indicating effusion beneath, and apparently confined to it, the best chance for life will be given by reopening the wound, and even augmenting it, if necessary, to such an extent, as will allow a ready evacuation of the contents of the bowel. It is a point in surgery which a surgeon should contemplate in all its bearings. The proceeding is simple, little dangerous, and, under such circumstances, can do no harm. Mr. Guthrie has seen instances in which it has been done, and others in which it might have been done, with some hope of its being beneficial; and he recommends it for the serious consideration of those who may hereafter have the management of such cases.

8. When the abdomen is penetrated, and considerable bleeding takes place, and continues, it becomes necessary to enlarge the opening, and look for the wounded vessel. If the hemorrhage should come from one of the mesenteric arteries, or the epigastric, two ligatures are to be applied on the injured part. If it should be presumed that the enlargement of the wound and the search for the wounded vessel is not likely to be effected with advantage to the patient, the wound should be closed by suture, and a compress laid over it. If the bleeding should continue internally, and the wounded part become distended and tense, the sutures may be in part removed to give relief.

If the belly should become very painful, tense, and manifestly full after a punctured wound, and not tympanitic, the wound should be enlarged to allow the evacuation of the blood, which cannot, in such quantity, be absorbed. Extravasations of blood
of a determinate quantity are not found to be diffused all over
the surface, and between the convolutions of the small intestines,
provided the person has outlived the period of extravasation, and
may be readily evacuated, provided the wound be sufficiently
open. It may, when confined without an external opening, be
absorbed, but it is more likely to give rise to suppurative
inflammation, and the formation of matter, requiring with it to
be discharged by an opening made for the purpose. Cases of
extravasation, terminating in this manner, are very rare in our
northern climate, where inflammation usually runs high in the
first instance. That they do sometimes occur should not be
forgotten, and that surgery should not be wanting to give its
aid.

For the proper treatment of gunshot wounds of the belly the
author refers to his work on "Injuries of the Abdomen," where
it is fully pointed out.—[Lancet.

On the necessity of administering a Stimulant in certain cases,
previous to using Chloroform. By Dr. C. Fleming.

The most important point in the information contained in
Mr. Fleming’s pamphlet we consider to be that of the admin-
istration of a stimulant before allowing the patient to inhale
the chloroform, in cases, where, from extreme depression of
the vital powers, it becomes a serious risk to attempt the induction
of anaesthesia. He says:

"The first case of this kind in which it struck me that salu-
tary anaesthetic effects might be secured, occurred in one of
the constabulary force, a patient in Stevens' Hospital. He
was the subject of disease of the knee-joint, advanced to a
stage to demand amputation, and was in a state of such ex-
treme exhaustion that the operation was not free from danger.
It was most desirable to save him the shock and pain of it; and
yet his condition appeared to militate against the use of chloro-
form, for which he was most anxious. It struck me that
some dietetic stimulant might answer as a protective, and I
gave him, about half an hour before the operation, some bran-
dy beat up with the yolk of an egg. The chloroform was now
administered in his ward, previous to his removal to the oper-
ation theatre; the limb was removed by Mr. Wilmot, and he
was replaced in bed, without knowledge or pain throughout
the whole proceeding, and in a condition not appreciably dif-
f erent from that which preceded it."

The idea of giving a stimulant as a protective against the
injurious effects of anaesthetic agents, in cases of extreme ex-
haustion, appears, as far as we know, to be original with Mr.
Fleming, for we are not aware that the plan was before adopted. Simple as the suggestion may at first appear, we are of opinion that it is one of the most important practical points we have recently gained regarding the administration of chloroform. We have known surgeons refuse to allow patients in a weak condition to be brought into an anaesthetic condition, preferring that they should suffer the torture of even a prolonged and exquisitely painful operation to risking their lives by the action of chloroform; and we have to mourn over the fatal consequences we have heard recorded, from the employment of that agent, when much debility existed. If the precautionary measure of exhibiting a stimulant before the inhalation of the chloroform had been known and adopted, we are certain that, upon the one hand, many sufferers might have been spared unnecessary pain, and, upon the other, a large number, if not most of those who fell victims to its agency, have been rescued from death; and this suggestion receives increased importance by reflection, for, in reality, it is in cases where vitality is low that anaesthesia would be most desirable, since, during that state of the system, the shock of an operation must be greatly lessened.—[Dublin Quarterly Jour.

Case of Inversion of the Vagina coming on during Labor.

By Dr. Lambert.

The patient was a laboring woman. During the last six months of her third pregnancy she suffered from prolapsus of the vagina whenever she was working at out-of-door labor. The swelling thus produced attracted her attention, but did not alarm her, as it disappeared when she lay down in bed. When labor came on, the tumor again appeared between the limbs. The midwife in attendance finding the labor tedious, and ignorant of the nature of the case, recommended the woman to make the most of her pains, and ordered her a vapor bath. The only apparent effect of this advice was the increase of the tumor to double its former size. When Dr. Lambert arrived, he found it projecting from the vulva, of the size of the two fists, of a blueish-red color, round, wrinkled, and of considerable consistence. At its lower extremity was an opening through which the finger could be introduced to the os uteri.

Dr. L. recommended rest in the horizontal posture, with the pelvis a little elevated, cold applications to be made to the tumor, and slight pressure applied to replace it during the intervals between the pains. After considerable delay the tumor was reduced, and the woman delivered with the forceps. She made a good recovery, and the swelling has never returned. [Lond. Monthly Journ., from Revue Med. Chir.]
The Sympathy between the Uterus and Intestines.

Dr. Vandeen, a Dutch physician, has published in the Presse Médicale Belge, a few judicious observations respecting the sympathy which exists between the functions of the uterus and intestines at certain periods. He considers that the reaction of the uterus upon the bowels at the time of menstruation produces diarrhoea, as both the uterus and large intestine (the latter sympathetically) are at that period in a congested state, and their secretion therefore abundant. During gestation, however, a great deal of functional energy is transferred to the breasts and uterus, and thus constipation is a frequent symptom both during the development of the foetus and for some time after parturition. The author looks upon these facts as brought to light for the first time by himself; we were, however, in reading his remarks, forcibly reminded of a paper read by Dr. Tilt before the Medical Society of London. In this communication, Dr. Tilt pointed out how frequently diarrhoea is a precursory symptom to menstruation, and the following passage of Dr. Vandeen's remarks shows how identical facts may be simultaneously observed in different countries. The Dutch physician, namely, says: "The sympathy between the uterus and the large intestine is rendered evident by the fact, (which to my knowledge has not been pointed out before,) that with most women the alvine dejections are much more frequent and loose when menstruation is about to set in."—[London Lancet.

On the Post-mortem Duration of the Ciliary Movements in the Human Subject. By M. Gosselin.

The body of a decapitated criminal having been conveyed to the École Pratique, the ciliary movement was recognised on the mucous membrane of the trachea, of the nasal fossae, and on that lining the maxillary, frontal, and sphenoidal sinuses, 8 hours after death. The movements were still distinguishable, especially on the mucous membrane of the trachea, 32 hours after death. The movement had ceased on the mucous membrane of the nasal fossae and of the sinuses, 56 hours after death; but this was perhaps due to the free exposure of these parts to the air; for the vibration was still active on the mucous membrane of the trachea, where it was distinctly seen to the 168th hour after death, after which putrefaction came on, and the movement ceased. In another case of the same nature the ciliary movements were much less durable; and this seemed to be consequent upon the earlier supervision of putrefaction, brought about by a higher temperature, the thermometer having ranged from 46° to 54° in the first case, and having risen to 68° in the second.—[Gaz. Médicale. Medico-Chir. Rev.
On the Nerves of the Uterus. By M. Boulard.

The author states that his dissections were carried on without any knowledge of the 'Memoirs' of Dr. Robert Lee and Mr. Snow Beck; which he only consulted after the termination of his own inquiries. He states that these have led him, in all essential particulars, to concur with the latter anatomist; and he particularly affirms that the nerves do not augment during pregnancy. He has made two comparative preparations of the uterus of a girl of 12 years old, and of a woman who died near the end of pregnancy; and he affirms that there is no difference in the arrangement of their nerves, except that which arises from the closeness of the elements of the plexuses in the first case, and their separation in the second.—[Ibid.]

On some of the Histological Characteristics of Malignant Growths. By Prof. Albers, of Bonn.

1. No form of growth other than the malignant consists so exclusively, even to the acquisition of a large size, in cell-formation, all non malignant ones containing a great abundance of fibre- formations. It may be objected that epithelial tumours consist of cells, and yet remain innocent. It is to be observed, however, that such tumours always remain small, and have not proved so generally innocent as the polypus and fibroid. Epithelial tumour, too, frequently relapses, and is sometimes as destructive as cancer itself. Among other innocent tumours, the fatty especially exhibit cells, but the regular fibrous network, which is also present, essentially distinguishes them from all malignant tumours.

2. In innocent growths the cells decrease with the duration of these, while in malignant ones they increase. At the commencement of the so-called tumours of the cellular tissue, among the predominant fibres, cells are to be seen, which at an older date are entirely absent; and the same is observed in polypus and fibroid. In malignant tumours a great number of fibres are found at first; but the longer the tumours exist and the larger they become, the more completely do such fibres disappear, leaving the cells as the sole histological element.

3. Certain peculiarities are observed in these cell- formations, among which may be mentioned the incomplete formation of the greater part of the cells, when the tumour is old and large, and especially in the case of relapsing and secondary formations. The cells exhibit either a different form, an unequal size, or an irregular degree of development. The equal development of the structural elements of polypus, fibroid or fatty
tumour, furnishes an entirely different general impression from that derived from any kind of malignant tumour.

4. Besides the incompleteness and irregularity of the development of cells in malignant growths, they are found in these to undergo a rapid disintegration, examples of which, though more frequently met with in the older tumours, are not wanting in the younger ones, showing the retrograde changes which are taking place. The elements proving this, are granules, granular bodies, and granular cells; and these are to be found in a greater or less number in every cancerous tumour proportionate to its age. If on the other hand, we consider the regular and unchanged conditions of the cells in fatty tumours or polypus, in which scarcely any granular bodies or cells are found, it becomes certain that the duration of the life of a cell is much longer in innocent than in malignant tumours.

5. Malignant tumours are remarkable for the rapidity of their cell growth. In a few days an entire lung may undergo tubercular transformation, or a cancerous tumour acquire double its size. A relapse may occur in five or six days, and a few days later may attain enormous dimensions. No innocent tumour comports itself thus.

6. In malignant swellings we always find a more abundant juice, which flows out on pressure, and contains some of the elements of the disease, as the cells, and the same fluid blastema is obtainable from tubercular lungs. When fluid is pressed out from a polypus, it contains no cells or fibres, or very few, while in that obtained from cancer there are numerous cells in every stage of development. It follows from this, that the textural connection in the malignant tumor is always looser, and the proportion of fluid blastema always larger, than in the innocent; and that these slightly connected elements are easily separable, and are incapable of the degree of development observed in the innocent, being, therefore, endowed with a shorter duration of life than these.

It results from the above observations, that there is less vital energy and durability in malignant growths, as is shown by the fewer stages of development they are capable of: and by the great disposition of the cells to terminate their life, and to pass into granular bodies and granule-cells. This retrograde course explains the inordinate increase of cells, just as we see an immense reproductive power in animals placed low down in the scale. The lower its vital energy sinks, the more rapidly does the growth increase, so that the second or third relapse takes on a much larger and more rapid development than did the original tumor—a point well deserving the attention of the operator, lest, by his interference, he lowers the amount of vital
energy, and hastens death more rapidly than it would have occurred had the case been left to nature. It is to this diminution of vital activity, that the peculiar softening of these tumors is due. In the softened mass are found the elements of the degenerated structure with incompletely formed pus globules; and when the vital power is increased, and, as in tubercle, stationary condition of the disease produced, a more complete pus formation takes place.—[Canstatt's Jahrb. Ibid.

Miscellany.

A Singular Epidemic.—The history of Epidemics is one of the most interesting departments of Medical Literature. Whether studied by the medical philosopher, the philanthropist, or the theologian, it furnishes the most fertile themes for observation and speculation. It has in all ages been made the subject of special research by minds of the first order. And yet, what do we know of Epidemics?—Nothing more than the dates of their occurrence and the extent of their ravages! We are still in total darkness in reference to their cause, and powerless in our attempts to arrest their progress! Facts upon facts have been diligently accumulated from the Mosaic and Hippocratic eras to the present time, without yielding the data from which we may deduce one single law of practical utility to the physician! We should not, however, be discouraged, but continue to keep a record of their manifestations, until, piled like Ossa upon Pelion, they furnish us the knowledge we need.

Upon returning to our post about the 1st of October last, we were surprised at the frequent occurrence of sore fingers among our employers, and on inquiry found that they were equally common in the practice of other physicians, and had been so for several months. In some families nearly every inmate suffered more or less. Upon a large plantation in this vicinity they were so numerous as seriously to interfere with working the crop, and to lead to the suspicion that they were designedly induced in order to furnish an excuse for idleness. We learn from physicians residing at various points between this city and our northern frontier counties that they also saw a very unusual number of whitlows during the same period. The cases commenced in July, and continued to present themselves until the beginning of November. We are not informed whether such a state of things existed in the counties south of this.

The disease generally assumed some one or other of the forms of Paronychia or Whitlow—the majority of them being superficial, and
the smallest number affecting the theca of the tendons and the periosteum. Although occurring spontaneously in most instances, the slightest abrasion or irritation of the finger or hand would terminate in suppuration more or less troublesome—Erysipelas complicated some of the cases, and proved fatal in one of them here.

The season was one of the warmest and dryest ever known in Georgia. The health of the city, and indeed of the whole State, is represented as having been unusually good. The supervision of cold weather put a stop to the sore fingers, and the writer has not seen one since.

It may perhaps be deemed out of place to dignify so trivial a disease with the epithet "Epidemic," although its general prevalence may really constitute it one. Other slight affections are occasionally seen occurring in this way. We think we have seen the common Furunculus prevail as an epidemic here several times. The mere fact that they are not often fatal is no reason for not classing them with epidemics whenever their prevalence becomes general in a community.

Our object is now simply to add one more fact to the record; and to ask our readers, if they have observed the same in other localities.

**Medical College of Georgia.**—The exercises of the annual Commencement in this institution took place on the 2d day of March, when the Degree of Doctor of Medicine was conferred upon fifty gentlemen. A learned address was delivered to the Graduates, by the Rev. W. G. Connor, and a most appropriate and felicitous Valedictory to his class-mates, by Dr. P. C. Winn.

The Dean of the Faculty reported to the Board of Trustees, that there were in attendance upon the Course of Lectures just concluded one hundred and fifty-eight students, of whom, there were from Georgia, 128—from Alabama, 19—from South Carolina, 14—from North Carolina, 1—and from Tennessee, 1.

The following is a list of the Graduates:

**FROM GEORGIA.**

T. G. Andrews, - - - Thesis on Dysentery,
C. H. Bass, - - - " Fetal Brain,
E. T. Bell, - - - " Pleurisy,
J. W. Barber, - - - " Intermittent Fever.
E. J. Berrie, - - - " Croup,
J. W. Bowdoin, - - - " Lymphatics,
R. L. Cummins, Thesis on Inflammation,
J. A. Carter, "" Uterine Cancer,
L. P. Dozier, "" Erysipelas,
R. E. Fryer, "" Scurvy,
J. J. W. Glenn, "" Cynanch. Trachialis,
R. A. Gowin, "" Group,
W. J. Holt, "" Rheumatism,
N. L. Hudson, "" Gonorrhoea,
W. T. Jernigan, "" Signs of Pregnancy,
F. M. Jones, "" Remittent Fever,
J. S. Lane, "" Colo-Rectitis,
T. G. Macon, "" Typhoid Fever,
Elijah Mattax, "" Typhoid Fever,
B. R. Rives, "" Professional skill,
William Rhodes, "" Menstruation,
W. J. Reeves, "" Intermittent Fever,
J. H. Ragan, "" Pleurisy,
Robert Ragland, "" Menstruation,
W. R. Ruffin, "" Syphilis,
E. J. Setze, "" Gonorrhoea,
J. M. Saunders, "" Typhoid Fever,
J. N. Smith, "" Typhoid Fever,
Lawrence Smith, "" Intermittent Fever,
J. H. Trippe, "" Pneumonia,
J. F. Trippe, "" Delirium Tremens,
J. R. Tucker, "" Scarlatina,
J. S. Wilson, "" Gastritis,
W. H. Wilson, "" Tetanus,
Jubal Watts, "" Gastritis,
B. A. Ware, "" Concussion of Brain,
C. R. Walton, "" Infantile Rem. fever,
Z. L. Watters, "" Apoplexy,
W. T. Wilchar, "" Inflammation,

FROM SOUTH CAROLINA.

J. A. Evins, Thesis on Typhoid Fever,
R. J. Gilliland, "" Scarlatina,
J. A. Glenn, "" Cholera,
D. M. Laffitte, "" Aneurism,
R. W. Quarles, "" Functions of Liver,
R. M. D. Russel, "" Cholera,
P. C. Wait, "" Hepatitis.

FROM ALABAMA.

Alexander Donald, Thesis on Electricity,
Christopher Montgomery, "" Pleurisy,
P. C. Winn, "" Spinal Irritation.
BIBLIOGRAPHICAL.


The work before us is one of three productions of Velpeau's pen, either of which would alone have made him distinguished among the medical authors of the age. His Surgical Anatomy, his Midwifery and his System of Surgery are all monuments of his erudition and sound practical sense. The profession in our country should feel grateful for the zeal manifested by the learned translators, in issuing this new and fine edition.


The diseases of the chest have been for many years a favorite study with Dr. Swett, whose opportunities as physician to the New York Hospital and as an extensive practitioner in a community very much disposed to those affections, must entitle his deductions to great weight. As an original American work of merit, we cordially welcome it and wish it a favorable reception.


The nature and object of this work may be inferred from its title page. Lazy students, fond of the multum in parvo, will here find a capital work.


The subject of the first of these discourses is "Early Physicians, Scenery and Society of Cincinnati," and that of the second is "The Origin and Influence of Medical Periodical Literature; and the benefits of Public Medical Libraries." Like every thing from the pen of the distinguished writer, these discourses are full of interest, and will constitute a valuable contribution to the Medical History of the United States.

As a mere remembrancer of the general distribution of the arterial system, it may be useful. The plates are, however, very coarse.


A very convenient and well gotten up manual, well calculated to aid medical students.


We have always believed that the best way to destroy quackery is to pay no attention to it. Physicians are never regarded by the community as ex parte witnesses, and their invectives therefore have no weight, save to enable the charlatan to cry "persecution." The work of Dr. Hooker, however, differs vastly from the ordinary tirades upon the subject. It is a calm and sensible appeal to the common sense of common intellects—of those who need the aid of others to enable them to see the truth, and to distinguish it from falsehood. The "Fiske Fund Prize" was awarded it by the Rhode Island Medical Society, and it will doubtless do much to open the eyes of the people.

Another Journal Discontinued.—The British American Medical and Physical Journal, published at Montreal, has been discontinued because subscribers would not pay up as punctually as the publisher was obliged to do. It is succeeded by the "Canada Medical Journal," edited by Drs. Macdonnell and David, to whom we cordially wish a successful career.

Death of Dr. Sidney A. Doane.—The ship-fever which has been prevailing to such an alarming extent among the emigrants daily arriving at New York, has numbered among its victims Dr. S. A. Doane, the distinguished physician at Quarantine on Staten Island. Dr. D. was the translator of a number of French medical works.

Medical Society of the State of Georgia.—We would remind our readers that this society will convene at Augusta on the second Wednesday of the present month (April). A large meeting is expected.