Remarks on Craniotomy, with a case. By Wm. Nephew King, M. D., of Roswell, Georgia.

Instrumental parturition has probably been practiced from the earliest times. Indeed, it is impossible to trace the history of many operations of obstetrical surgery to their origin or to say who were the originators of them.

The Cæsarian operation, for example, is of very great antiquity. Dr. Mansfield, in his work on the Antiquity of Gastrotomy and Hysterotomy, on the Living, informs us that in the Thalmud, Gastrotomy is mentioned under the article on Hereditary Rights, and re-asserts that in an earlier work called Mischuajoth, bearing date A. M. 140, this passage occurs—"in a twin-birth neither the first child, which by the section of the belly is brought into the world, nor the one coming after, can attain the rights of heirship or the priestly office." But even this great antiquity is lost in the still remoter period fixed by fabulous historians: thus, Jupiter snatched from the abdomen of the wretched Semele, his son, yet unborn, when the Goddess was killed by the thunder and lightning in which her divine lover was obliged to approach her. The Romans held that Æsculapius was delivered in the same way by Apollo. Virgil states that Lycus was born in the same manner. Pliny is,
however, considered the first writer of authority on this point. Although the operation is of undoubted antiquity, yet it is not mentioned in the works of Hippocrates, Celsus, Paulus Ægineta, or Albucasis, and the earliest account of it in any medical work is said to have been published about the middle of the 14th century. In 1491 Nicolai de Falconis, recorded a case; but Velpeau states that it was performed in 1424. Sprengel asserts that it was not performed upon the living subject before the year 1610, while many writers deny altogether that it was known to the ancients; among whom are Deleurye, Levret, Mauriceau and Mendel. In proof of its remote antiquity, Plenck, Dionis and Gardien refer to the thirty-fourth book of Pliny’s Natural History.

Organikotocia or Instrumental Parturition was practiced by Hippocrates, and in his works are recommended all the obstetric instruments now in use; but of course imperfect in their construction, and some of them difficult of application. Thus, for a perforator, he used and recommended a small sword, and his forceps had teeth—he speaks of a blunt hook also.

The application of instruments in obstetrical practice, always requires delicacy and decision; the practitioner is often swayed by the opinions and prejudices of those around him—imperceptibly, it may be, but none the less certainly: in those operations which require a solution of continuity, not only the prejudice of ignorance, but religious faith often determines the character of the operation.

One instinctively shrinks from the destruction of a living infant, and is anxious to delay all action until death shall have supervened; and in every case requiring the operation of embryotomy, the accoucheur is glad to observe a want of pulsation at the fontanel— an absence of motion in the child—the shivering fits—the placid breasts and fæctor of the uterine discharges in the woman that are characteristic signs of the death of the foetus, before proceeding.

These, although signs of death, are not true diagnostics; and many instances are recorded in which the operation has been performed and the child been born alive. This is readily accounted for when we remember the origin of the cerebral nerves, and the functions of which are not always destroyed.
In those cases in which the child is living, and where the brim or outlet of the pelvis is so deformed as not to admit of a delivery, the accoucheur has the choice of two formidable operations: in the one, the life of both mother and child may be saved—in the other the child must be sacrificed.

That the child is often unwarrantably sacrificed, in this and in other Protestant countries, no one can doubt, and indeed, we understand that, in a medical society in our State, a gentleman not long since, argued that the destruction of the child was proper, in order to avoid the probable contingency of a vesico-vaginal fistula. In England, the preference given to Craniotomy, arose from an essay by Osborne; but his deductions are abundantly answered, exposed and ridiculed, by Dewees; and since the great success which has attended the Cæsarian section Embryotomy has gone somewhat into disfavor. Craniotomy, says Ryan, is impracticable in cases of extreme deformity, and from mature consideration of the history of the Cæsarean section, it is obvious that the extraction of the infant by Craniotomy is as fatal an operation to the mother, and there is often much more injury inflicted on her than by timely removing the infant through the abdomen. "I would venture to predict," says he, "that Embryotomy will be nearly discarded in a few years;" and again, "the absence of a religious motive, is a cause of the comparatively frequent performance of embryotomy in this empire—the necessity of its too frequent performance in all Protestant countries, is almost exclusively founded on the impracticability of delivery by the natural passage." "I know these are unpalatable assertions, but truth is great and will prevail." Tyler Smith, in his work on Parturition, says, "The Catholic doctrine of the value of extreme unction, as regards the mother, and the necessity of baptism to infant salvation; the different views on these points held by Protestants, are visibly written in the precepts of practical midwifery, and taking France and England as the types of the two great varieties of practice, he presents us with the characteristics of each type. Protestantism, always considers the social relations—always preserves the mother, when the destruction of the infant will secure that object. It considers the child as already dead—Catholicism, 'au contraire,' makes the life of the child practi-
cally of more importance. The mother receives the sacrament of extreme unction, and being thus secured, her life is sacrificed and the child saved, if possible, that it may be spiritually washed with baptismal water."

The following is the division of Dr. Smith.

PROTESTANT PRACTICE GIVES THE DECIDED PREFERENCE TO THE LIFE OF THE MOTHER.

This is seen

In the partiality for Craniotomy.
In the induction of premature labor.
In the proposed separation of the placenta in placenta praevia.
In the dislike of the Caesarian section, the Sigaultian operation, and the frequent use of the long forceps.

ROMAN CATHOLIC PRACTICE, LEANS TO THE LIFE OF THE INFANT.

This is seen

In the favorable opinion entertained of the Caesarian operation in Roman Catholic countries.
In the high opinion in which the Sigaultian operation has been held.
In the frequent use of the long forceps.
In the great dislike to Craniotomy, and the induction of premature labor.

In our country, the attempt to save both mother and child, by Caesarian section, is rapidly growing in favor, and very justly so, from the success which has attended the operation—but there is beyond question, too little attention given to the life of the foetus. Practitioners do not esteem the foetus in utero as having sufficient claims upon their consideration, to authorize the jeopardizing the life of the mother; though the risk, in which that life is placed, may be comparatively trivial. In many instances, in which the interest of the mother and the offspring clash—as in the plan of detaching the placenta, and extracting it before the child, in placenta presentations, there is as much indifference shown to the life of the child, as in Craniotomy. This "revived plan," of practice has been termed, "an excessive and unjustifiable application of the British rules;" but it finds very many advocates among us, although it does not hesitate to sacrifice the life of the fetus, for "an assumed, but improved advantage to the mother."

We have thus briefly glanced at some points in obstetric practice, more for the purpose of suggesting reflections, than from any expectation or intention of deciding any disputed points of practice. The case which we have to offer is one in which we were not called upon to question the propriety of our course. Indeed, we have thought, that had the case come under our care, at an earlier period of its progress, we would have been able to have effected the delivery without the use of instruments. We should not have hesitated however—had there
been signs of life in the foetus, and such deformity as to have rendered delivery impossible by the natural way—to have made an attempt to save the lives of mother and offspring, by the Cæsarian section, after the manner we saw the operation performed, with great skill and perfect success, by M. Paul Dubois, in his wards in Paris, during the last season.

On the morning of the 13th December last, was called to Mrs. T., aged 18 years, first child, said to have been in labor 52 hours, her attendant "une sage femme de la campagne."

The pains were during this time of short duration and at long intervals, of course very ineffectual. At the time we saw the case, there was considerable acceleration of the pulse, and the pains were severe, and had been so since the "waters," were discharged, some eight hours previous; as they were described to us, they must have been strong, vigorous, expulsive labor pains.

Upon making an examination per vaginam, found the external organs in a soft and relaxed state, and the head of the foetus wedged very firmly within the pubic arch, the presentation was the "occipito sacrée secondaire" of the French. An attempt was made to introduce the forceps, but it was found impossible. Turning was out of the question, and now all that remained was to perform the operation of Craniotomy, which was accordingly accomplished in the manner recommended by M. Chailly of Paris—which may be found in his excellent work L'art des Accouchements. (See page, 582.)

The position there mentioned, viz. the Dorsal, is that usually selected by the obstetricians of continental Europe, while the left lateral is preferred in England. The left hand being greased, the fingers introduced into the vagina, and having them placed on the fontanel (or in the course of the sagittal suture) the perforator was then introduced along the palmar surface of the hand—great care being taken to avoid wounding the soft parts of the mother, when by a rotary motion, the perforator was passed through the cranium, and the cerebral mass broken up. The perforator, now having been closed, was carefully withdrawn. In the case under consideration, the brain was removed, it not escaping, as is usually the case when uterine action is present. Slight traction was then made upon the foetus, when it escaped without difficulty.
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After the foetus had been extracted, we perceived that the abdomen remained unusually distended, and on introducing the hand, another foetus was discovered. By this time, the female was almost exhausted; we administered brandy and carb. ammon., which revived her—the pains came on, and the last foetus, very diminutive in size, was expelled.

The case terminated very favorably; was attended with no hemorrhage. She was discharged on the 10th day after, and is now in the enjoyment of as fine health, as at any time prior to her accouchement.

ARTICLE XVIII.


Although several articles have appeared in this journal, since Dr. Norwood's first communication, the importance of the subject must justify the present. I now propose to notice the use and effects of the Veratrum Viride, as observed in my practice.

Pneumonia.—It was in May, 1851, that I first used the article. I was called to a case of Pneumonia of the right lung. The patient was a man, 45 years of age, who had been suffering for a few days from general inflammatory symptoms, and was apparently relieved, when he suddenly took a chill, followed by high fever. I saw him 24 hours after the onset of the chill and found him laboring under confirmed Pneumonia. Difficult and hurried respiration, frequent coughing, severe pain in the right side, and bloody expectoration; pulse, 126 in the minute, full and hard. Without any hesitancy, I applied a very large blister to the affected side, and put him on the use of the tinct. veratrum viride, in doses of twenty drops every three hours, until it produced sufficient nausea to affect the pulse. I then reduced the dose to 15 or 10 drops, provided the latter dose controlled the action of the heart. On my next visit, I found the pulse reduced to 75 in the minute; respiration easy and natural, expectoration white and scanty, skin very much relaxed, and the surface cool. The blister had drawn
Robert, on *Veratrum Viride.*

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Robert, on Veratrum Viride.

well, and relieved the pain in the side. The medicine had produced very distressing sickness and vomiting during the first part of the night; now it only produces sickness immediately after taking each dose. I pronounced the patient safe from that time, but directed the continuation of the medicine for some three or four days, in gradually reduced doses. At the end of that time, he complained of nothing but the medicine, nor had he since the first 24 hours after commencement of the medicine.

I would here take occasion to remark, that in pneumonia, I always apply a very large blister to the affected side, and sometimes cups. I find that very free vesication gives more relief in subduing the pain and calming the respiration than any other remedy. While the blister is doing this, the veratrum viride is producing its specific effect upon the heart.

**Case 2,** occurred in September last. The right lung was inflamed; very similar in its onset to the first; was treated in the same manner, and with precisely the same results—reducing the action of the heart in about 18 hours. In this case, the medicine produced its hiccough effect, which alarmed the patient very much.

**Cases 3 and 4,** occurred at the same house, in November last. One was a negro woman, six months advanced in pregnancy; she had been very sick for four days previous to my visit. The secretion from the left lung was so abundant as to threaten suffocation; expectoration could not clear the lung long enough to procure any rest—constant coughing, pulse 125 per minute, and very irritable. After applying the blister, I commenced the Veratrum Viride, in 20 drop doses. On my next visit, 24 hours after, I found the patient no better; the system had not been affected by the medicine in the least; the distress of the lung fully as great as the day before; added to all this, she was now threatened with abortion. I immediately gave half teaspoonful of the tinct., and directed the 20 drop doses continued as before. As I lived but two miles off, I requested to be informed if abortion took place before morning. At 10 o'clock P. M., a messenger informed me that abortion had taken place. I sent word to continue the medicine.

On my visit next morning, I found such a decided relief of
the distressing symptoms, that I was truly afraid to express myself. The pulse had fallen to 70; respiration free, expectoration easy; sputa (before very bloody) now scarcely tinged. I continued the medicine a few days longer, which sealed the convalescence.

So confident was the master that the woman would die after the abortion, that he was not willing to bury the foetus until he saw there was no probability of putting the mother with it, that time.

The other case (4th) was a young lady, sick (at the same time as the negress,) with double pneumonia, and who was relieved entirely in a few days, by the tinct. veratrum viride and extensive blistering.

Case 5, occurred in December, in a man, aged about 28 years. He had pneumonia of the left lung, blistering and the tinct. veratrum viride relieved him in a few days. He had no fever after the first day.

Case 6. From some peculiarity attending this case, I must give a more minute account of it than of the preceding:

The patient, (a ditcher by occupation,) contracted pleuro-pneumonia of the right side, early in January last. He had been bled and purged before I saw him, which was two days after the onset of the disease. I found him suffering intensely with pain, (which was confined to the posterior and inner parts of the right side of the chest,) and difficult respiration, and was unable to lie down or to cough. Pulse 115 per minute, and an intermission of every fourth pulsation. I cupped the side very freely over the seat of the pain; after which, I covered the part with a very large blister, I then put him on the use of the tinct. veratrum viride, in 20 drop doses, every three hours. On my next visit, I found that the blister had drawn very well, but with only partial relief to the distressing symptoms. Expectoration was however better established, and the matter expectorated, was a mixture of mucus and pure blood.

No perceptible effect of the medicine. I ordered the blister dressed with basilicon ointment, and continued the medicine as before. On my third visit, I found less pleuritis, but more pneumonia, which was gradually extending to the superior and anterior part of the lung. There was less pain, except in
coughing; the secretion from the lung was not very copious, and when expectorated, appeared to be a lump of coagulated blood. The medicine had produced its specific effect in a very singular way: the pulsations at the wrist appeared to be only 40 to the minute; yet on a careful examination of the heart, I could detect an effort made by it to produce a contraction between each pulsation at the wrist; but apparently, too much depressed to perform its office fully more than 40 times to the minute; added to this, the bowels had become very irritable, and the attendants were of the opinion that the tincture operated on the bowels. Not liking the depressed condition of the heart, and the irritable state of the bowels—yet not perfectly willing to suspend the use of the veratrum, I determined to persevere with it in combination with opiates, for at least 24 hours longer. The opiate controlled the bowels, but produced a good deal of stupor. The depression of the heart continued the same. I suspended the use of all remedies, only such as particular occasion would demand, such as opiates, &c., internally, and relied upon the effects of the blister. The pneumonia gradually advanced so as to affect the whole lung. I covered the whole anterior part of the right side of the chest with a blister; on the drawing of this, the heart became regular in its action, but pulsating only sixty times per minute. This was some days after the entire suspension of the veratrum viride, and yet with active pneumonia all the time. Every mouthful of sputa was of the character last mentioned—that is, having the appearance of coagulated blood; gradually, the respiration became easier, expectoration better, the case progressed on favourably, and recovery took place, without any increase whatever in the action of the heart. The last time I examined his pulse, I counted only 60 beats to the minute, and this when he was going about. This is the only case where I have ever entertained the least idea that the veratrum viride would purge, and this, too, the only case where the heart failed to react upon a suspension of this medicine after so short a trial.

Case 7. Was under treatment at the same time as the preceding. It was a much milder case of pneumonia, but complicated with rheumatism of both knees: both complaints were relieved at the same time. I blistered the chest, and gave the
tinct. veratrum viride for some four or five days, with the happiest result.

I have some 6 or 8 cases more on my note book, treated in precisely the same way, but I consider the above to be enough. I have supplied some of my brother practitioners with a small quantity of the tincture for trial, and all are well pleased with it. In a conversation recently with Dr. A. S. Johnston of Troy, upon the effects of it in pneumonia, he made this answer to me—"I do not know how I have been treating Pneumonia, nor what I could do without it."

Cynanche Trachealis. I have used this remedy in one case of the above disease. I produced the specific of the medicine, on the child, and continued it so, for two days, but without any beneficial effect. The child died.

Typhoid fever. I have used it in five cases, and I cannot say that I derived any benefit from it, except in one of them. This was a relapse. The patient suffered no pain; there was some tympanitis of the bowels; the tongue was but slightly altered in colour or appearance; bowels were not relaxed; the pulse 125 to the minute, and rapidly increasing in frequency, and just such a case as I have in my practice denominated the nervous form of the disease. For two weeks, I had been using all such remedies as are commonly resorted to in cases of the kind, but without avail. As a last resort, I determined to try the effect of veratrum viride. I succeeded in twelve hours in producing its specific effect in a very powerful degree, attended with considerable prostration. I kept up the effect of the medicine eight days, and convalescence was fully established. I continued the remedy thus long in the above case, because experience had taught me, that a much shorter time would have no permanent effect, at least in typhoid fever.

In the other cases of typhoid fever, in which I used the remedy, I could produce its specific effect; but, as soon as I relaxed in giving the medicine, the disease would resume again its regular course.

In Mammary Abscess, I used the remedy in one case, with the happiest effect. The lady had been confined two weeks previous, and was taken with a very severe chill, which lasted half a day. I was called to her in the afternoon of the same
day, and found her suffering very much with pain in the left breast, and in the axillary glands of the same side. There was some nausea and tenderness of the bowels, which were costive; pulse very rapid and irritable. She was purged freely, and warm poultices were applied to the breast; small portions of spts. of turpentine were administered internally. On my visit next morning, I found the patient no better; the breast more painful than yesterday, glands also very sore, pulse exceedingly rapid. I determined to try the effect of the veratrum viride in this case. I produced its specific effect in about ten hours: the prostration was so great as to alarm the friends of the lady, and I was sent for. On my arrival, I found reaction had taken place as much as I cared for it to do; the pulse had come down to 70 per minute, the pain in the breast and glands had sensibly diminished. I did not give any more of the medicine; she had no more fever, and escaped one of the most painful of diseases, mammary abscess.

Some may imagine, that the cases of Pneumonia above detailed were slight, and not a fair test. In answer to this, I only say, that before the employment of quinine to the present extent, bilious fever always lasted from 7 to 13 days; but who sees a case of bilious fever last that long now? Those who are prejudiced against the free use of Quinine, can best answer. I look upon the action of ver. vir. on the system, (at least in pneumonia,) as giving such a decided check to the disease, as to effectually prevent its progression to that severe type which it so commonly assumes, under any other mode of treatment.

I have to record only one fatal case of pneumonia occurring in my practice, since I have employed this remedy—and that case was a dear infant of my own, sixteen months old. In this case, the medicine produced violent vomiting and great prostration; but I never could reduce the frequency of the action of the heart. The disease became chronic, and proved fatal in three months.

While practicing medicine in Middle Georgia, in 1844, '45, and '46, there occurred a very severe epidemic, (pneumonia,) producing great distress, in a large scope of country. I saw
fully the fatality attending it in the ordinary modes of treatment; and I am perfectly satisfied that had this remedy been used then, the result would have been far different.

In a few words, I will give the effects of the tinct. veratum viride, as I have seen them. The first appreciable, is its emetic effect: gradually, during the nausea and vomiting, the pulse loses its fulness and frequency, very free diaphoresis comes on during the vomiting, and sometimes continues so long as the medicine is kept up; at other times, only when nausea exists; this is accompanied generally with a cool state of the surface. I have found that the depression of the pulse will generally continue twelve or fifteen hours after the vomiting is first produced, if no more medicine is given. I generally reduce the doses from 25 drops down to such doses only, as will produce nausea, not caring to produce any more vomiting after the first time, unless the heart reacts too much under the nauseating doses. In some cases, I have found the stomach so susceptible to the presence of this medicine, that I have been compelled to disguise 8 drop doses in a draught of sweetened water. For the first two or three days after taking the medicine, there is a very free discharge of mucus from the fauces, afterwards the whole buccal cavity becomes very dry. Hiccough is sometimes a very distressing effect of its long continued use.

As I have said more than I intended in the first instance, I will close with but a few more words. If I can induce some physicians to listen to the appeal of Dr. Norwood, and give this medicine a fair trial, I have no fears that they will reject it. In conclusion, allow me through the medium of this valuable journal, to present to Dr. Norwood my sincere thanks, for his efforts to introduce properly to the profession this medicine; one which I now consider second to none. I do not claim for Dr. Norwood the discovery of this medicine, but I do claim for him, the discovery, in this medicine, of certain effects upon the system which he ascribes to it, which he has fully proven to belong to it, and which any one may observe who will use it. The tincture I use, is made by digesting ½ lb. of the root in a quart of alcohol.
ARTICLE XIX.

Cases demonstrating the utility of Electricity in the treatment of disease. By A. Donald, M. D., of Alabama.

Case I. On the 27th day of September last, I was invited to see Mrs. G. C., a lady about 47 years of age. She complained of severe pain in the ends of the fingers of her right hand—I examined them, and found them to be insensible to the touch and to cold, and of a deep purple hue, presenting over the back of the hand a shrivelled appearance, with some longitudinal depressions on the palmar surface of the fingers. She was a lady of the sanguine temperament, with round, full features, blue eyes, light hair and small extremities, and when in health a florid complexion; but, at this time, she looked pale and manifested some slight agitation; there were also some purple spots over the palmar surface of her hand, about the size of a dime; the pulse at the wrist very small and somewhat irregular in its action; the pain at night prevented sleep; but little appetite for food; constipation, and occasionally very sick at the stomach. Diagnosis: a tendency to mortification, or gangrena senilis, caused by obstructed circulation. Having observed that the treatment generally resorted to, under such circumstances, had failed, I resolved to try Electricity, as I believed it to be, if not vital force, at least capable of performing the office of the vital force. I at once began the use of this agent, with one of Dr. S. B. Smith's Torpedo-Electro-Magnetic Machines. After putting the machine in operation, I made the first application, by placing the negative pole on the back of the neck, and the positive pole on the ends of her fingers; and finding that she gave no evidence of its power, I then placed one pole on each side of her fingers, and, as before, she gave no evidence of its presence. I continued the application for half an hour, and still there was no impression made; I then ordered a basin of water, quite warm, placed her hand in the water and then put the positive pole in the basin, with the negative pole on the back of her neck. After some ten minutes had elapsed, she experienced very slight sensations; but after continuing this application for one hour, the pulsations were more distinct, though only slight. I then discontinued the application for
that day, and ordered that the hand be kept continually warm and dry. This application was made for twelve days, in succession, and a perfect and complete cure was effected at the end of this time; the hand looked to be at least ten years younger than the other hand. I would remark that I occasionally applied it to the whole system in this case.

Case II. J. M. a highly respectable planter, of Butler county, Alabama, had been afflicted with chronic rheumatism, in both knees, for several years, and had tried nearly all the remedies generally resorted to in such cases. I determined to try electricity in this case: I did so, and in one month had the satisfaction of seeing him perfectly cured. In this case, I made the application by placing the negative pole on the sacrum, and the positive pole over the parts affected.

Case III. Mrs. B., of Lowndes county, Alabama, about 60 years of age, had been vaccinated in January, 1851, which occasioned high fever for several days, after which she found herself to be quite blind: she could not distinguish a man from a horse across the road. After being in this condition about seven months, she came to me for relief. Finding no structural change in her eyes, I concluded that the blindness depended upon debility of the optic nerve, and began the use of electricity, by applying the positive pole to the back of the neck, and the negative pole over the eyelids, (the eyes being closed,) as I only wanted its tonic effect. I continued the application from fifteen to twenty minutes, each day, for two weeks, at the end of which time she was so much improved that she could see how to take up a stitch in knitting.

Case IV. Jacob, a negro man, the property of Mr. J. M. Yeldell, of Butler county, Ala., had rheumatism in his left vastus externus muscle, and in his right ankle, which was very much swollen. I put him upon a long table, and began with electricity, by placing the negative pole on the sacrum, and the positive pole freely over the parts affected. The first application was continued one hour, for the purpose of producing a perfect reaction in the parts; the application was made about candle-light in the evening; the next morning I was astonished to find that the swelling in the ankle had entirely disappeared, and that there was no pain in the parts. I applied the poles
again, as before, and have understood that he has been well ever since.

Case V. Two years ago, I was seriously troubled with rheumatism in the whole of the deltoid muscle of the left shoulder, and tried many remedies, with only partial relief. My arm continued to be almost paralysed—I could not support any degree of weight, with my arm in the horizontal position. Finally, last spring, I had another attack, involving the right arm, in the same manner, and tried colchicum, guaiac, nitrate of potass., and various other remedies, without relief. I began to think that I should lose the use of both arms, and commenced the use of electricity, by applying the negative pole to the cervical region, and the positive pole over all the parts affected. In about ten days I was much improved. One fact I observed in my own case, was that, in a few moments after the application of electricity, the pain, however severe before the application, would be entirely relieved, and, in many instances, would not return again for twenty-four hours.

Case VI. On one occasion, I was afflicted with dyspeptic head-ache, with nausea and vomiting; I used electricity, and in a moment (after taking one pole in each hand) the sickness at the stomach was entirely relieved, and the pain in the head disappeared as suddenly. I am satisfied, from repeated trials, that nothing in the materia medica will relieve vomiting so soon as electricity.

Case VII. Mrs. C., after delivery and removal of the placenta, was threatened with dangerous uterine haemorrhage. Electricity was employed in the following manner: the positive pole was placed upon the sacrum, and the negative pole (being properly insulated) was applied to the os uteri; in an instant the contraction was effected, and the haemorrhage successfully arrested.

Case VIII. Mr. G., had been afflicted for several years with a fistula in-ano. After syringing the parts with warm water, the negative pole was placed over the external orifice, and the positive pole over the sacrum; the applications were continued for thirty minutes, twice a day, (always after cleansing the parts,) and in ten days the cure was complete, and has continued so ever since. In this case, the opening was in the cellular tissue.
Case IX. A lady about 45 years of age, had been afflicted with menorrhagia for seven years: she had taken a great deal of medicine during this time, with but partial relief. I had treated her myself with tonics, to improve her general health and with the secale cornutum, for its specific effect, without success. I finally had recourse to Electricity—I placed the positive pole over the sacrum, and the negative pole to the os uteri, and after daily application for two weeks, it was discontinued, and the lady is now entirely well.

Case X. Miss H., aged about 22 years, had, from puberty, been afflicted with that most painful malady, dysmenorrhoea. She had been treated for it, under the presumption that it originated from a rheumatic condition of the uterus. I had used Dr. Dewees' famed remedy, "comp. tinct. of guaiacum," without success, and then proposed Dr. McIntosh's treatment of the bougie. This was objected to, and I then proposed Electricity, believing that the canal was subject to spasmodic constriction; for I found that this painful condition did not last more than eight hours, whereas, if it had been a permanent constriction, the pain would have continued throughout the four or five days. Having found by observation that the positive pole was expansive, and the negative contractive, and that one of the effects of electricity was to soothe pain, I began by placing the negative pole on the sacrum, and the positive pole to the os uteri, with a moderate power, for from 15 to 20 minutes each day, for two weeks. A complete cure.

Case XI. A young man, aged about 23 years, had a gleet of about 12 months standing. When he came to me, he looked pale; his appetite was bad; it was evident from the history of the case, that debility existed, which had perhaps been induced by excessive sexual intercourse. Without doing anything else, I advised electricity, which he used about 3 weeks, and was perfectly cured. In this case, I placed the negative pole on the end of the glans penis, and along the urethra, from the frænum backward, and the positive pole on the sacrum.

Case XII. A young gentleman had been troubled with chronic gonorrhœa for about 12 months. I advised him to use Electricity—(he had used many other remedies)—he did so, for about one month, and the cure was completed. It was used, in this case, in the same manner as in the one of gleet.
Case XIII. Miss L. C., of Butler county, Ala., about 17 years old, was affected with partial paralysis of the right side, from the time that she was six months old. At that time she had an attack of fever, which terminated in the affection above mentioned; she could not, by volition, control the action of her hands or feet; if she attempted to place her toes outward, they would be just as likely to turn inwardly; if she attempted to take hold of any thing, she could not grasp it at will. In this case, I also advised Electricity. I began, by applying the negative pole to the back of the neck, and the positive pole over the whole of the affected side, from the toes upward. I continued this application every night for two weeks, one hour each time. In this case, the improvement was beyond my most sanguine expectations. Miss C. can now use her foot sufficiently well to dance, and can grasp a dipper and take a drink of water, which she never could do before. I am now sanguine enough to believe, that if the treatment were continued, she would get well, or recover the use and fullness of the affected side completely.

[Note.—I am under promise to continue the case, and will report the result.]

I have seen a great many painful affections relieved, by the use of electricity—such as head-ache, tooth-ache, neuralgic pains about the face, neuralgia of the head, sciatica, &c., &c. In amenorrhoea, where it is caused evidently by a want of capillary circulation, electricity would be suggested to my mind as a most valuable remedy—for we have seen our Professor of Chemistry cause water to flow in a stream, through a tube, by running a current of electricity through the tube with the water, when previously this only went through by drops. We have also seen persons relieved of boils or furuncles in a few days, which had been very troublesome before.

We see in the Dublin Journal of Med. Science, May, 1849, that an obstinate case of hydrophobia was successfully cured by the use of Galvanism, applied by Dr. Rossi; also, in the same Journal, 1847, that it is announced that a case of poisoning by opium was successfully treated by the same agent. We have seen also, in the London Medical Gazette, that Archord, of Berlin, made an experiment upon himself, which, if true, is
worthy of notice: He placed a plate of Zinc in his mouth, and a piece of silver in the anus, and having connected them by a piece of copper wire, his bowels were immediately discharged of their contents.

We have seen that Professor Means, of the Medical College of Georgia, (in the South. Med. and Surg. Journ., vol. 4, No. 3, March, 1848,) says, "Under the generating power of a large electro magnet and revolving armature, I have seen a case of paralysis, of the muscles of the eye, cheek, lips, &c., entirely relieved, after a few applications, of fifteen minutes each, which had resisted the ordinary treatment for several months previous." And again, he says, page 150, "My esteemed colleague, in the Chair of Surgery, has kindly furnished me with a case of spasmodic contraction of the flexor muscles of the knee joint, which yielded to the first application of a moderate magneto-electric current."

We have it stated by A. D. Bacon, M. D., of Massachusetts, that he cured a case of tetanus, by the use of electro-magnetism. Dr. Wilson Philip observes, "that in cases where there was a failure in the secreting power of the liver, I have repeatedly seen from Galvanism, the same effect on the biliary system, which arises from calomel, a copious biliary discharge from the bowels coming on a few hours after the employment of Galvanism." (Sturgeon's Galvanism, p. 112.)

M. Martinet reports the case of a man aged 66 years, admitted into one of the clinical wards of Prof. Récamier. For a long time he had suffered from asthma, which, two days before his admission to the Hotel Dieu, was very much increased. When the use of this agent (Galvanism) was begun, the asthmatic disorder was in full force; but before the first essay was over, the respiration was free. Galvanism was continued every second day, and at the end of twelve applications, the patient was perfectly cured of his dyspnœa—he ran up a stair of fifty steps, with a quickness and facility, and without being at all oppressed. (Dublin Quarterly Journal Med. Sci., May, 1847.)
ARTICLE XX.

Specific Cutaneous Eruption, produced by the internal use of Tartar Emetic. By John S. Wilson, M. D., of Air Mount, Ala. (formerly of Georgia.)

Case I. In November, 1851, J. H. was attacked with pneumonia of the upper lobe of the right lung. He was treated at first by venesection and an emetic of tart. ant. and ipecac; the antimony was then continued, as a contra-stimulant, until the disease was subdued: it was given in doses of $\frac{1}{2}$ gr. every three hours, for about 12 days, and then in $\frac{1}{4}$ gr. doses, every four hours for three or four days longer. (The medicine was sometimes suspended during the night.) No symptoms of gastric or intestinal irritation occurred during its administration; and the disease, though obstinate, progressed favorably under this treatment, aided by cups and blisters. But soon after convalescence was established, I was much surprised on finding the chest and abdomen thickly studded with the peculiar and characteristic pustular eruption of tartar emetic. The pustules were at first small, but they gradually enlarged and spread, extending themselves over the arms and forearms. They continued much longer than they usually do, when the tart. emetic is applied externally, and is discontinued after the crop of pustules have appeared. I did not learn that he had ever used the tart. emetic ointment, previous to his attack. The eruption was so well marked and characteristic, that I cannot entertain a doubt as to its nature, although I have seen but one similar case during several years' free use of the remedy.

Case II. In January last, I treated Mrs. L. for acute catarrh, with the tart. ant., giving it nearly in the same way as in the first case—the only exception being that the medicine was used but three or four days, when the subsidence of the disease rendered its continuance no longer necessary. This patient had used the tart. emetic ointment, to the spine, for a nervous affection, many months previously; and in her case, the eruption was confined to that part: she was perfectly conscious of its nature, for she said that she experienced the very same feelings that she did when she applied it locally.

Remarks.—Authors mention an eruption on the mucous
membrane of the mouth and fauces, as an occasional effect of
the long-continued use of tart. emetic, and they may notice
this cutaneous eruption; but I do not remember seeing any
thing of the kind in my reading, nor can I find any such, by
referring to the works at my command: but my opportunity
for consulting authors being limited, at this time, I may be
mistaken in supposing that they have not noticed it, and it
may be more common than I imagine. If it be common, it
may be made available in practice, as an evidence of satu-
ration, by warning us not to persist in the antimonial, for fear of
bad consequences—if it be unusual, (as I suppose it is,) its oc-
casional occurrence should still be borne in mind, lest we fall
into errors of diagnosis, by mistaking this eruption, for itch or
something else, as a practitioner of medicine did in one of the
above cases. Another interesting feature of these cases is
this: they add to the list of disagreeable effects sometimes re-
sulting from the use of this truly valuable article. It is true
that the unpleasantness produced by the tart. emetic in the
above cases, is of small moment, when compared with the
"fatal effects," so strikingly described by Dr. Wm. M. Boling:
(vide his article in this Journal, Jan. 1852, taken from the Am.
Journ. Med. Sciences,) but still it is a disagreeable effect, and
it should make us cautious in using this medicine after the Ra-
sorian plan.

While on this subject, I would remark that I have never
ventured on the use of tart. emetic, in enormous doses, regard-
less of emesis or catharsis, as recommended by the Italian
school of contra-stimulant physicians: I give it in pneumonia,
in small doses, regulating these by the effects on the stomach
and bowels, as I would in any other disease. I have thus been
able to avoid, so far, the very bad effects mentioned by Dr.
Boling, but still, notwithstanding this cautious use of the rem-
edy, I must confess that I have been in sight of the breakers;
and I think I have seen a few cases of inflammatory pneumo-
nia, become complicated with intestinal irritation, and assume
a typhoid type, by the use of the antimony in the cautious man-
ner above described. But in this I might have been mistaken,
as there was a prevailing tendency to adynamic fevers. While
I adduce these examples of the disagreeable effects of the
Healthy and Morbid Menstruation.

1852.

PART II.

Eclectic Department.

On Healthy and Morbid Menstruation. By J. Henry Bennett, M. D., late Physician-Accoucheur to the Western General Dispensary, etc.

[Continued from Page 289.]

Dysmenorrhoea.—By the term dysmenorrhoea, is implied painful and difficult menstruation. Most females experience slight uterine and ovarian pains, accompanied by slight external tenderness in the hypogastric region, with or without aching pain in the back, for the first few hours previous to and after the advent of menstruation. When these feelings are not usually experienced, they will often manifest themselves accidentally, as the result of over-fatigue or mental emotion, or without any appreciable cause. To such conditions, however, the appellation of dysmenorrhoea cannot be applied; it must be reserved for those cases in which a very considerable amount of pain is experienced, either invariably or by exception.

Dysmenorrhoea may exist—1stly, Permanently as a constitutional condition, or accidentally or temporarily in connexion with general morbid states. 2dly, It may be the result of the presence of uterine or ovarian disease, or of a contracted state of the cervical canal.

Constitutional Dysmenorrhoea.—This form of dysmenorrhoea is often observed in the females whose uterus appears naturally predisposed to congestion, and with whom menstruation is very abundant and is preceded and followed by a white leucorrhœal discharge. It is met with also when this is not the case. It may be limited to the first day or two, or extend throughout the entire period. In such women the dysmenorrhœa is evidently functional, the result of the distention produced by the over-congestion, or of a peculiar susceptibility of the uterine innervation. The pain is by no means the same in intensity at every period, but varies according to hygienic and moral circumstances. Under the influence of fatigue, excitement, or anxiety, and frequently without any appreciable cause, the dysmenorrhœa will become much more intense than usual, and
last a much longer time. In some instances I have known it to exist every second period only. This form of dysmenorrhea may persist with varying intensity throughout the entire duration of the menstrual function, although occasionally it is modified or even removed by marriage, by parturition, or by the mere influence of time. Constitutional dysmenorrhea can scarcely be considered a morbid condition, although verging on disease. It may be said to be characterized by its commencing with the menstrual function, by the entire and complete absence of all uterine symptoms in the interval of the monthly period, and by the general similarity of the menstrual epochs. Although one period may be, and often is, more painful than another, on comparing menstruation during any two given periods of several months, the amount of pain suffered, and the mode of manifestation of the function, are found to be pretty nearly the same. If a permanent increase of pain occurs, it is a suspicious circumstance, as indicating the possible or even probable existence of some inflammatory condition of the cervix, to which these females, as we have seen, are peculiarly liable, or of some morbid ovarian condition.

Accidental dysmenorrhea.—Dysmenorrhea may occur accidentally in a female who usually menstruates without pain, as the result of over-excitement or fatigue, from exposure to cold, or as the result of some temporary disturbance in the general health. When this is the case, the dysmenorrhea is probably occasioned by a disturbed or congestive state of uterine circulation, or by an exaggeration of the nervous susceptibility of the uterine organs. It is characterized by its merely temporary existence, and by the fact of its passing away with the cause that has produced it.

Inflammatory dysmenorrhea.—Non-constitutional dysmenorrhea, however, according to my experience, is much more frequently the result of inflammatory disease of the uterine organs, and principally of the cervix, than, as is generally supposed, of functional derangement, or of nervous susceptibility. When menstruation, naturally easy, becomes permanently painful, or when, naturally but slightly painful, it becomes extremely so, we are warranted in looking for local disease. Such a change does not take place without a cause, and that cause is, generally speaking, inflammation of the cervix or body of the uterus; dysmenorrhea being one of the most prominent and most ordinary symptoms of that disease.

This fact applies to the virgin as well as to the married female, and is of extreme importance, as affording a key to those extreme cases of dysmenorrhea, accompanied sometimes by spinal irritation and hysterical epileptiform convulsions, which
appear to resist every form of treatment, and are alike dis-
tressing to the patient, her friends, and her medical attendant. Since I have ascertained that such is the case, nearly all the instances of extreme dysmenorrhœa in the unmarried female that have come under my notice have proved to be of this description, and, however intractable before, have yielded as soon as a proper antiphlogistic treatment has been adopted.

The history of two patients formerly under my care, which I have elsewhere published, strongly illustrates these facts, and their importance. In the younger female, a young, unmarried lady, dysmenorrhœa from the first was the prominent symp-
tom. She had always suffered slightly from painful menstrua-
tion, but not carried so far as to inconvenience her. About two years before I saw her, the dysmenorrhœa became much more intense, and at last so agonizing, as immediately to pro-
duce hysterical epileptiform convulsions, which ended in par-
tial paralysis. In the other lady, who was thirty years of age, and the mother of a family, the uterine inflammation com-
menced six years before, with a laborious confinement. The most prominent symptom with her, also, was dysmenorrhœa, which increased rapidly, so as at last to bring on intense con-
vulsions at every monthly period, and thus to occasion partial paralysis of the left side, as in the former case. Both these pa-
tients were considered to be merely suffering from hysteria, spinal irritation, and functional derangement of the uterus, and had been treated for several years, solely in accordance with these views; whereas, in reality, they were labouring under severe inflammatory ulceration of the uterine neck.

In these cases the dysmenorrhœa is a mere symptom of the inflammatory condition of the uterine organs, and is only to be removed by their restoration to a healthier state. Generally speaking, it is the neck of the uterus that is found to be the seat of the disease that occasions the dysmenorrhœa. The latter is nearly always very intense when the body of the uterus is affected. Sub-acute inflammation of the ovaries may also give rise to dysmenorrhœa, but I cannot agree with Dr. Tilt that it is a frequent cause. This difference of opinion is connected with that which exists between me and my esteemed friend res-
pecting the frequency of sub-acute inflammation of the ovaries, inasmuch as I consider the symptoms which Dr. Tilt supposes to indicate the existence of such inflammation—pain and tender-
ness in the ovarian region—to be merely symptomatic of disease of the uterus or of its neck, in nineteen cases out of twenty in which they are observed.

We may connect with inflammatory dysmenorrhœa that form which has been described under the head of pseudo-mem-
branous, and which is characterized by the expulsion of shreds and casts of plastic lymph from the cavity of the uterus. I believe that the formation of these membranes coincides almost invariably with the present or past existence of uterine inflammation. In other words, I have found, in the great majority of cases of this description that have come under my observation that there has been at first inflammatory disease, although the removal of this disease has not always freed the patient from the liability to the formation of the pseudo-membranous casts. It would appear as if habit alone sufficed in some instances to perpetuate their formation, or at least their occasional formation even after the removal of inflammation, once they have occurred under its influence. M. Pouchet states that in all females, even in virgins, a delicate decided membrane or cast is formed in the cavity of the uterus at every menstruation, and is thrown out about the tenth day. If so, the deciduous pseudo-membranes of dysmenorrhœa may be considered as merely an exaggeration of a natural condition, but occurring, generally speaking, only under the influence of inflammatory disease. The expulsion of these pseudo-membranous shreds is always preceded by an aggravation of the uterine pains, which are evidently occasioned by the efforts of the uterus to get rid of the casts formed in its cavity. That the difficulty of expulsion is partly the cause of the uterine torrines, is proved by the fact that I have repeatedly relieved them by dilating the cervical canal in the interval of menstruation, in females who continued to expel pseudo-membranes, and to suffer after the removal of all uterine disease.

Inflammatory dysmenorrhœa may be said to be characterized by the development of pain as a permanent menstrual condition, in a female previously free from it, or by the increase of pain experienced constitutionally, but in a less marked degree. In other words as pain during menstruation may exist constitutionally without local lesions, its value as a symptom of disease can only be ascertained by comparing the past state of the patient with the present. Generally speaking, there are other uterine and general symptoms present during the interval of menstruation which tend to assist the diagnosis. This, however is not always the case. I recently attended a young unmarried lady, only twenty-one, who had suffered ever since the menses appeared, at seventeen, from severe dysmenorrhœa. The pain was indeed so severe, that for the first five days she was always obliged to keep her bed, writhing in agony, and for eight days out of every lunar month she was confined to her room. In the interval she had not a uterine symptom, and beyond a certain amount of general languor and anaemia, which the mere
physical pain she had to go through at short intervals sufficiently explained, the general health did not appear to have much suffered. Previous to my seeing her, she had been under constant medical treatment, and the total inefficacy of the remedial means usually resorted to in such cases had been over and over again tested. Under such circumstances, after treating her without any result for sub-acute ovaritis, I considered myself warranted in making an examination of the uterine organs, being impressed with the idea that dysmenorrhœa of so severe a character, and so rebellious to general treatment, must be occasioned by some local morbid condition, and probably by congenital contraction. To my surprise, I found the cervix the seat of decided inflammatory ulceration. I may also add that the dysmenorrhœa has quite subsided under the influence of the appropriate treatment of the local disease. This case, however, is an exceptional one, from the entire absence of all uterine symptoms in the interval of menstruation, and shows the difficulties that occasionally surround the diagnosis of these forms of uterine disease.

Physical dysmenorrhœa.—Dysmenorrhœa may also depend as demonstrated by Dr. Mackintosh of Edinburgh, on a physical imperfection of the uterine neck, on contraction of the os internum, of the canal which constitutes the cavity of the cervix. This contraction may be either congenital, or the result of inflammation. The peculiar character of the dysmenorrhœa, when caused by congenital contraction, is the absence of any uterine symptom during the interval of menstruation, and intense agonizing pain for a few hours before the flow of blood appears, either then disappearing, or lasting throughout the period; these pains commencing with menstruation in early youth. If they are occasioned by inflammation, there are the same symptoms at the time of menstruation, but there is not the same immunity from uterine symptoms in the interval of the catamenia.

The cause of the pain experienced under these circumstances is evident. The cavity of the non-pregnant healthy uterus not containing more than about ten or eleven drops of fluid, as soon as the catamenial secretion commences from the lining membrane of the uterine cavity, unless the blood find a free exit through the os internum and the cavity of the cervix, it distends the uterus, and gives rise to great pain. The obstruction may merely be at the os internum, spasmodically contracted; in which case, as soon as it has been overcome, the blood escapes freely, and pain disappears. But if the os internum, is permanently contracted, or the contraction exists in the cervical canal, the pain may continue throughout the catamenial period.
A contracted state of the upper part of the cervical canal, or of the os internum, is not, I believe, an unfrequent complication of inflammation of the cervix, from the swelling and hypertrophy of the substance of the organ which it occasions. This remark, however, does not apply to the inflamed region of the cervical canal, which is uniformly dilated by the existence of inflammation.

I do not, however, think that Dr. Simpson's criticism of the existence of contraction of the os internum is entirely to be depended upon. Dr. Simpson believes, if I am right in my interpretation of his views, that unless the uterine sound pass without effort into the uterine cavity, there is contraction of the os internum. Now the careful examination with the sound of many hundred females has led me, as I have elsewhere explained, to a different conclusion. There evidently exists at the os internum a kind of muscular sphincter formed by a strong band of the circular muscular fibres of the cervix, and destined to close the uterus during the latter stages of pregnancy. Generally speaking, the sphincter, in the natural state, is sufficiently closed to prevent the uterine sound passing into the cavity of the uterus, unless a considerable amount of pressure be exercised. In nearly all the females I examine, in the interval of menstruation, the sound passes easily along the cervical cavity, but stops at the os internum; and that when there is no reason whatever to suppose the existence of a morbid coarctation.

It appears to me, on the contrary, as I have elsewhere stated, that a free communication between the cervical and uterine cavities, allowing the easy introduction of the uterine sound, is generally an anomalous condition, indicating the existence of disease, unless observed soon after menstruation, when the os internum relaxes, or soon after parturition, when it has not yet had time to recover its normally contracted state. The principal morbid conditions in which I have observed a free communication between the two cavities, are inflammation and uterine tumours. If the inflammation which exists at the os uteri, and in the lower part of the cervical cavity, ascends as far as the os internum, it appears to release the muscular contractility of that region. The os internum is always open when the inflammation passes into the uterine cavity, and implicates its lining membrane. The same effect is also produced by the development of the uterine cavity, through the formation of tumours in the substance of the uterus, or from any other cause; the os internum gradually opening as the uterus enlarges, probably by the same mechanism as in pregnancy. This is so generally the case, that the fact of the uterine sound
penetrating easily through the os internum into an enlarged uterine cavity, may be considered a valuable symptom of the existence of such tumours, to add to those with which we are already acquainted.

Extreme dysmenorrhœa from congenital contraction of the cervical canal and os internum, independent of inflammation, is, I believe, of rare occurrence. This is a fortunate circumstance, as it is most embarrassing to treat, requiring an amount of interference with the uterine organs which it is very painful to have to propose to an unmarried female. Dilation of the contracted cervical canal is, however, sometimes the only means we have of remedying an amount of suffering at the catamennial period, so extreme as to render life nearly a burden, and as to re-act deeply on the general health.

A very strongly marked illustration of this fact occurred to me some time ago, in dispensary practice:—A young female, aged twenty-two, was sent to me by a medical practitioner in town, for dysmenorrhœa. It appeared that she had suffered in the most excruciating manner at every menstrual period, since the menses first appeared, at the age of eighteen. The pain always continued without intermission throughout the three days and nights that the catamenia lasted, and was of so severe a character that she never closed her eyes, and was confined to bed for the whole time. She had generally been under medical treatment, and the usual remedies had been repeatedly tried—anti-spasmodics, anodynes, sedatives, &c. Laterly she had been taking very large doses of opium without the slightest benefit. On inquiry, I found that after the menstruation ceased the pain gradually subsided, and that during the menstrual interval she was perfectly well, and was then altogether free from any uterine symptom. In appearance she was rather stout and healthy-looking. The hymen was intact, but dilatable, and I was thus enabled carefully to examine the neck of the uterus, which I found perfectly natural in size, colour, texture and density, and free from any tenderness. The cavity of the cervix, however, was evidently very narrow, not even admitting a very small-sized bougie. Thinking this might be the cause of the dysmenorrhœa, I at once decided on dilating it. This I effected to a considerable extent in the course of the three weeks which ensued before the next monthly period, by means of small sponge tents. I had not, however, dilated the os internum sufficiently to admit of the sound penetrating into the cavity of the uterus, and was consequently rather surprised to hear from the patient, after a week’s absence, that not only had the catamenia been more abundant than usual, but that she had been entirely free from pain. The dilatation was continued
irregularly, and as the next period was equally free from pain. I ceased all treatment, although the os internum was still undilated; at least, it was only sufficiently open to admit of the entrance of the small extremity of the wax bougie.

The dysmenorrhœa which accompanies inflammation of the cervix, is evidently increased in some cases by the narrowing of the cervical canal, which the inflammation occasions, inasmuch as it may persist in a mitigated form after the inflammatory disease has subsided, and be readily removed by dilatation. The persistence of dysmenorrhœa from this cause after the removal of uterine inflammation, is not, however, of itself sufficient to necessitate or even to warrant dilatation of the cervical canal being resorted to, except in some special cases, until a few months have been allowed to elapse. After the removal of inflammatory disease of the uterus and of its cervix, a resolutive action is set up by nature, which will often soften and relax the still swollen and indurated tissues, and thus open the cervical canal, and render mechanical dilatation unnecessary. It is therefore well to give the patient the benefit of this chance of recovery without further surgical treatment.

Whatever may be the cause of dysmenorrhœa, the mode in which the menstrual secretion takes place is modified by its existence: instead of a flow of bright blood, regular and continuous, although generally increasing by exercise and diminishing by rest, we have a dark, interrupted, clotted discharge. After severe uterine pains which may last many hours, and are often accompanied by tenderness and swelling in the ovarian regions, and pain in the back and down the thighs, more or less dark, clotted blood is thrown out. Its expulsion is generally followed by relief, and by a freer flow for a while, when it again diminishes, and the same ordeal again takes place. Sometimes the interruption will be complete for one, two, or three days, the pain subsiding with the menstrual flux, and returning when it again makes its appearance. The venous condition of the menstrual secretion shows plainly that, either from inflammation, congestion, or some other cause, the uterine circulation is defective, the blood stagnating in the vessels of the uterus, remaining in its cavity, and distending it after it has been secreted.

Treatment.—Constitutional dysmenorrhœa may be palliated in its attacks, but can seldom be removed by medical treatment. A great deal of subsequent uterine disease would, however, be spared to those young females who unfortunately present it, were mothers more generally aware that its existence constitutes throughout life a strong predisposition to uterine inflammation, and that they cannot take too great care of such
of their daughters as suffer from it. For such young females the discipline of public schools may be said to be nearly always too severe, and often to lay the foundation for much future physical and mental misery. That this must be the case, will be easily understood when we reflect that the domestic treatment of this form of dysmenorrhœa consists principally in rest and warmth. Females who suffer habitually from dysmenorrhœa, whatever their age, should remain quietly at home, taking care to preserve themselves from atmospheric vicissitudes during the first day or two of menstruation, which is the period during which the pain is mostly felt. A warm hip-bath will often be found useful. If the pains are very decided it is even best to confine the sufferer to bed, and to apply warm linseed poultices to the lower abdominal region, a valuable and simple mode of soothing pain.

In mere constitutional dysmenorrhœa, these simple means nearly always suffice to render the pain very bearable. If they do not produce relief, that fact alone constitutes a suspicious circumstance, and should induce the medical attendant to scrutinize narrowly the state of his patient, lest there should be some morbid or physical cause.

In severe dysmenorrhœa, connected with uterine disease, the only efficacious treatment is that of the cause of the disease which occasions the dysmenorrhœa. As time is required, however, we are often called upon even in these cases, to treat the dysmenorrhœa as a symptom; and, warmth and rest failing, recourse must be had to medicinal agents. By far the most efficacious remedy with which I am acquainted, is the injection of laudanum, or any other preparation of opium, into the bowel. From fifteen to thirty minims of laudanum, mixed with a little warm water, should be injected into the rectum, and will generally exercise, if retained, as much influence in soothing the uterine pain as would double the quantity taken by the mouth. Moreover, the nausea and headache which opiates occasion are much less likely to be produced when they are thus administered. If the first opiate injection is not retained, a second, half an hour later, will generally be more successful. I have also found chloroform of great value in these cases. It may be inhaled or administered by the mouth in doses of from twenty to forty minims, mixed with mucilage, the yolk of an egg, or with camphor, which favours its suspension in water. I have given it by injection, but with less success, as it appears, generally speaking, to irritate the rectal mucous membrane, and is consequently not retained. When it is retained, the sedative effect is nearly always effectually produced. Although chloroform may thus often be resorted to with great benefit in
dysmenorrhoea, I do not find that as much reliance can be placed in it as in opiates.

There are various other medicinal agents, principally antispasmodics and narcotics, which may be administered with benefit in dysmenorrhoea. We may mention more particularly the various ethers, and especially sulphuric ether, hyoscyamus, belladonna, musk, valerian and camphor. It must not, however, be forgotten that these remedies are mere temporary palliatives; that dysmenorrhoea, when constant and not constitutional, nearly invariably recognizes some physical cause—generally speaking, uterine or ovarian inflammation, and that it is this cause which we must find out, and remove, during the interval of menstruation.

It is the fact of dysmenorrhoea being so frequently caused by inflammatory disease, that explains the success which often attends bloodletting, both general and local, and which has induced so many authors to recommend it, although unaware of the pathological state which it relieves. General bloodletting acts by revulsion; whilst local bloodletting directly relieves the congested and embarrassed abdominal circulation. I seldom, if ever, resort to general bleeding in dysmenorrhoea, because the relief which it gives is obtained at too great a sacrifice of the strength of the patient, and cannot, moreover, be depended upon. A few leeches applied to the groin, or, better still, to the neck of the uterus, when possible, if the discharge is scanty or temporarily arrested, is much more likely to mitigate the pain, and with less loss to the economy. Purgatives, which are frequently useful, act in the same way as leeches, by depleting the abdominal circulation. Some authors—amongst others, Dr. Gooch—have considered dysmenorrhoea to be frequently akin to rheumatism, and have recommended colchicum, guaiacum, and other medicines usually given in rheumatic affections. That the uterus may be the seat of such an affection, is undeniable; but I am persuaded that its frequency has been greatly exaggerated, as likewise that of irritable uterus. Indeed these two conditions may be said to have been, to a great extent, mere theoretical creations, destined to account for pathological conditions, the real nature and meaning of which has, until recently, been a mystery to the profession.

It will be seen, by what precedes, that dysmenorrhoea is by no means so simple a disease, or so easy to treat, as has been generally supposed, involving, as it often does, the question, whether or not local disease requiring local treatment may not exist as the real cause of the morbid state. If it resists all general treatment, it is probably the result of such disease, and the health and happiness of a young female are seri-
ously endangered. Of course the medical practitioner has a duty to perform to his patient, before which all scruples must be made to succumb. I, however, here repeat, what I have so often said elsewhere, especially with reference to unmarried females, that nothing can warrant manual or surgical investigation and treatment, but months, or even years, of unsuccessful treatment, and the conviction with the latter, that unless they be resorted to, the case must be abandoned as hopeless. I would also repeat the advice given in my work on Uterine Inflammation, that a consultation should always be held first when the patient is unmarried, to decide the point, whether the examination of the uterine organs be warranted and necessary. [To be continued.]

**External Diuretics.** By D. J. Cain, M. D.

In reporting the three following cases, illustrative of the effects of external diuretics, I would remark that it must be obvious that the conditions in which they are indicated and would prove beneficial, are identical with those in which their internal exhibition would be resorted to. In cases of local or general dropsy, resulting from structural lesion of the heart, liver, mesenteric glands, peritoneum, etc., their effect can, as a matter of course, be but palliative.

The employment of diuretics externally, instead of internally, dates only a few years back. According to Dr. Christison, the idea of substituting the one for the other originated with a French physician, who reported several successful cases from their use. But it would seem that the medical world did not adopt this mode of practice, for we hear nothing more of the subject until the appearance of Dr. Christison's paper in the Edinburgh Monthly Journ. of Med. Sci., of last November. With the contents of that communication, all present are doubtless familiar. So favourable was the opinion expressed by him, in reference to their action, that I determined to use them in that manner, in the first case of effusion that should present itself to me.

I was soon furnished an opportunity, by a patient who was admitted into the Marine Hospital, Jan. 28th, 1851, labouring under extensive inflammation of the mediou finger of the right hand, with caries of all the phalanges, rendering amputation necessary. This was performed while he was in a state of complete anaesthesia from chloroform.

"While the healing process was going on, I perceived that his abdomen began to enlarge, and, on examination, fluctuation
was very evident. On inquiry into his antecedent history, I learned that his general health had not been previously very good; he had been troubled with diarrhoea from childhood, but he had had violent attacks, from time to time, during the last five years, and his bowels were, at the time I speak of, much disordered, the stools being more or less fluid and frequent, and of a white or ash colour, denoting inactivity in the hepatic organ. He also told me that, about four years ago, he had a hydropic collection in his abdomen for which he was treated in Baltimore, and from which he recovered in about a month. I prescribed for him small doses of taraxacum, with a view to its effect upon the liver, and cinchona with iron as a tonic. The swelling increased to so great a degree, in the course of two weeks, as to sensibly impede respiration. I now began the administration of watermelon seed tea, and continued it for a few days, without any great increase in the quantity of urine. It was still scanty and red.

"I then used the formula recommended by Dr. Christison, viz: equal parts of the tinctures of digitalis, squill and soap of which compound two drachms were rubbed upon the abdomen three times daily. In forty-eight hours, the effects were manifested by a considerable increase in the quantity passed. By the fourth day, I found him discharging between three and four quarts, by measure, which reached nearly five quarts, by the 7th, when the whole dropsical collection had disappeared.

"After keeping up the action of the kidneys for two or three days longer, the diuretic was discontinued, and the urine began to diminish in quantity.

"It may be well to observe here, that, during the use of the diuretic, I caused the patient to be restricted to about one pint of fluid for the twenty-four hours—thus carrying out the plan I have always followed in allowing the patient the smallest quantity of drink, for the reason that, if the watery portion of the blood is evacuated by diuretics, either alone or by cathartics, and its place is not supplied by the introduction of water through the stomach, the blood will become inspissated, and, in accordance with physical laws, an endosmotic movement will go on from the rarer to the denser fluid: that is to say, the dropsical effusion will permeate the tissues, enter the blood-vessels, (the veins,) and will be carried into the circulation, where it will dilute the blood.

"But, although the effused fluid had disappeared, the cause was not removed, and, after an interval of about two weeks, his abdomen again began to swell. I again resorted to the diuretic, but this time with by no means such marked effects, the quantity of urine not being materially increased, and, after using
it about two weeks, it was abandoned. I then made trial of the digitalis, squill and colchicum internally, which was attended by complete failure.

"On careful examination of the patient, and from a consideration of his antecedent history, I diagnosticated chronic (perhaps scrofulous) inflammation of the peritoneum, with, perhaps, obstruction to the portal circulation. The fluid continued to increase, and tapping was had recourse to, in order to relieve him. About three gallons were drawn off. It re-accumulated rapidly, and the patient died on the — April. At the necropsy, we found extensive and violent inflammation of the visceral peritoneum; slight enlargement of several of the mesenteric glands; and, lastly, an obstruction to the circulation of the blood through the vena portae, caused by two large tubercular or scrofulous masses.

"From the lesions observed after death, (and which confirmed my diagnosis,) it is obvious that the diuretic could have been of no permanent benefit.

"Case II. Peter Rose was admitted into the Hospital, March 31st, 1851, laboring under intermittent fever. Being at the time sick, Dr. F. P. Porcher, who visited it for me, succeeded, in a day or two, in checking the fever. On resuming my duties, a few days after, I found that his abdomen began to swell, and I soon detected fluctuation—ascites—due, in all probability, to the engorgement of the liver and spleen, resulting from the repeated paroxysms of the fever. Being encouraged by the success that attended their exhibition, the first time, in case No. 1, I immediately resorted to the use of the diuretics externally. The effect was very prompt in this case as in the foregoing. In less than forty-eight hours, the quantity of urine was notably augmented, and, by the fourth or fifth day, he was passing upwards of a gallon per diem. The hydropic accumulation had entirely disappeared by the ninth day. This patient I exhibited to several of the Counsellors of the South Carolina Medical Association.

"Case III. George Bond was admitted, January 22d, 1851, to be treated for congestion of one or both kidneys, with the ordinary symptoms, such as discharge of blood, etc., the result, apparently, of cold. Cupping, blistering, soda, sweet spirits nitre, watermelon seed tea, digitalis, colchicum, etc., variously combined, were used, as counter-irritants, and as depletives of the kidneys, but with partial effect. I then substituted the vegetable astringent, tannin, without any decided benefit. I gave him turpentine, and, in a few days, the hemorrhage ceased. From time to time, however, it returned, from imprudence on the part of the patient, such as a fatiguing walk, getting the

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feet wet, etc., showing that the congestion had not been completely resolved. In this state of the case, I thought that the diuretics, externally applied, might be of some service. They were used, consisting of the substances above named, with the addition of colchicum, which suggested itself to my mind as likely to assist the action of the other ingredients. Its effect was soon shown by an abundant discharge of urine; but, so great was the action set up in the kidneys that it recalled the hemorrhage, which ceased on the discontinuance of the diuretic."

I have also used it in two other cases, with decided advantage: the one an old lady, who had an almost complete suppression of urine, from indigestion; the other, a lady of middle age, who had anasarca from the impoverishment of the blood in chronic diarrhea.

A medical friend informs me that, at my suggestion, he has employed it in a case of scarlatinal dropsy, and in three other cases of effusion, from various causes, with happy effect.

The external application of diuretics possesses, it seems to me, a manifest superiority over the internal use in this, that it may be employed in all states of the system, without causing any general or local disturbance, even if it does no good. Every one is aware that the stomach is sometimes so irritable or weak, or the bowels so relaxed, etc., no medicines can be retained by it, or, if retained by the stomach, they may increase the action of the bowels. Beyond this, no advantage is claimed for the external over the internal use. It appears, however, from one of Prof. Christison's cases, that the diuretics succeeded externally, when the same combination failed internally.

I have watched closely the action of the diuretics, when applied externally, and have observed but the single effect upon the kidneys.

The combination recommended by Prof. Christison is a good one; but other substances may be added, or they may be combined in different proportions. To the tinctures of soap, digitalis and squills, may be added vin colchic., tinct. cantharides, etc.

I have deviated somewhat from the quantities and the intervals spoken of by him. He used but 3ii. or 3iii. of the compound, rubbed upon the abdomen three times daily. In two of the cases above reported, I ordered from 3ss. to 3i., four, five, and even six times in the twenty-four hours. In one case, Prof. Christison simply applied a linen rag, saturated with tincture digitalis, upon the abdomen, and with equally marked benefit.

I have observed, while experimenting with diuretics in this way, the fact that, when they fail externally, (as they have, in two or three instances, since the above cases were treated,) the same, or other combinations, invariably fail internally.
In mentioning this circumstance to two medical gentlemen of this city, they remembered that the same thing had occurred in their trials with them. Thus, it would seem that the kidneys are sometimes wholly insusceptible of the influence of this class of agents.—[Charleston Med. Jour. and Review.

On a Novel Method of Treating Diseased Joints. By Mr. Gay.

[The following synopsis of a paper read before the Medical Society of London, November 15th, 1851, bears so close an analogy on a mode of treatment set forth in previous numbers of this Journal, that we are constrained to copy it entire, as we find it in a late number of the London Medical Gazette.—Ed. N. Y. Jour. Med.]

Mr. Gay commenced his paper by observing, that to the present time there was no department of surgery in which the powers of art have been comparatively so feeble as when applied to the relief of those diseases of the joints, which, from their results, might be termed destructive. Hence, let the articular surfaces of the joint be bereft of their cartilages, a sinus or two be formed around it, and the health of the patient show symptoms of exhaustion, and the joint, and probably the whole limb, is doomed to amputation. He adverted to the causes of the removal of the cartilage from joints, and gave it as his opinion, that in addition to primary synovial and osseous disease, the cartilages were sometimes removed by absorption, in consequence of degeneration of their own tissue, without any traceable affection of the contiguous textures. In all cases of removal of cartilage the tissue degenerates into a kind of fibrous texture, antecedent to the final process; and as portions of cartilage were sometimes observed to be removed without any apparent disorder of either the synovial or osseous surfaces, and, moreover, as cartilage was known to be inadequate to its own repair, Mr. Gay thinks it most probable that the portions of cartilage so removed had first spontaneously degenerated, and then become absorbed. Mr. Gay went on to remark, that if a series of joints be examined in which the removal of the cartilages is taking place, the appearances will be as follows: If it be presumed to follow disease of the synovial capsule, the cartilage will be found in some to maintain its connection with the bone, whilst it is thinned by absorption at its free surface. In others, however, the bone is found inflamed at various points of its connection with the cartilage; and at these points the cartilage is loose, and may be peeled off, so that portions of thin attached and unattached cartilages are found in the
same joint. When entirely denuded, or almost so, the surfaces of the bones may exhibit simply a state of increased vascularity, which precedes the effusion of plastic lymph for the purposes of reparation by ankylosis, or may be observed to be in a condition of ulceration. This ulceration may exist as a simple abrasion, or be of considerable depth; but there is generally a uniformity in this respect over the whole surface. With this state of ulceration there is also a softening of the osseous structure, and frequently disintegration; the contents of the joint consisting of broken up cartilage, and osseous and other debris together, or osseous matter, with ichorous or sanious discharge. When the disease originates in the bone, as in by far the greater number of cases, in Mr. Gay's opinion, it does, the separation of the cartilage is effected by another process, which he terms "shedding," and the cartilage is then reduced to the condition of a foreign body within the joint. Shreds of cartilage thus situated in a joint may be observed after months and even years of disease; and as, on the other hand, its separation from the articular extremity of the bones may be accomplished in an almost incredibly short period of time, it is fair to infer that the time thus passed must have been occupied in the process of its extrusion from the joint, and that this is accomplished, neither by ulceration nor absorption, but disintegration by, and solution in, the discharges of the joint. But the bone itself being diseased, adds its exfoliated or disintegrated particles to the cartilaginous debris, which, with its own discharges, constitute generally the contents of a joint in which the disease commenced in its bony elements. The result of these discharges is to set up inflammation in the sound textures contiguous to the joint, and general systematic irritation. Sinuses form around the joint; the disease extends itself; the ligaments become ulcerated; the spongy tissue of the bones infiltrated with pus, and broken down; osteophytes form around the heads of the bones; abscesses extend themselves into the surrounding soft parts, separating the different structures, and setting up unhealthy and destructive action amongst them; and, in short, a climax is arrived at in which the local mischief reacts upon the constitution, and life is only to be preserved at the sacrifice of the joint or of the limb. Mr. Gay inferred from these remarks, of which only an imperfect abstract has been given—

1. That there appears to be no reason why disease effecting the constituents of a joint should be slower in their course of reparation than diseases of any other part or structure.

2. That the removal of cartilage from its osseous connection in a joint is occasionally effected by absorption, but most frequently by a process of "shedding," or exfoliation.
3. That cartilages thus shed become, by their being pent up in a joint, sources of local and constitutional irritation, and thus promote disease in the osseous and other structures appertaining to a joint, supposing that such affections do not exist primarily; and in case they do, these cartilages, by the same influence, maintain and extend these diseases also.

4. That the natural outlets for these discharges, the sinuses, are inadequate for that purpose.

5. That therefore the exfoliated contents of a diseased joint have to be minutely broken up by, or dissolved in, the discharges of the joint, in order to their removal; processes which are necessarily of a very protracted order, and which account for the tardiness in general characteristic of joint diseases.

6. That the exfoliated contents of a joint, after its cartilages have been removed, and even after extensive diseases has been set up in the bones and other textures, have only to be completely removed, and processes of reparation will, in the majority of instances, immediately commence.

Mr. Gay then alluded to the usual modes of treatment, and remarked, that the operation of resection of a joint is not only a useless but an unphilosophical mode of treatment for diseased joints. In the first place, primary disease is generally limited to one of the articular extremities of the joint; it is therefore a useless mutilation to remove more than that disease, supposing the operation were for a moment admissible. But, moreover, dissections show that disease originating in bone, when arrived at that stage at which the operation of resection is generally employed, has extended itself far beneath the surface, and frequently along the shaft for a third of its whole length, so that resection cannot accomplish its purpose, which must be manifestly the removal of all disease. The plan Mr. Gay recommends, then, is free and deep incisions made along each side of a joint, so as to lay open its cavity freely, and to allow of no discharges being by any possibility retained within its cavity. They should be made of such a length, and so treated, that they do not heal into the form of sinuses. They should be made, if possible, one on either side of the joint, and in the direction of the long axis of the limb. They should extend into the abscesses in the soft parts so as to lay them open. If sinuses exist, the incisions should be carried through them, if this can be done without departing from a slight curve. If either of the bones be carious or necrosed, the incisions should be carried deeply into such bones, so as to allow the dead particles of bone to escape. Ligaments which stand in the way of free discharge from the joint should be cut through. Of course important vessels should be avoided. The wounds should be kept open by pledges of lint, and free sup-
puration encouraged. The constitutional powers have in each case rallied immediately after the operation; and as the discharges from the joint have altered in character and become healthy, which they in general do in the course of two or three weeks, these become invigorated, and improve with the improving joint. Mr. Gay then narrated some cases in corroboration of his views: Peter D——, aged thirty-eight, admitted into the Royal Free Hospital in 1842, for diseased elbow joint of three years' standing, with ulceration of the cartilages and sinuses. The joint was opened on either side, and healed in eleven weeks. The next was a case of disease in the articulation between the first and second phalanges of the thumb of eighteen months' standing. Cured in six weeks. The third case was that of a man with "long standing" disease of the tarsal articulation. One sinus led to the interior of the joint. Incisions were made on each side of the foot, and complete ankylosis followed. The fourth case was that of a little boy with strumous constitution, with disease of the knee joint consequent upon suppuration of the bursa behind that joint. The little fellow was reduced by fever to a very low ebb, so that bed-sores formed on parts of his body. The joint was opened; ankylosis took place at the end of four months, and the knee bent on the thigh. The fifth case was that of a German, with disease of the wrist joint, which had resisted treatment. One sinus led into it. One incision was made at the back of the joint, and ankylosis followed, but was not observed to be perfect for six months. The sixth case was that of a young Irishwoman, with disease of the tarsal articulation, following upon traumatic erysipelas of the leg and foot. She was reduced to an exceedingly low condition, and from cough with bloody sputa, night sweats, (according to Dr. Heale,) the physical symptoms of the chest, and extreme emaciation, she was supposed to be phthisical, and so diseased, that amputation, which was supposed to be the only remedy for the disease, so far as the joint was concerned, was forbidden by the authority of Dr. Heale. Mr. Gay made an incision on either side of the foot in this case, and the change both in the joint and constitution was remarkable. Her health rallied from that moment, and the joint assumed a more healthy aspect. In a fortnight the joint was fixed by the exudation of lymph between the bony surfaces, and in five weeks perfect ankylosis had taken place, and the wounds had healed. She soon after left the hospital, and was, a week or two since, to Mr. Gay's knowledge, in perfect health. The seventh case was that of Highley, a report of which has been published. The eighth case was that of a little boy with disease of the articulation of the first and second phalanges of the thumb. In
this case the cure was not accomplished. The incisions resolved themselves into sinuses, and after several months the necrosed phalanx came away."—[N. Y. Journal of Medicine.


The February and August numbers of the American Medical Journal for the years 1834 and 1840 contain papers on a combination of iodine, mercury and potassium, by Doctors Channing of New York, and Hildreth of Ohio. These papers present some discrepancy of opinion with regard to its effects in diseases of the chest and some other acute affections. Both, however, describe it as an agent of no ordinary power, admitting of a wide range of applicability in the treatment of diseases. I was led by these papers to make trial of the agent; and as its virtues are not generally understood in this country, I have been induced to present you for publication some cases of disease I have been enabled to relieve through its agency within the last fifteen years. The remedy is an universal alterative, and seems to be an excitant of particular organs and functions.

The judicious practitioner will bear in mind, (in imitating the practice which was so successful in the cases now reported,) that numerous exceptions are to be found. Disease is an integer, and each individual case must stand for itself.

The invaluable agent which is the subject of this paper has been prescribed by myself almost monthly for the last fifteen years, and is certainly a signal instance of the power and efficacy of combination. The formula for its preparation is as follows: Deuto-iodide mercury grs. iv; distilled water ⅜ i; iodide potassium 3 i. Mix. The solution is of a beautiful straw color. The medium dose 5 gtt., taken three times per day in some bitter infusion to disguise the strong metalic taste. This dose to be gradually increased until its morbid effects are manifested. A suspension of its use for a day or two will quiet these morbid effects; but when it is recurred to, begin with the medium dose of 5 gtt., and gradually increase. In very many cases, susceptibility to its action is enhanced by the system being once brought under its influence, so that even a reduction of the medium dose is required.

Dr. Channing asserts, that under such circumstances the one-four hundredth part of a grain administered during the day evinced the most indubitable action.

The morbid effects demanding a suspension of its use, according to my observation, are nausea and vomiting, griping and purging, giddiness and a peculiar sensation of heaviness about the frontal region.
The remedy being an all pervading, universal alterative, it has been recommended in a variety of pathological conditions, amongst which may be enumerated chronic bronchitis, amenorrhea, leuchorrhœa, diabótes, apthas, tonsilitis, pharyngitis, chronic gastro-enteritis, habitual constipation, dyspepsia, ascites, anasarca, herpes, scrofula, chronic eczema, and a variety of others.

Case I. John, a colored man, carpenter, aged 40, of athletic frame, had gonorrhœa some years ago, which was treated by an early resort to astringent injections and followed by herina humoralis; complains of weakness and pain in the region of the lower lumbar spine; frequent micturition; skin dry; pulse full and strong—not accelerated; tongue coated with a short white fur; loss of appetite; costive bowels. He was cupped over seat of pain. Ordered rest, abstinence, alterative mercurial aperients, followed by infusion of buchu. This treatment followed by no good results. Upon a more rigid investigation, I ascertained that he not only had frequent desire to pass water, but that the quantity of urine passed daily greatly exceeded the standard of health; and that the case was one of renal disease, with diabetic symptoms. Having but little confidence in the treatment usually recommended for diabetes, and believing that in this intractable affection some active modifier of the system of nutrition was plainly indicated, I determined to try the deuto-iodide of mercury, and at once to test its efficacy fairly and fully. Five drops were accordingly directed three times per diem for one week; the second week the dose was increased to 8 gtt. per diem, and so on, increasing one drop every day until the morbid effects of the agent presented themselves.

The use of the agent was now suspended for a few days until these latter subsided, when its use was again resumed without being able afterwards to bear as large doses as he did at first. Under this treatment all the symptoms were improved, and under its steady use for two months they entirely disappeared, without any adjuvant whatever. I find that according to Dr. Channing's uniform observation, diabetes is more promptly benefitted by this agent alone than any other known treatment.

This case occurred thirteen years ago.

This man was again sent to my care in September last to be treated for hydrocele of the tunica vaginalis testis, attended with the same renal and diabetic symptoms that had existed before to a more moderate extent. I gave him 2 oz. of sol. deuto-iodide of mercury, with directions for its use.

Under its use the symptoms entirely disappeared. About Christmas these symptoms were reproduced in a modified form by exposure and excesses. A resort to the remedy again gave relief, and he is now in enjoyment of perfect health.
In describing the symptoms of this man's case in his first attack, thirteen years ago, I omitted to mention in its proper connection, that he labored under functional, though complete impotence, and that the remedy displayed its powers in a most happy manner in restoring his virile powers; but I shall offer other evidences of its efficacy, in another case of the same character more in point.

Case II. This was a case of chronic eczema; patient aged 35; disease had existed for a number of years, and been treated by a number of physicians. The affection of the dermoid tissue was seated on the outside of the right thigh, from the hip to the knee joint, embracing about half the circumference of the leg. The pruritus and burning pain at night were almost insupportable. General health bad; dyspeptic symptoms of ancient date; complexion sallow; bowels costive; tongue loaded; considerable emaciation. The patient had strong prejudices against the use of mercurials; he was purged efficiently with blue pill, and placed under the use of deuto-iodi. mercury. Its action was manifested by copious purging of dark, offensive matters. His general health improved rapidly, with manifest improvement of the local disease. An ointment of the salt was now applied. (Deut. iodide mercury, grs. xv, lard 2 oz.)

This treatment was continued two months; an astonishing improvement followed; he fattened 25 pounds in a short time, and the skin affection has given him but little trouble since.

Case III. This is a case of complete impotence, occurring in a young man in his 19th year, of perfectly sound constitution, perfect genital organs and chaste habits. I was unable to trace his defect to any satisfactory cause. Without entering into a detailed mode of the treatment in this case, (it being similar to the plan pursued in the cases already reported,) suffice it to say, his virile powers were restored to complete and full vigor in the space of four weeks, under the exciting agency of the sol. deut. iodi. merc. This case occurred during the summer of 1851.

Case IV. This is a case of vicarious menstruation of four years' standing, and is a signal triumph over disease. Miss ——, aged 19, had never had but one natural menstrual period, the stomach performing the double function of digestion and menstrual secretion. The regular periodicity of the menses was often lost, and this distressing deviation from health attended by the most frightful train of nervous symptoms. The patient had been under the care of different practitioners, and after a long course of medication, abandoned as hopeless.

I found her with most distressing symptoms of indigestion; feeble and sallow; bowels constipated; altogether a pitiable example of human suffering. An examination per vaginam re-
vealed no deviation from nature in structural formation, and no pathological degeneration. The lactiferous apparatus, and other external concomitants of the puberic age, were present. I suspected the existence of ovarian disease. The dyspeptic symptoms being most urgent, I made trial of argent. nitras, acet. morphine, and subnitrate of bismuth successively without any manifest amendment. The deuto-iodide of mercury now presented itself to my mind as an article worthy of trial, and more likely to meet the varying indications of the case than any other with which I was acquainted. Six weeks' use of the deuto-iodide of mercury restored the catamenia, quieted a most refractory and rebellious stomach, imparted tone and vigor to the nervous system, removed the cedema, improved the appetite, and there is every encouragement to hope for a permanent cure of the case. She is still under treatment, but has been rid of all her distressing symptoms for the last three months, and is now anxious to discontinue farther treatment.

I would add at the conclusion of this paper, that for the last 12 years I have been constantly in the habit of prescribing this agent in chronic gastric derangements unaccompanied with serious structural lesion, and have been seldom disappointed in the results. If sufficiently persevered in, together with proper dietetic measures, it will seldom fail of relief. Dr. Hildreth reports a case of dyspepsia of 20 years' standing, in which the remedy was in use for three or four months with unequivocal benefit. In these cases it should be taken after meals and in medium doses, as its salutary effects depend upon administering it so as to avoid its morbid action.—[Stethoscope.

On the treatment of fractures in the vicinity of the ankle-joint; with observations on the practice of tenotomy, as facilitating reduction of the broken bones. By Richard G. H. Butcher, F. R. C. S. I., Examiner on Anatomy and Physiology in the Royal College of Surgeons of Ireland, Surgeon to Mercer's Hospital, &c., &c., &c.

In the Dublin Quarterly Journal of last month, there is a practical paper by Mr. Butcher, illustrative of the treatment of fractures in the vicinity of the ankle-joint. A number of instances are recorded, some of them of the most complex nature, yet, by the treatment laid down, and the apparatus recommend- ed, the "integrity of the limb and its normal functions were in every instance preserved to the sufferer." Space will not permit a lengthened detail of the several cases and their management, but the concluding observations on the practice of
tenotomy in similar cases, we shall transcribe in the author's own words:—

"One of my chief reasons for wishing to place these cases on record is the practice lately brought into requisition in London, in the management of the special fractures under consideration. I allude to tenotomy, the division of the extensor tendons, to facilitate reduction, as practised by Meynier, Berard, Laugier, and other French and German surgeons. A lengthened discussion not long since took place before the Medico-Chirurgical Society of London, on the practice of tenotomy, in some cases of fracture, when Mr. C. De Morgan related some cases in illustration." In the first cited, the tendon was not divided until the day after the accident. 'The second case occurred in the author's own practice. The patient was a female, aged 66, of drunken habits, and was admitted into the Middlesex Hospital in March, 1849. She had been knocked down by a cab, and both bones of one leg were fractured a little above the ankle.' The report goes on to say:—'The author divided the tendo-Achillis on the ninth day, with instant relief to the suffering of the patient, and immediate removal of all untoward symptoms.' A very important feature in the management of these cases has been omitted altogether: the manipulation adopted for the reduction of the fracture, and the position in which the limb was placed afterwards. In the second case, it is stated that 'the tendon was divided on the ninth day.' I can easily understand that this might be requisite, if the fracture, with its attendant deformity, was left unreduced for that length of time; failure of the therapeutic means employed; and the spasmodic actions of the extensor muscles thus prolonged; for if fractured bones be left unreduced for such a lengthened period as this, permanent spasm seizes on the muscles and becomes established; a fact clearly pointed out and insisted on by Sir A. Cooper. Mr. De Morgan goes on to say:—'In the case related, the chasm between the divided portions at first did not exceed a quarter of an inch, that being sufficient to get the bone into position; and in a short time after there was no appreciable space at all.' This admission goes still further to proclaim that there is no necessity for division of the tendon to effect reduction, if the case is seen early; for, by flexing the thigh as I have recommended, we can relax the extensor muscles more than 'the quarter of an inch, that being sufficient to get the bone into position.' I am of opinion that, in ninety-nine cases out of a hundred, there will be no necessity for division of the tendon to effect reduction, if the limb be treated as I have advised; nay, on the contrary, I think, in some instances, the division of the tendon would be
very injurious, as removing the support posteriorly from the ends of the broken bones, and thus permitting displacement in that direction. The mode in which the fracture box, which I have described, supports the leg in a horizontal line, with the thigh slightly flexed, padded, and cushioned, as illustrated by the foregoing cases, meets every requirement of the surgeon. Dupuytren's splint, in conjunction with these means, as used in some of my cases, is a most admirable adjunct; but, taken by itself, it will not answer as well for the management of the form of fracture under consideration; for if the limb be done up as directed by Dupuytren, and placed flexed upon its side, some lateral displacement will take place; or if, with the splint so applied, the leg be allowed to rest upon the heel, it is unsteady, and rolls about, and the entire limb is in the extended position—a posture very objectionable, as making tense the tendo-Achillis.

From a review of these cases, and the observations upon them, the following facts are, I think, deducible:

1st. That by proper position of the limb, and early reduction, coaption of the broken fragments can be effected, and spasm averted.

2nd. As the result of the broken bones being kept in accurate position, irritation is subdued, excess of callus prevented, and the motions of the joint left unimpaired; a fact of great practical importance here, for the experiments of M. Cruveilhier prove that various forms of irritation will make the periosteum and ligaments ossify, and it has been ascertained that in some cases of fracture near the joints the ligaments have sometimes been converted into bone, and M. Rayer has observed, from numerous interesting experiments, that a similar change may be exerted not only in the fibrous but also in the cartilagi nous structures.

3rd. That tenotomy is not called for in the vast majority of cases, being perhaps only admissible when permanent spasm has located in the extensor muscles, owing to neglect of early reduction."—[Canada Medical Journal.

Note on Sulphate of Bebeerine. By Henry S. Patterson, M. D., Professor of Materia Medica in Pennsylvania Medical College.

At a time when the discovery of a substitute for Sulphate of Quina is a topic of general discussion, it may not be inappropriate to call the attention of the profession to a substance, heretofore noticed, but too generally neglected. The Sulphate of Bebeerine has been shown, by Dr. Maclagan, of Edinburgh,
to be a medicine of very considerable anti-periodic power, closely resembling the corresponding salt of Quinia, and in many respects equal to it, possibly superior. It is obtained from the Bebeeru or Green-heart (Nectandra Rodiei) of British Guiana, a tree of considerable size and extremely abundant. The bark yields the alkaloid largely, but it is particularly abundant in the nut. A decoction of the latter is the ordinary popular remedy for intermittent fever in Demarara, and, as I am informed by an intelligent gentleman of that place, seldom, if ever, fails to arrest the disease. The nut may be collected in almost indefinite quantities, and could be obtained here, if a demand were created, for little more than the expense of collection and transportation. The process for separating the alkaloid is almost identical with that for quinia, and not more expensive. If, therefore, it proves on trial equal in efficacy to that alkaloid, we will have a cheap and effective substitute within the reach of all. The subject certainly deserves a more extended investigation than it has hitherto received. The object of the present communication is to invite attention to it, and induce the profession, in miasmatic districts, to give the remedy a fair trial.

Sulphate of Bebeerine occurs in shining brown plates, (sometimes with a greenish tinge,) is inodorous, and has a bitter, harsh, somewhat astringent taste. Like the Sulphate of Quinia, it requires an excess of acid for its perfect solution. It may be given in pill, solution, or powder. That it is a good general tonic, in small doses, is very evident. In the full anti-periodic dose it is more apt to disturb the stomach than the same quantity of Sulphate of Quinia, and occasionally vomits; but it possesses the advantage of being much less stimulating, and does not affect the head as that salt does. Dr. Maclagan asserts that it is "not so liable to excite the circulation or affect the nervous system," and Dr. Meligan adds, that "this conclusion is fully borne out by his experience." The patients who have used it under my care expressly state that it did not occasion in them the same headache and vertigo as the quinia had previously done. Its dose is stated at gr. i.—v., three or four times in the day. Neligan directs it made into pill with conserve of roses, or in solution, with the addition of a few drops of Acid. Sulph. Arom. The anti-periodic dose may be stated at gr. xv.—xx.

A letter from my friend and former pupil, Dr. H. J. Richards, of Grey Town, Nicaragua, of the date of March 25th, 1852, contains the following: "I have used the Bebeerine, as you suggested, with uniform success in quotidian intermittents. I have since had no opportunity to prescribe it in remittents.
All the intermitents of this coast, however, are comparatively easily treated at this season, and yield readily to both quinine and arsenic. The remittents and even intermitents of the fall months, are more virulent and often speedily fatal." Those months will certainly furnish a fairer test of Bebeerine; but it is something to know that, under existing circumstances, it produces the same effect as the Quinia.

Dr. Watt, of Demarara, thinks that it is tardier in its effects than the Quinia, not interrupting the paroxysms so immediately, but he also thinks that its effects are more permanent. The cases in which I have had an opportunity of using it, seem to confirm the latter opinion.

1st. A gentleman residing in Blockley township consulted me in September last concerning an obstinate and constantly recurring tertian intermittent, under which he had labored for a length of time. He stated that the Quinia always interrupted the disease, but that it inevitably recurred in two or four weeks. I gave him Sulph. Bebeerine. 5s. dissolved in 3/4 viij. water, a table-spoonful to be taken every four hours during the apyrexia. The next paroxysm was prevented, and he has had no return of the disease up to the present time (April).

2d. A. J. applied to me in October last, with a very similar statement. While residing in New Jersey, about six years since, he had a violent and protracted "bilious fever," since which time he has had, every month or two, an attack of "intermittent fever," which has been generally speedily arrested by quinine. Such was his account of the case. I found his tongue furred, his eyes icterode, his breath offensive, his urine scanty and high colored. The anorexia was complete and thirst considerable. He had a daily slight chilliness, followed by considerable fever and a slight sweat. I gave him a mercurial purge, and on the next day fifteen grains of the Sulphate of Bebeerine. He complained of some nausea, but no disturbance of the head. The same quantity of Bebeerine was given on the two succeeding days, when, the paroxysms no longer recurring, it was discontinued. He remains free up to this period (April), and says that he enjoys better health than he has done for years.

If the permanent character of effect, which these cases seem to indicate, should be established by a more extended experience, we will have in the Bebeerine an agent of very great value, adapted to cases which have hitherto seemed uncontrollable, except by arsenic, to which there are so many objections. It is also much more speedy in its effects than the arsenic.

Bouchardat (Ann. de Therap.) expresses his surprise that the Bebeerine has been so entirely neglected in France, where
trial is daily made in agues with substances of inferior efficacy. I trust that the same remark may not long be made with regard to the American profession, but that the precise value of the medicine may soon be established by an adequate extent of observation.—[Medical Examiner.

On Bandaging the Abdomen after Delivery. By W. B Kesteven, Surgeon.

[Mr. Kesteven, although sensible that the weight of opinion is against him, records his conviction that too much stress has been laid upon the importance of the bandage after delivery, and that the rationale of its usefulness has been misunderstood. In order to arrive at a correct conclusion on the subject, he examines it under the following points of view:—1st. The alleged object to be gained by the bandage. 2d. Its real effects. 3rd. Its proper object, and the right period for its application. With this intent, he thus proceeds:]

1st. The objects alleged to be gained by the application of the roller directly after the completion of labour, are:—a, to promote the contraction of the uterus; b, to lesson the severity of the after-pains; c, to prevent hemorrhage; d, to prevent syncope; e, to protect the patient against the consequences of sudden alteration of the balance of the circulation, by which syncope, inactivity of the uterus, hemorrhage, and subsequent diseases, have been produced.

On examining, at the bedside, the validity of these several objects, it may be observed, in the first place, that all or any, of these supposed ends may be gained without the use of the bandage.

a. In the vast majority of cases the uterus contracts rapidly, firmly, and permanently, directly upon delivery, without the aid of bandaging. That such is the case a very short experience among the labouring poor will soon convince the clinical student. The poor women who are delivered by midwives, and the hundreds, ay thousands, who are yearly delivered without any aid, would, were it not so, have all the dangers of uncontracted uterus to contend with. That such is rarely the case admits of no doubt.

b. That measure which shall promote the contraction of the uterus can hardly be seriously recommended as a means of lessening the severity of the after-pains; the contradiction is too manifest to require further comment.

c. For the prevention of hemorrhage the application of a roller certainly possesses no claim. Every practitioner who
has diligently applied the bandage has had to remove it, in order to apply that efficient pressure to the uterus which is most important in promoting its contractions, hemorrhage having taken place in spite of the compression that had been made by the bandage. In fact the tightly bandaging the hypogastric region with the addition of pads, compresses, basins, &c., &c., has probably frequently given rise to hemorrhage by interfering with the gradual tonic contraction of the uterus. The early application of a binder and compress is a complete obstacle to that vigilant attention to the state of the uterus after labour, which it is the wisdom as well as the duty of the medical attendant to pay for some little time after delivery. Where pressure is properly made, hemorrhage is not frequently met with. The very officious accoucheur, who loads his patient’s abdomen with divers pads, and other similar contrivances, must frequently have had occasion to remove them. Without these, the earliest signs of hemorrhage may be recognised; with them, they are often concealed; without these hindrances, therefore, the occurrence may be arrested at its outset. It is not the purpose of the present communication to dwell upon the treatment of uterine hemorrhage, but the above hints may serve to show that the bandage has few claims for adoption on that score.

d. The prevention of syncope is undoubtedly an object of paramount importance; it calls, therefore, for very full examination, as obtainable by the use of the bandage after labour. The indication for its use in reference to the prevention of syncope is theoretically deducted by analogy from the necessity that exists for the application of abdominal compression during the operation of paracentesis. Here, although an analogy does undoubtedly exist, the cases are far from parallel—the conditions not identical—at least not in labour unattended with flooding. When hemorrhage from the uterus occurs, the heart is then physiologically affected in the same manner as where a large quantity of dropsical effusion has suddenly been removed from the abdomen. The removal of the pressure from surrounding vessels in the one case being performed in the upright or sitting posture, suddenly empties the heart of its blood, in the same way that it is emptied by a sudden gush from the uterus. In natural labour there are these points of physiological difference: the heart is not suddenly deprived of a quantity of blood, because the mass of blood previously circulating in the enlarged vessels and hypertrophied structure of the uterus is thrown back upon the aorta pari passu with the diminution of the tumour by the contractions of the uterus. The consequent removal of pressure from the surrounding vessels is therefore compensated by the non-abstraction of blood from the arterial system, which
so far may be regarded as the equivalent of the compression which is had recourse to for the purpose of obviating the sudden change in the state of the circulation that takes place in tapping. Cases of excessive quantity of liquor amnii, triplet and quartet cases, form instances in which the analogy with the effect of tapping becomes closer. The difference in position must also be borne in mind, when an analogy is attempted to be drawn between these two conditions. In tapping, the position is erect—in labour, it is horizontal. To this rule of difference, however, exceptions occur, parturition sometimes occurs so rapidly, and so unexpectedly, that delivery takes place before the parturient woman can assume the recumbent posture. That such exceptional cases do not invalidate the rule is sufficiently shown by their rarity, and also by the evil consequences that often follow thereon. It may be remarked then for these reasons, that it is obvious that women after delivery have not to thank the bandage for their exemption from syncope. The writer has never seen a case of mere syncope occurring after labour, where the horizontal posture has been carefully observed for some hours, although he has systematically neglected to apply the bandage. He has occasionally seen it, and has heard of even fatal syncope where this precaution of the horizontal position has been violated.

e. Having above disposed of the futility of the argument for the use of the bandage to prevent hemorrhage or syncope, other evils supposed to be consequent upon a disturbance of the circulation are obviously as likely to be benefitted by that contrivance.

The second division of this subject is next examined.

2d. The real effect of bandaging the abdomen after delivery.

a. It affords support to the abdominal walls, if applied moderately firm.

b. It gives comfort to the patient, and meets her wishes or prejudices with reference to the preservation of the figure. Among its effects, which are not so harmless as these, are its aggravation of after pains, and the inducement of irregular contraction of the uterus; its obstruction to manipulations; its interference with the action of the diaphragm; its displacing the uterus, and causing obliquity, prolapsus, &c., of that organ; its interference with a most valuable means of controlling uterine hemorrhage, viz: the compression of the aorta. All these are highly important matters, and are to be found among the consequences of the tight bandaging which is adopted by some practitioners.

3d. The consideration of the two preceding topics leads to that of the third,—the proper object of, and right period for
the application of the bandage. The first point may be very briefly expressed in the words of Dr. Blundell. It is to be applied "with that degree of tension which may yield a sense of grateful support." This is the whole truth of the question—the sole object of the bandage is to afford a comfortable degree of support; it is not to effect forcible compression of the abdomen.

The proper period for its employment is therefore not until the uterus has firmly contracted, the patient having been left to undisturbed rest for at least two hours, has had her linen changed, and is being "put to bed." Before this period it, as has been shown, is but an incumbrance. At this time the bandage will afford "a sense of grateful support," and will meet the patient's prejudice with reference to the preservation of her figure—a prejudice which may in this way be harmlessly humoured; it being emphatically impressed upon the minds of the patient and her attendants, that the application of the bandage is of infinitely less importance than quiet rest; that the contraction of the uterus is more effectually and naturally induced by the child's mouth at the nipple, than by all the screwing and squeezing machines that ever were contrived.

If the necessity of any proceeding may be measured by the end it is intended to serve, most assuredly the importance of the abdominal bandage has been much over-rated. The preceding remarks have shown that its alleged objects are not obtainable, even if they are desirable; that its real effects are either trifling, or evil; that its proper object is of a very subordinate character, and pertaining rather to the functions of the nurse than to those of the medical attendant.—[Medical Gazette.

On the Varieties of Alvine Discharges in Children. By Dr. Merei.

[The intestinal discharges mentioned by the author are:]

1. The yellow discharge. This is the regular kind of stool in infants. It is a mixture of intestinal secretions with bile. As children advance in age, and begin to take substantial food, the colour of their regular discharge becomes more and more of a light brow colour.

2. The mucous discharge. With mucous matter, more or less thick or liquid, and mixed with serum, sometimes with a proportion of bile. This discharge is preceded by but moderate pains, and frequently by no pains at all. It denotes a catarrhous, sub-inflammatory, or irritable state of the intestines, and is almost always of local, and not of sympathetic, origin;
in general it is not dangerous, and at its commencement is easily manageable by opiates, warm poultices, and convenient hygiène. If neglected, it becomes pertinacious and severe, and not seldom connected with swelling, softening, or granules of the mucous membrane, or ulceration of the follicles. If stripes of blood are mixed with the mucus, and pain be present, it denotes a higher degree of inflammation, in particular of the follicles. The highest development in this direction constitutes enteritis or coïtis (dysentery.)

Sometimes we find among the mucus, consistent plastic concretions of a more or less tubular shape, similar to those of laryngeal croup, but larger in proportion to the volume of the intestines. This is the strongest degree of the catarrhous process which I might term the croup of intestines. Among the whole number of my little patients, which may be about 30,000, I met with this discharge perhaps only twenty or thirty times. The discharge is effected with very painful efforts at a stool.

3. The serous. In general, after more or less severe pains, the discharge takes place with a certain rigidity and noise, after which the pains lessen or subside. It consists of an abundant quantity of serous liquid, dirty whitish, yellowish, or greenish, as besides mucus, bile is the most common mixture with the serum. The serous diarrhœa is commonly the effect of rheumatism in the peritoneum, in the serous and fibrous membranes, or in the nerves of the intestines. I found in these cases the abdomen very hot. If a great deal of mucus and some blood are mixed with the serum, we may suspect parenchymatous enteritis; if the serous membrane alone enters into the state of acute inflammation, frequently transudation takes place on its free surface.

I have seen cases of profuse serous discharge, in a very short time, even in less than twenty-four hours, produce collapse and death, and in some of these instances necroscopy could not discover an adequate alteration either in the mucous or in the serous membrane.

The serous species of discharge is frequently merely a product of sympathetic secretion. I observed it sometimes connected with large transudations in the chest, and with chronic hydrocephalus.

Speaking in general, serous diarrhœa, if even arising from rheumatism, is more difficult to manage than the mucous. Very minute doses of calomel, with Dover's powder and mustard poultices, are frequently beneficial.

Pure serum, like ricewater, is a less favorable quality than the dirty-white or yellowish. Dark-brown serum frequently
denotes a disorder in the portal system, present in some severe gastric or typhoid fevers, but I have seen a similar quality also in chronic affections of the brain, and very frequently in scrofulo-impetiginous children. This is worthy our attention, in particular if eczema or impetigo has disappeared from the head and face. This brown and fetid discharge accompanies sometimes the commencement of chronic hydrocephalus. I treated it successfully, in this last case, with high but very diluted doses of iodide of potash.

4. The green bilious discharge. If pure bile, then the voided matter is in general not abundant. In young children it is of a more yellowish than green colour. The essential character of bile is, to be of a greenish colour (in infants it is voided green) at the very moment of its evacuation. This kind of discharge is very frequently present in acute inflammatory and febrile affections; if dependent upon an affection of the brain, then we may find the colour to be rather brown, and the abdomen retracted. If a similar source produces abundant serous-bilious discharges, then we find the abdomen much collapsed. But I must observe, acute affections of the brain are almost always connected with constipation, only in some cases of chronic hydrocephalus I met with the mentioned diarrhoea. Bilious discharge, as arising from bilious fever, or from derangement of the liver, is rare in young children. In this case the right hypochondrium will be more or less bloated up. We must be careful not to confound the green bilious discharge with the following:

The discharge, like chopped eggs, mixed with mucus, some clots of bile, and caseous coagula of indigested milk, or other kind of food, accompanied almost always by gripes and flatulence; its smell is disagreeably acid, and the whole matter, some minutes after being discharged and exposed to the atmosphere, becomes green. We know not exactly the chemical change which produces this coloration, it seems to be an oxidation of some of the elements. Then the essential character of this discharge is, that it is yellow at first, and becomes green by exposure to the atmosphere, whilst bile is green at the moment it comes out. I shall call this the acid saburreal discharge, which is the most obvious before the sixth month of age, in particular if the sucking child takes, besides the milk, some farinaceous food. Practitioners commonly prescribe in this case rhubarb, with magnesia. For my part I prefer, in tender infants, to rely more upon a convenient change in the diet, and as a remedy, aromatic frictions of the epigastrium, and internally bicarbonate of soda, dissolved in mint water.

6. The bloody discharge. Pure red blood is seldom dis-
charged by children; in some rare cases I have seen half or one table-spoonful come out, as the product of active congestion and hemorrhage. Very frequently, on the contrary, blood, is combined with the mucous discharge; and in this case, if it is preceded by pain, without tenderness, it denotes an inflammation in the upper parts of the intestinal tube, at least not near the rectum. Tenesmus signifies that the seat of the inflammation is in the lower parts of the colon, or in the rectum. This form is commonly called dysentery, not dangerous, if it is without bilious complication and fever, and if treated in its early stage with Dover's powder, some doses of castor oil, and warm poultices; in a stronger degree leeches at the anus; but if neglected in the commencement, it becomes dangerous to the life of the child. Professor Rokitansky, of Vienna, describes most exactly what he calls the "dysenteric process," in three gradual degrees of anatomical change. The highest degree, presenting a dirty red and gray marbled surface, with considerable thickening, granulation, and ulceration, I never saw in the tender age. Young children die before this stage is developed.

**Passive hemorrhage** of the intestines very seldom occurs in children. I have seen, however, some cases where, without adequate pain, a considerable quantity of dark thin blood was discharged. Lastly, we have seen in this town, with Mr. Wilson, a case in a child six years old, where, during the course of a gastro-typhoid fever, more than one pint of carbonized blood was discharged in two days. The case recovered. The boy is affected with an enlarged spleen.

Moderate quantities of red blood, discharged without pain, frequently occur, mixed with mucus, and are, without signification, sometimes even connected with the advance of recovery from gastric affections. This is the same case as with epistaxis.

Golding Bird and Simon state, as the result of chemical analysis, that some dark green stools of children owe this colour to blood which has suffered a certain chemical change; but those chemical inquiries are not yet arrived at a satisfactory exactness; we do not even know exactly what kind of green discharges were the subject of these inquiries.

7. *Calomel stools*. Green, more or less thick, or mixed with serum, and in this case more abundant, produced by full doses of calomel. Calomel stools resemble bile, and contain much bile, but they contain also some particular chemical elements which we do not exactly know. In many instances it happens that the calomel diarrhoea commences some days or weeks after the use of mercury, and we must be aware of this, and not confound it with the primary bilious discharge. In the
former case the region of the liver is in general softer than in the latter. A clever practitioner will never try to stop directly, and with astringents, a green discharge, whatever be its origin and nature.

Calomel stools sometimes contain blood. After what I have seen in dissection, I incline to attribute this circumstance to a sub-inflammatory state, with superficial erosions of the mucous membrane, which sometimes take place in children after the continued use of calomel.

[The author states that he considers all these qualitative and physical distinctions of the discharges of children as very imperfect outlines of a sketch, which, by farther physical and chemical inquiry can become corrected and perfected.]


**Peculiar Effects of the root of the Podophyllum Peltatum or May Apple; and its Alcoholic Extract.** By Charles W. Wright, M. D., of Cincinnati.

Having been called upon to make an analysis of some cocoa, which it was supposed had been poisoned by having been pulverized in a mortar in which cantharides had been reduced to powder a short time previously, and which it was believed had not been properly cleansed; but, being unable to detect the presence of cantharides by any of the proposed tests or the scales by means of a microscope, I was induced to attribute the symptoms of poisoning to the presence of some other agent; and upon investigation the following appears to have been the cause of the symptoms observed:

Upon inquiring of the person who pulverized the cocoa beans, it was found that the mortar, a short time before, had been used to pulverize the alcoholic extract of the podophyllum peltatum, called by the self-styled eclectic practitioners *podophylline*, and by whom it is almost exclusively used, being their substitute for calomel.

Now it is found that if a person take the powdered root, or the alcoholic extract of the May apple for a considerable period of time, a peculiar papular eruption makes its appearance on the scrotum, accompanied by an irritation of the neck of the bladder, especially when the dose is not sufficient to produce free catharsis. This eruption not unfrequently makes its appearance on those employed to pulverize the root, and occurs so frequently in the practice of the eclectics that they have given it the name of *Scroteritis*.

All of those persons who used the cocoa containing the ex-
tract of May apple, were affected with irritation of the neck of the bladder and tenesmus; and in some of the cases the pain was so severe that they would lay hold of the nearest object for support until it subsided.

The powder of the root and extract is excessively irritating to the eyes, producing, in considerable quantity, an inflammation which is extremely difficult to treat.—[Western Lancet.


The amputations at the Hôpital des Enfants are of frequent occurrence, not less than from eighteen to twenty taking place annually; being usually performed for white-swelling or other chronic disease. M. Guersant is, however, no advocate for hasty operations in such cases, as the lymphatic habit upon which the disease of the joint depends may often be ameliorated, and a valuable though an imperfect limb be preserved. Much depends upon the social position of the parents. The working-man has not at his command those resources which may be required for years during an endeavour to preserve the limb of the child; and after the operation the latter may be apprenticed to many trades, even though he has a wooden leg. The child placed in easy circumstances can command prolonged medical attendance, sea-air, change of climate, or whatever may be deemed beneficial, and amputation need not be performed until all other means have been exhausted. After a long period, however, all the chronic disease in a scrofulous child suffering from arthritis seems to concentrate itself in the diseased joint; and upon the removal of this, his health may become re-established. Amputation frequently succeeds better in debilitated than in very strong and vigorous children.

Whenever possible, M. Guersant prefers the months of May, June, and July, for the operation, as unfavorable complications are of more common occurrence in the cold and changeable seasons of winter and spring. The child requires but little preparation; the means which have already been employed for the improvement of its general health, is iodine, bitters, cod-liver oil, &c., all placing it in the best condition for undergoing the operation. If a large eater, the food should be somewhat diminished two or three days before; and any existing diarrhoea must be arrested by anodyne injections and bismuth.

M. Guersant sometimes employs the oval operation, but hardly ever the circular. In most cases he prefers the flap, which renders the co-operation of the assistants easier, occa-
sions little inflammation or suppuration in children, frequently allowing of union by the first intention, and affords a better covering for the bone. Chloroform is employed, and the principal artery of the limb carefully compressed, so as to avoid hæmorrhage. In very hot weather, the edges of the wound are united by some points of suture, and the stump left exposed to the air. When bandages are employed, the stump is dressed daily. On the evening of the operation a little broth is allowed, next day a stronger soup, and the day after that sometimes a little roast-fowl.

By observing these rules, M. Guersant finds, as a general rule, that eight or nine cases in ten recover. If erysipelas occur, leeches are applied to the nearest lymphatics; and if these do not suffice, a circular blister is placed around the stump; emetics and purgatives, but especially the former, being given. In cases of purulent resorption, he has obtained some benefit from aconite. If the surface of the wound takes on a greyish colour, and becomes covered with false membranes, chlorined water or lemon-juice is the best application. When union by the first intention does not take place, the inner lip of the wound should be stimulated, and then strapping applied; and when fistulae occur, they will usually be found dependent upon small portions of bone tending to necrosis.—Gaz. des Hop.

[A writer in the Bull. de Thérap. (tom. xl. p. 81) observes, that M. Guersant did not lose a single case of amputation during 1850, though the thigh, arm, foot, and shoulder, were among the parts removed. The great success of operations on the young has long been known, and is usually attributed to the greater vitality of childhood and the absence of mental disquietude. However this may be, M. Guersant's especial success is probably, in a great measure, due to his habit of ordering good, nutritious diet as soon after the operation as possible. Under the influence of this, the children rapidly recover strength and flesh, the wound assumes a healthy aspect, and the colliquative diarrhoea, so common prior to the operation, ceases. Abstinence is ill-borne at this tender age, and most of these children have become exhausted by suppuration prior to the operation.]—Medico-Chir. Review.

Treatment of Varicose Veins.

An entirely new method is coming extensively into vogue, in England, in the management of enlarged veins of the lower limbs, that merits the attention of American surgeons. An India-rubber stocking is manufactured in Liverpool, expressly
to meet this particular condition of the veins. It is a loose network, reaching to the knees, but which uniformly compresses the vessels, supports their outer wall, and yet gives no sensation of tightness, or otherwise any unpleasant feeling. We examined a gentlemen, a few days since, who is habitually wearing one of these stockings, which he represented as a great comfort. Some years ago, Dr. Mott, of New York, operated on one of the largest veins, but with no particular benefit. Till the India-rubber stocking was drawn on, he was haunted with an apprehension of the possibility that some of the over-distended vessels might burst. This has been completely prevented by wearing this article, and fears of a contingency of that kind are now entirely gone. This pain and sense of weight, after being on foot through the business fatigues of the day, and not felt, and the patient urges upon, sufferers from the same affliction, to procure the simple palliative of an India-rubber stocking.—[Boston Med. and Sur. Journal.

Wine and Honey in Infantile Marasmus.

Dr. Baun states, that in the marasmus of infants he has derived truly remarkable benefit from the employment of a mixture consisting of one part wine and two or three of honey, giving several tea-spoonfuls daily. Not only Madeira but good Burgundy may be so employed, or when diarrhoea is not present, the Rhenish wines. Refreshing sleep, and an increase of animal temperature, are the first effects, and an improved digestion a latter one.—[Journ. für Kinderkrank. Medico-Chir. Rev.

Treatment of Asphyxia Infantum.

Dr. Tott states, that he has often succeeded in restoring life in the asphyxia asthenica infantum after the failure of the usual means, by causing a person to stand on a table, and pour cold water from a tea-kettle on to the pit of the stomach. In this way Professor Hasselberg saved many lives.—[Ibid.


Take of powdered jalap, an ounce; alcohol, $3\frac{1}{2}$ fluid ounces; water, $26\frac{1}{2}$ fluid ounces; sugar, 30 ounces. Digest the jalap in the water and alcohol, previously mixed in a flask, during five or six hours, at the temperature of 90° to 100° F., filter; add the sugar and dissolve it, aromatise and preserve for use. This syrup, which is an agreeable purge for young children, may be given in tea-spoonful doses.—[Jour. de Chimie Méd. Amer. Jour. of Phar.
Solution of Aloes and Soda. By Professor Mettauer.

In this preparation the aloes is held in solution and its action modified by the presence of bicarbonate of soda. It is a useful aperient for persons of costive habit, and may be employed without the unpleasant effects that sometimes result from the employment of aloes alone.

Take Socotrine Aloes, two ounces and a half, troy; Bicarbonate of Soda, six ounces; Compound Spirit of Lavender, two fluid ounces; Water, four pints. Macerate the mixture for two weeks with occasional agitation, and filter.

The dose is from a fluid drachm to a fluid ounce half an hour after meals.—[American Journal of Pharmacy.

Disulphate of Quinia rendered soluble by Tartaric Acid.

M. Righini has proposed to substitute tartaric acid for sulphuric acid to render the commercial sulphate of quinia soluble in water when directed in solution by prescriptions, as being less austere and disagreeable to the taste. M. Casorati, of Turin, gives the following formula: Sulphate of Quinia, six grains; Tartaric Acid, three grains; Syrup of Oranges, a fluid ounce.—[L'Abeille Médicale., and Ibid.

Gentianin recommended as a substitute for Cinchona.

Dr. Kuchenmeister affirms that impure and uncrystallized gentianin can be substituted for sulphate of quinia, and he has noticed: 1st, that this substance acts on the spleen at least as efficaciously as sulphate of quinia. 2d. Its action is not less rapid. 3d. That it is sufficient to administer 15 to 30 grains twice a day; and 4th, that gentianin constitutes probably the most valuable substitute for Peruvian bark.—[Jour. de Chimie Méd., and Ibid.

Antidote for Poisoning by Corrosive Sublimate.

The Boston Medical and Surgical Journal contains the details of a case in which a large quantity of the Bi-chloride of Mercury had been taken, and which was successfully treated by Dr. Cummings, with repeated draughts of a solution of salæratus. The alkali deprived the mercury of its acid, and thus rendered it inert. The whites of eggs were also given.
Miscellany.

American Medical Association.—We are indebted to the politeness of the Editor of the "Stethoscope" for the Proceedings of the fifth meeting of the American Medical Association, recently held in Richmond, Va., from which we condense the subjoined details. The meeting having been called to order by Dr. Moultrie, President, and twenty-three States being represented by two hundred and seventy-five Delegates, the following officers were elected for the present year: President—Beverly R. Welford, M. D., of Virginia; Vice-Presidents—Jonathan Knight, M. D., of Connecticut; James W. Thompson, M. D., of Delaware; Thomas Y. Simons, M. D., of South Carolina, and Charles A. Pope, M. D., of Missouri; Treasurer—D. F. Condie, M. D., of Pennsylvania; Secretaries—P. C. Gooch, M. D., of Virginia, and Edward L. Beadle, M. D., of New York.

The Committee on Prize Essays awarded the prize of $500 to Dr. Austin Flint, of Buffalo, for his essay "On Variations of Pitch in Percussion and Respiratory Sounds, and their application to Physical Diagnosis."

The Report of the Committee on the Medical Botany of the United States for 1850–1, was presented by Dr. A. Clapp, and referred to the Committee on Publication. The reports of the regular standing committees were then called for in order, and were severally laid over or continued.

Dr. Pinkney, of the Navy, read a memorial he had prepared to present to Congress, on the subject of assimilated Rank—which was referred to a committee. It was then resolved, that no member should speak more than ten minutes at a time, nor more than twice on the same subject. Dr. T. Y. Simons offered a preamble and resolutions in reference to the evils of crowding emigrants on ship-board. Dr. Storer vindicated himself against certain attacks as chairman of the committee on Obstetrics. Dr. J. B. Flint proposed the establishment, by the Association, of a Quarterly Journal, instead of issuing a volume of Transactions—which was laid over to the next meeting.

Dr. Hays, chairman of the Committee on the Constitution, made a Report, and Dr. Yardly a counter Report, both of which were referred to a committee of three, for the purpose of reconciling the differences between them, if possible. The City of New York was then selected for the next meeting of the Association. A communication from the New York Academy of Medicine, in reference to the "College Cliniques," was read and referred to the committee on Publication.
The Report of Dr. H. Adams, of Massachusetts, on the "Action of Water on Lead Pipes, and the Diseases resulting from it," was also referred to the same committee. Dr. Williman, of South Carolina, read the Report of the Committee on "The blending and conversion of the Types of Fever," and Dr. Hayward, of Massachusetts, read that of the Committee "on the permanent cure of Irreducible Hernia—both of which reports were ordered to be printed. The application of the representative of the late Dr. Horace Wells for the appointment of a committee to inquire into and report on the claims of the contestants for the priority of the discovery of Anæsthesia, was laid upon the table.

It was determined that, in future, all Reports, &c., exceeding ten pages, must be accompanied with a synopsis of the contents, which may be read before the Association.

The following amendments to the Constitution were read and laid on the table for farther action:

**Article I. — Title of the Association.** — This institution shall be known and distinguished by the name and title of "The American Medical Association." It shall be composed of all the members of the medical profession of the United States of good standing, who acknowledge fealty to and adopt the code of ethics adopted by the association; and its business shall be conducted by their delegates or representatives, who shall be appointed annually in the manner prescribed in this constitution.

Strike out the whole of Article II, referring to "Members," and insert the following:

**Article II. — Of Delegates.** — § 1. The delegates to the meetings of the association shall collectively represent and have cognizance of the common interests of the medical profession in every part of the United States, and shall hold their appointment from county, state and regularly chartered medical societies; from chartered medical colleges, hospitals and permanent voluntary medical associations in good standing with the profession. Delegates may also be received from the medical staffs of the United States army and navy.

§ 2. Each delegate shall hold his appointment for one year and until another is appointed to succeed him, and he shall be entitled to participate in all the business affairs of the association.

§ 3. The county, district, chartered and voluntary medical societies shall have the privilege of sending to the association one delegate for every ten of its resident members, and one more for every additional fraction of more than one half of this number.

§ 4. Every state society shall have the privilege of sending four delegates; and in those states in which county and district societies are not generally organized, in lieu of the privilege of sending four delegates, it shall be entitled to send one delegate for every ten of its regular members, and one more for every additional fraction of more than one half of this number.
§ 5. No medical society shall have the privilege of representation which does not require of its members an observance of the code of ethics of this association.

§ 6. The faculty of every chartered medical college acknowledging its fealty to the code of ethics of this association, shall have the privilege of sending one delegate to represent it in the association: Provided, That the said faculty shall comprise six professors, and give one course of instruction annually of not less than sixteen weeks on Anatomy, Materia Medica, Theory and Practice of Medicine, Theory and Practice of Surgery, Midwifery and Chemistry: And provided also, That the said faculty requires of its candidates for graduation—1st. That they shall be twenty-one years of age; 2d. That they shall have studied three entire years, two of which must have been with some respectable practitioner; 3d. That they shall have attended two full courses of lectures, (not however to be embraced in the same year,) and one of which must have been in the institution granting the diploma, and also where students are required to continue their attendance on the lectures to the close of the session; and 4th. That they shall show by examination that they are qualified to practice medicine.

§ 7. The medical faculty of the University of Virginia shall be entitled to representation in the association, notwithstanding that it has not six professors, and that it does not require three years of study from its pupils, but only so long as the present peculiar system of instruction and examination practised by that institution shall continue in force.

§ 8. All hospitals, the medical officers of which are in good standing with the profession, and which have accommodation for one hundred patients, shall be entitled to send one delegate to the association.

§ 9. Delegates representing the medical staffs of the United States army and navy shall be appointed by the chiefs of the army and navy medical bureaux. The number of delegates so appointed shall be four from the army medical officers and an equal number from the navy medical officers.

§ 10. No delegate shall be registered on the books of the association as representing more than one constituency.

§ 11. Every delegate elect, prior to the permanent organization of the annual meeting, and before voting on any question after the meeting has been organized, shall sign the constitution and inscribe his name and address in full, with the title of the institution which he represents.

The Association adopted the following Resolutions presented by the Committee on rank and grade of Navy Surgeon:

1. Resolved, That the American Medical Association, representing the medical profession of the United States, reaffirm the resolutions passed at the meetings held in Baltimore in 1848, in Cincinnati in 1850, and in Charleston, South Carolina, in 1851, by pressing their approbation and support of the establishment of the assimilated rank
conferred on the navy medical officers by the regulation of the navy department in 1847.

2. That this association is not aware of any disadvantage attending on the regulation of 1847; that they can perceive no just cause for its alteration, and disapprove of the change proposed.

3. That it is the opinion of this association that it would be for the interest of the naval service that this question should be settled definitively during the present session of Congress, and if conformable with the usages of the military service, by legislative enactment, to which request they respectfully invite the attention of the honorable senate and house of representatives.

It was also resolved to memorialize Congress on the subject of publishing the medical statistics of the census of the United States, separately, for distribution to the medical profession.

Resolved, That the Committee on Epidemics be constituted in relation to the division into districts as they were the last year, and that they be continued in service during a period of five years.

Resolved, That the chairman appointed for each district shall have power to select associates, not exceeding four in number, to assist him in his labors.

Resolved, That the several State Medical Associations be requested to use their influence to procure the appointment, by the Legislatures, of Sanitary Commissions.

Dr. Drake read a paper on the "Influence of Climatic Changes on Consumption," which was referred to the committee on printing.

A committee of five was appointed to solicit subscriptions from the members of the association, for the purpose of procuring a suitable stone, with an appropriate inscription, for the Washington monument, now in progress of erection in Washington City.

It was resolved to accredit one member from each State represented in the Association to travel in Europe, and to report upon foreign medical affairs. Also, that the Association hereafter grant two prizes, of $100 each, for the two best essays.

The following reports were then presented, read by their titles, and referred to the committee of publication:

"On the Toxicological and Medicinal properties of our Cryptogamic Plants," by F. Peyre Porcher, of S. C.


"On the Epidemics of South Carolina, Georgia, Florida and Alabama," by Dr. W. M. Boling, of Ala.

Together with this report, which was handed in by Dr. Drake, of Ky., there was also presented a paper by Dr. D. J. Cain, of S. C.; which was ordered to be appended to the report when published.
"On the Epidemics of Mississippi, Louisiana, Texas and Arkansas," by Dr. Ed. H. Barton, of La.

"On the Epidemics of Ohio, Indiana and Michigan," by Dr. Geo. Mendenhall, of Ohio.

Dr. Stewart, of N. Y., then presented the report of the committee on the amendments to the constitution, and read the following additions which the committee had made since its recommitment:

To section 1, article 2, add "Delegates may also be received from the United States army and navy."

In section 6, article 2, add the words "Comprise six professors and" after "provided said faculty shall."

In section 6, add to 3d requisition on faculties, the words "and also where students are required to continue their attendance on the lectures until the close of the session."

Add section 7. "The medical faculty of the University of Virginia shall be entitled to representation in the association, notwithstanding that it is not composed of six professors, and that it does not require three years of study for its pupils, but only so long as the present peculiar system of instruction and examination practised by that institution shall continue in force."

Add section 9. "Delegates representing the medical staff of the United States army or navy shall be appointed by the chiefs of the army and navy medical bureaus. The number of delegates so appointed shall be four from the army medical officers and an equal number from the navy medical officers."

Special Committees were appointed—"On the Causes of Tubercular Disease; on the Mutual Relations of Yellow and Bilious Remittent Fever; on Epidemic Erysipelas; on Acute and Chronic Diseases of the Neck of the Uterus; on Dengue; on Milk Sickness, so called; on the prevalence of Idiopathic Tetanus; on Diseases of the Parasitic Organs; on the Physiological Peculiarities and Diseases of Negroes; on the Alkaloids which may be substituted for Quinia; on results of Surgical Operations for the Relief of Malignant Diseases; on Statistics of the Operation for the removal of Stone in the Bladder; on Sanitary Principles applicable to the Construction of Dwellings; on Toxicological and Medicinal Properties of our Cryptogamic Plants; on Agency of the Refrigeration produced through Upward Radiation of Heat as an exciting cause of Disease; on the best means of making Pressure in Reducible Hernia; on Cholera and its relation to Congestive Fever—their analogy or identity; on Displacements of the Uterus; on Typhoid Fever; on Epidemics of New England and New York; on Epidemics of New Jersey, Pennsylvania, Delaware and Maryland; on Epidemics of Virginia and North Carolina; on Epidemics of South Carolina, Georgia, Florida and Alabama; on Epidemics of Mississippi, Louisiana, Texas and Arkansas; on Epidemics of Tennessee and Kentucky; on Epidemics of Missouri, Illinois, Iowa and Wisconsin; on Epidemics of Ohio, Indiana and Michigan."

Committee on Volunteer Communications.—Drs. Joseph M. Smith,
Jno. A. Swett, Willard Parker, Gurdon Buck, and Alfred C. Post, of New York.

Rarity of Repetition of Attempt at Suicide by Fire-arms. By M. H. Larrey. M. H. Larrey, in a recent discussion, observed, that according to his experience suicidal maniacs may make repeated attempts at terminating their existence by poison, drowning, or other means of inducing asphyxia, and even by the sword or dagger; but that individuals who have once attempted to kill themselves by fire-arms scarcely ever renew their suicidal endeavour, but resort eagerly to all surgical means capable of correcting or effacing the effects of their mutilations. Among numerous others he might allude to, he referred to two young soldiers, now at the Val de Grace, who having in vain endeavored to blow their brains out, have never since shown the slightest attempt to repeat the act. A case occurred to Dupuytren in the person of a soldier, who after having in vain attempted his life several times, at last endeavored to blow out his brains, but only succeeded in mutilating his face. Cured, however, of the effects of this serious accident, he became also for ever cured of his suicidal mania. M. Larrey inquires, whether the cerebral commotion produced in these cases effects a salutary perturbation in the mental condition?

M. Brierre confirmed M. Larrey's statements; and observed, that it may be advanced, if not as an absolute, at least as a very general rule, that individuals who have once endeavored to shoot themselves never repeat the attempt. Frequently, at the end of several years, they make new attempts at suicide by other means. Persons, on the other hand, who have failed in accomplishing their death by the various other means, frequently recur to those among which they have already uselessly employed.—[L'Union Medicale. Medico-Chir. Rev.

On the Employment of Sulphate of Zinc for the Preservation of Animal Matter. By M. Falconet. According to the author, the substances the most difficult to preserve, as the brain, the intestines, and other pathological preparations, may be most effectually preserved in a solution of the sulphate of zinc, retaining all their characters without the least alteration, and, what is very important, not experiencing the contraction observed when alcohol is used. The steel instruments employed for operating on the substances which have been injected with the preserving liquid, are not injured even when immersed directly in the liquid, and left there for twenty-four hours.—[Comptes Rendus. Amer. Jour. of Phar.

Filter Accelerator.—M. Dublanc describes an arrangement to accelerate the filtering process, which consists of a funnel-shaped tissue of plated or tinned wire on which the filter is supported in the funnel. It is shaped like a plaited filter, and is made from a flat circular piece of wire gauze, crimped in plaits running from centre to circumference so as to give it the shape of a funnel with fluted sides.—[Journ. de Pharm., and Ibid.