
After so much has been written upon Typhoid fever, it may appear to some a labor of supererogation to attempt to add anything new, or to interest members of the profession, in a subject already exhausted. But we are fully aware that the multiplicity of articles upon this dreaded malady give evidence of the difficulty met with in its management. Every practitioner will readily testify to the embarrassment and difficulty he experienced in the treatment of typhoid and other fevers when first he entered the medical arena. The so-called systems of Cullen, Brown, Broussais, Rasori, and a host of modern authors, seemed mere individual opinions, and calculated more to confuse than to enlighten the tyro in medicine. He examined, in vain, the "innumerable volumes of cases, and interminable heaps of insulated precedents," with the feeble hope of reconciling the inconsistencies of antagonistic systems, and of discovering the true principles of correct practice. And thus the young practitioner is bewildered by authors who write more for fame and a desire to propagate their own particular dogma than for the elucidation of truth and the advance of medical science.

It is objected to the term Typhoid, as not expressive of the anatomical lesions of the disease. A similar objection might
be made to the terms designating other diseases. The terms Typhus, Intermittent, Remittent, &c., are not more happy. None of these appellations teach the anatomical lesions of the diseases they serve to designate. The term Typhoid, as applied to distinguish a certain class of fevers, we believe, first originated with Louis, of Paris. He discovered that the Parisian fevers were closely allied to each other by a uniformity of their lesions, the most constant of which were inflammation of the elliptical follicles, known as the glands of Bruner and Peyer, and a softened condition of the spleen. I do not say that the term Typhoid is the best that could have been selected, but as its signification is now sufficiently understood by the profession, medical science does not suffer in its retention.

There are some who contend that typhus and typhoid are identical, and others who even deny the existence of the latter disease. These (latter) know no other fevers than remittent, intermittent and continued—terms that express nothing, and consider all other fevers as but modifications of these types.

'Tis with our judgments as our watches; none
Go just alike, yet each believes his own.

I believe typhoid fever to be a disease *sui generis*, differing essentially from all the fevers known to the world, in its attack, progress, lesions, symptoms, and termination; and requiring a treatment peculiar to itself. So long as practitioners look upon it as but a modification of remittent, intermittent, &c., or as identical with typhus, they may expect to fail in treatment, and to offer a considerable barrier to a clear knowledge of the disease and the progress of medical science. Physicians, above all others, should be free from dogmatical prejudices—their labors are continued researches after truth.

All American writers, with a careless or casual investigation, have followed English authors in the unity of continued fevers. It is as difficult to break down the despotism of literature as it was to sever the bands of political union. We yet yield a blind obedience to the teachings of our mother country.

To the identity of these fevers is due the great confusion among writers in giving the symptoms of typhoid fever. Many of the symptoms of the typhoid also belong to the typhus; but
there are other symptoms which serve to distinguish these diseases. The terms Typhus Mitior and Typhus Gravior have contributed greatly to the difficulty in distinguishing the two diseases, and literally made confusion confounded. But let us examine these diseases impartially, and see if they be one and the same.

**Typhoid.**

Stupor, accidental and developed slowly.

Subsultus, occasional—in many instances totally absent.

Loss of hearing slight, sometimes absent, and recollection but little impaired.

Tremors and spasmodic contractions of muscles rare, but dangerous symptoms when present.

The eyes bright, and slightly but not invariably reddened.

Congestion of the capillary vessels of the extremities slight.

The fother of exhalation slight even in severe cases.

Rose spots, few in number, often only six or eight, rarely more than thirty; rather larger, more elliptical, and more elevated, confined mainly to the abdomen, occasionally extending to the chest, thighs and upper parts of the arms, but not to the whole surface—not seen sooner than the eighth, nor later than the fifteenth day.

The intestinal inflammation acts as a positive disturbing cause.

Pulse, from 100 to 120, soft and compressible, often undulating so much as to become a true bis seriens pulse, varying but little during the course of each particular attack.

**Typhus.**

Stupor, a prominent symptom, almost pathognomonic—comatose at an early period.

Subsultus, present in nearly every case.

Loss of hearing considerable and almost invariable, and recollection greatly impaired—no distinct impression of what has taken place during confinement.

Tremors and spasmodic contractions of muscles frequent, but do not add to the gravity of the prognosis.

Conjunctivæ reddened from congestion.

Congestion so great as to give a bluish tint to the extremities.

Exhalation from the skin very peculiar and offensive, the smell almost pathognomonic of the disease.

Exanthema extends over the whole body, papulae rounded, varying from a point to the eighth of an inch, occurs on the third day, continuing generally five days, occasionally twelve or fourteen days.

The intestinal disorder is limited to the indirect influence of the fever and the cerebral disturbance.

Pulse, from 100 to 140, and even 160—the variations are considerable.
Typhoid.

In the thorax of typhoid, congestion is limited mainly to the bronchial membrane, giving rise to sonorous and sibilant rhonchus.

By a careful examination of the symptoms, as presented in this tabular view, it will be plainly seen that the nervous and cerebral symptoms of typhus are much more developed than those of typhoid fever. Many points sub-judice I have purposely passed sub-silentio: one of the most important of these is the contagiousness of the two diseases. In the celebrated work of Tweedie, as revised by Dr. Gerhard, the latter remarks, that the diagnosis of typhoid and typhus fever is not often made in the United States, because the latter disease (typhus) has hardly appeared for the last twenty years, except on a few occasions in two or three large cities. He also remarks, that many of the symptoms of typhoid are similar to those of typhus fever, but follow a different order of development. To those who are not creed-bound these distinctions are sufficient to overturn the identity of these two diseases.

After having thus, as I confidently trust, thrown some doubt, at least, upon the minds of your readers as to the identity of typhoid and typhus, I would invite attention to a cursory review of the former disease and its treatment, as observed and practiced by the writer in Eastern Alabama.

The Typhoid fever first made its appearance in this section of country in the fall of 1850, and was very successfully treated by my co-partner, the late Dr. Thos. J. Welborn, I then being absent from the State. It continued to enlarge its circle until the first of June following, and gradually declined toward the first of July. I saw no case in the fall of 1851, though some few cases occurred, as I am informed, in the practice of other physicians around me. The first case of the fever I saw was on the first of June of the present year; the cases, however, have been few, though very malignant in character and stubborn in treatment.

This disease did not confine itself to negro cabins and the cottages of filth and wretchedness, but was a frequent visitor to the well ventilated and pleasant mansions of the opulent. In houses where cleanliness was strictly observed, yards and
under-houses well swept, the inmates well clothed and fed, excellent water, situated at considerable distances from creeks, ponds and marshes, this fever attacked every member of the families, as frequently and as malignantly as it did the dirty hovels of negro quarters and cabins of the poor in marshy sections and otherwise unhealthy localities. (I do, by no means, intend this remark as an argument in favor of filth, but as a fact observed in my practice: perhaps, min\textit{u}\textit{s} in \textit{parvos} \textit{morbus} \textit{furit}, \textit{leviusque} \textit{ferit} \textit{leviora} \textit{Deus}.)

The symptoms observed in these cases were nearly the same, \textit{caeteris paribus}. I prefer not to mention any other symptoms, than those already stated, as peculiar to this disease, and which distinguish it from its great cousin-german, Typhus fever.

The etiology of Typhoid fever is yet a mooted question—the pathology somewhat settled. I have assisted in the post-mortem examination of only one case of this fever. (Were it not too great a digression, I should be pleased to express my views of the superstitious prejudices of the country to post-mortem examinations. The people need information upon this point.) In this case, nothing new presented itself; softening of the mucous membrane of the stomach and spleen, enlarged mesenteric glands, thickening and ulceration of the elliptical plates of the ilion. These anatomical lesions have been observed by nearly every one who has examined those who have died of typhoid fever. There are other lesions occasionally met with, which, however, are not peculiar to this disease, but due to its complication with other maladies, such as softening of the brain and hepatization of the lungs, &c.

Treatment.—I come now to the prime purpose of this article,—the treatment of typhoid fever. I never bleed from the arm;—venesection in this section is sure to seal the doom of the patient. I see other practitioners adopting general bleeding as a \textit{sine qua non}. Dr. H. G. Davenport (N. O. Medical and Surgical Journal, March 1852,) remarks: “In every case which has come under my charge for the last five years, where I have been called to them in the beginning, I have always bled, having an eye to the age, constitution, etc., of the patient. I
have never seen any fatal consequences follow its use; it lessens the frequency of the pulse; it becomes softer and slower, and remains so during the whole course of the disease." Dr. R. L. Scruggs (same Journal, Jan. 1851,) remarks: "In Tennessee, I occasionally, but very rarely, bleed from the arm, and never had occasion to regret it. In this country, (Shreveport, La.,) however, I have not deemed it advisable to resort to venesection in any case of typhoid fever coming under my care, although, I should not hesitate to do so, at any time, even here, if the appearances seemed to justify it." This quotation from Dr. Scruggs, expresses, I think, the secret of venesection in this form of fever,—that whilst it may be a therapeutic agent of great value in some localities, in others, it is not to be relied on, but to be positively avoided. Practitioners, therefore, who reject, or adopt venesection, should not be condemned, as both may be right.

I never give quinine. In the language of Dr. Scruggs, "It was my good fortune, at the commencement of my practice, to have the advice and friendship of an old, able and experienced practitioner who had treated and become familiar with this fever, and who guarded me upon this point, (the use of quinine,) but whose sudden and untimely death left me to my own resources, and soon I wandered from his teaching, gave the quinine to extend the morning intermissions and to lessen the evening exacerbations, to, my afterwards, great regret and mortification. In no instance where I gave the quinine did I observe any benefit to the patient, but in every instance an increase of the dangerous symptoms and a hastening of the stage of collapse. I have rejected the quinine from my practice in this fever, not from prejudice, for I am of the Quinine school, Augusta, Ga., but from the repeated fact, that it proved deleterious to every case, and fatal to all, where its use was persisted in. I have lost only one case where the quinine was not used, and I have treated about fifty cases, within eighteen months, of typhoid fever. Dr. Scruggs remarks, "If I know anything of the matter at all, quinine given in typhoid fever, with the view of arresting the fever, as in the remittents, and persisted in, is as certain to result in disaster and death, as that any given cause whatever, will produce its legitimate effect."
I have generally blistered in high intestinal inflammation, but do not believe it to be beneficial. I have no doubt but many physicians have, like myself, discovered, that so soon as the blister was applied that the discharges became bloody and frequent, and most difficult to control. I agree with Dr. H. G. Davenport, that "blisters do more harm than good." There is such an intimate relationship existing between the skin and bowels as to render it highly important that the former should be preserved. Prof. Michael Levy (Medico-Chirurgical Review, Jan. 1846) says: "It will not be out of place here to point to the enormous activity of the skin, the large amount of its circulating blood, and to its close and inseparable sympathies with the more purely vital organs of respiration and digestion; nor is it necessary to recall to mind the imminent danger of alarming or fatal congestions of the bronchial and intestinal mucous surfaces, consequent upon checks to the free action of the complex glandular and vascular apparatus lodged in the cutaneous organ."

There are, however, many of the profession who consider the blister their sheet-anchor in all visceral inflammations, and from such I may reasonably expect an unconditional and relentless condemnation. I entered the profession with the same dogmatical prejudices in favor of the Herculean power of blisters to subdue intestinal inflammation, but a few winding sheets have greatly obstructed my view of their remedial efficiency, and directed my attention to other means more reliable in their action, and less dangerous in their consequences. I have generally been able to control the bowels so as to obtain two or three evacuations during the day, whilst I employed poultices, &c., but so soon as I applied the blister, the discharges were bloody and frequent, followed in almost every instance by distressing torrmina and tenesmus, not to mention the great annoyance and restlessness occasioned by the supervention of strangury. A cheerful spirit is an elixir of great value in all diseases, but in none is its restorative and supporting power more to be desired than in typhoid fever. But who does not know the despondency, the despair, which patients exhibit when galled by a blister:

"Nor does old age a wrinkle trace
More deeply than despair."
Thus much I have thought proper to write in opposition to the use of venesection, quinine and blisters, as therapeutic agents in typhoid fever.

My treatment has not been the same in every case, but modified according to circumstances; in other words, I usually treat symptoms rather than a name.

When called to a case proving to be typhoid fever my general plan has been to give 10 grs. of hydr. sub. muriate, or 15 grs. of blue pill, to an adult, to be followed immediately by an injection of warm water and soap, &c., and by a saline cathartic in eight or ten hours. I cannot too forcibly urge upon the profession, the propriety of injections. Their therapeutic use in affections of the bowels is certainly understood by every practitioner, but in no disease do I consider them to be more positively demanded than in typhoid fever. They unload the rectum of irritating scybalæ, and act as a quietus upon the nervous system. Given at bed time they frequently procure for the wearied patient a comfortable night's rest, a thing highly desired.

After a free evacuation of the bowels I administer the following powder every four hours.

<table>
<thead>
<tr>
<th>Powder</th>
<th>Dose</th>
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<tbody>
<tr>
<td>Hydr. Sub. Mur.</td>
<td>grs. iii</td>
</tr>
<tr>
<td>Ipecacuanha</td>
<td>grs. ii</td>
</tr>
<tr>
<td>Pulv. Doveri</td>
<td>grs. v</td>
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</tbody>
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Should the pulse be quick, I do not hesitate to give the veratrum viride. To an adult, I commence with six drops (Norwood's) in about half a fluid ounce of sweetened water—in ten minutes, seven drops—in ten minutes more, eight or ten drops, and wait the result; which is free emesis, a reduction of the pulse, a soft skin, and gentle perspiration. I then continue the veratrum, giving six drops (the first dose) in four or five hours and increasing one drop every four or five hours until ten drops are reached; I then continue ten drops every six hours and gradually increasing the period to twelve hours. Some patients cannot reach ten drops; in such cases, the practitioner should stop at that number which produces emesis, and falling one drop below it, continue the dose every six hours, and gradually extend the period.

The veratrum should be followed in every instance by free
drinks of slippery elm or gum arabic water, as also by the following powders, every two hours, extending the time as the period of the veratrum is extended.

Ipecac, . . . . grs. ii.
Dover's, . . . . grs. iv.

I speak from experience when I recommend the veratrum viride to the profession. I am as much opposed to nostrums as any one, but I do think that when a medicine has been suggested to the profession which answers a desideratum—might I not say, wipes away an opprobrium medicorum—it is but justice—it is but a just regard to the high and noble claims of science, that it should be fairly tested. I have derived the most flattering results from its use and as yet have seen nothing in its action to induce me to discontinue it. I am no enthusiast of any remedy, and would by no means pen one line concerning any drug, which might induce practitioners to essay its virtues at the imminent peril of their patients. That the veratrum controls the action of the heart, is beyond question, and that this was a desideratum in medicine is equally undeniable. The digitalis has hitherto been employed for this purpose, but that it is uncertain and even dangerous in its action is known to every one who has used it. It frequently proves powerless, and not unfrequently like a cowardly giant, watches the auspicious moment when it may exert its feigned prowess upon a helpless and prostrate victim.

The veratrum, when properly administered, is certain in its action, and does not like the digitalis apparently sleep until it has gathered sufficient force to storm and overpower. I have employed the veratrum in other diseases beside typhoid fever. Pneumonia, pleuritis, puerperal peritonitis, palpitation of the heart, and convulsions of children, and in all with signal benefit to the patient.

It is objected that the veratrum inflames the alimentary canal. This it will not do, if given as I have advised. I should state, however, that I use the elm bark fresh from the tree, and not a worm-eaten ground Indiana elm. They who complain of its irritating qualities, gave it, probably, too frequently, or without water, or an impure preparation. I have administered the medicine in numerous instances, and attempted to watch
closely its effects, and never yet have I observed the results spoken of by other physicians. It sometimes produces stupor in children, resembling approaching coma, but if continued until emesis is brought about, this symptom speedily disappears.

I have been told by some practitioners that they considered the veratrum a humbug and never gave it. Such have set aside a valuable remedy, and worthy to be tried, and as it is not yet too late, I say, try it.

Some, on the other hand, are fearful to use it. These individuals give frequently a more dangerous medicine—the digitalis purpura. I have written more upon the veratrum than I at first intended, but should what I have written prove effectual in inducing practitioners to try the virtues of this medicine, I shall feel amply compensated for my labor.

After evacuating the bowels, the use of the compound powder, the veratrum, injections, &c., as described, I cup and scarify the epigastrium and right iliac fossa. I then order a poultice of corn meal and Cayenne pepper to be applied over the bowels every hour, with sinapism to the spine. Should the poultices not prove sufficient to allay abdominal heat, I put on a sinapism over the bowels to remain ten or fifteen minutes, and re-apply the poultice. This sinapism should be repeated every six or eight hours until the heat of the surface is subdued. The poultices and injections should be kept up during the whole course of the disease. The injection should be given at least once, if not twice, every day. The kind of enema must vary according to circumstances—such as warm water; salt and soap; warm water, laudanum and starch; acet. plumbi, and nit. argenti, &c. These, as many other things, depend upon the judgment of the physician. As a diaphoretic, tonic and diuretic, I use the seneca and spts. nitre: a free drink of the former, and teaspoon doses every three or four hours of the latter.

In severe cases, I blister the entire spine and give ice freely. There are many opposed to the use of ice; more especially, those of the Vulcan school. Some cases, no doubt, die, where ice has been used; but should it be rejected because a few die under its use? This does not prove that ice was the cause of the death. Calomel is given, and the patient dies; do you then reject it from your practice? And so we
might say of any medicine; patients die under the best treatment.

In low muttering delirium, the ice applied freely to the scalp and given internally, in pieces, to dissolve in the stomach, will, in nine cases out of ten, arouse them to rationality. I write what I have seen at the bed-side. It relieves the heat and distress of which the patient so frequently complains whilst racked by the fever. It should be given in as large pieces as can be readily swallowed. I sometimes give lemon water with ice, but do not order a free drink of any iced water. Its solid state is the best form in which it has been administered. Applied in iced bags or bladders to the abdomen, and given freely internally, it is our sheet-anchor (I speak positively) in dangerous intestinal inflammation. I know that there is a prejudice, with many of the profession, so deep and lasting against the use of ice and cold water, that they will not credit the treatment of any one who embodies them among his therapeutic agents. Such men add but little to the progressive march of medicine: they dare not step one side an old and routine practice, for fear of committing an error: they err, in being too cautious, and condemn because they do not experiment. I do not intend to say that practitioners should experiment upon the lives of their patients—far from it; but I do say, that when life is fast failing, the physician should do all in his power to save it, and if his usual remedies prove powerless, he should try others which have been highly recommended. Short of this, he does not perform his duty.

I have now given a short and very imperfect sketch of my treatment in typhoid fever. I have not thought it proper to write the varied changes which are so often observed in this fever, preferring to leave the treatment of them to the judgment of the physician, as no two cases will be precisely alike, but varied in their progress, by constitution, habit, vicissitude of weather, &c. My purpose has been to discuss plainly and concisely that form of treatment which I believe to be most successful in typhoid fever. I wish also to be understood as speaking of this locality; for I write from experience in this place alone, and do not by any means attempt to dictate to any one; but should what I have written attract the attention of
any member of the profession, and "enable him hereafter to
diagnosticate correctly, and to treat the disease successfully,
I shall feel amply rewarded for the little toil it has cost me to
write this article, and feel, too, at the same time, that I have
done the profession some service."

Addendum.—Since there are many who do not believe in
the existence of Typhoid, as a distinct disease, I make the
following propositions:—

1st. That physicians of Georgia, Alabama, Mississippi, Flori-
da, Louisiana and Texas, report their names to the New Or-
leans Medical and Surgical Journal and the Southern Medical
and Surgical Journal of Augusta, as either for or against Ty-
phoid fever, as a separate and independent disease.

2d. That as many as can find it consistent with their labors,
write out their views as to its independence or identity with
other diseases, and the treatment found most successful.

I believe that every member of the profession is honest in his
opinion; but, if possible, we should know the truth of the mat-
ter. If there is any hope of settling these vexed questions, let
it be done before they are pushed upon another age. We are
probably as well prepared to discuss the identity or non-identity
of typhoid fever now as we will ever be. Many consider it a
modification of remittent fever—some of intermittent—some
as identical with typhus. It would be proper for these to state
what they consider remittent, intermittent and typhus fever,
and further, to relate clearly the nature of that modification
which gives rise to those peculiar symptoms known to many
as typhoid fever.

I wish to see an interest manifested in the profession in diag-
nosis, not only in typhoid, but in every other type of fever. If
typhoid be intermittent or remittent fever, its treatment is
clear; if not, its nature should be ascertained, that it may be
properly treated. I should be pleased to see a table of physi-
cians' names, as to identity or non-identity of this fever, and
in that table I shall risk my name as to its non-identity, and
in favor of the doctrine, that it is a disease sui generis.

I am fully aware of the incoherency of this article, written at
many sittings, caused by professional duty. This, however,
could not be avoided, and should it not meet with approbation—
I have the consolation to know—

"Nec semper feriet quodcunque minabitur areus."

ARTICLE XXXV.

Anomalous Cases. By E. Y. Harris, M. D., of Fayette C. H.,
Alabama.

Every physician, of much practice, occasionally meets with
cases, the peculiarities of which he never heard or read of be-
fore; these, if reported, might be interesting, if not instructive,
to some of the profession. Cases similar to the following may
have come under the observation of others, but as yet I have
never seen or heard of anything of the kind.

Case I. In 1845, while I was practising on the Yazoo Riv-
er, in Carroll county, Mississippi, I was called one night to see
a negro woman who was in the seventh month of her fourth
pregnancy. The white family had gone off the previous day and
left this servant by herself in charge of the house. On my arri-
val, I found her laboring under uterine pains, which came on
about every fifteen or twenty minutes. I learned that on the
previous night a man had visited her for carnal purposes; that
she had resisted him, at which he became incensed and struck
her with his fist two or three times in the left side, when she
cried out so loudly that he became alarmed and left. I bled
her and gave an opiate. Next morning she expressed herself
as much better, said she felt the child move. She continued to
feel better up to the third day after receiving the blows, though
there was some discharge of bloody mucus from the vagina
with occasional pains in the uterine region. Felt heavy and
sleepy, considerable soreness of the left side where the blows
had been inflicted. On the third day she washed a large quan-
tity of clothes; in the evening felt worse, uterine pain, some-
what increased; she remained pretty much in this condition up
to the sixth day, feeling better during the morning and worse in
the evening, declaring all this time that she felt the child move
distinctly. At 10 o’clock, on the night of the sixth day after she
had received the injury, she was taken with strong uterine pain.
I found the uterus in its proper place; os tincæ thick and soft, and cool, and not dilated in the least; skin cool and moist; pulse full and a little frequent; tongue natural: said she felt the child move, and when a contraction would take place referred all the pain to the left side. Prescribed 2 grs. opium and 1 gr. ipecac; warm fomentation over the abdomen. Next morning, found she had rested well during the night; complained of her back, and occasional uterine pain. Gave an enema of soap-suds, which operated lightly, and, as the pulse was full and strong, bled to 16 oz.—continued warm fomentations, and gave a pill composed of opium 1 gr., ipecac ½ gr. She expressed herself as feeling much easier, and desired to be left alone that she might sleep. At 10 o'clock, I returned, after being absent four hours: found her lying on her back; eyes half open, but not turned up; pulse natural; breathing regular and deep; skin moist and cool. She seemed to be in a very deep sleep, and snored loudly. I attempted to arouse her, but soon found that it could not be done: she had gone into a sleep never again to awake. I dashed water in her face, poured it on her head; applied mustard sinapisms to her spine, extremities, and over the abdomen; but all in vain. Pulse, breathing and skin, all seemed natural; no tympanitis; every organ seemed to perform its function with regularity; the nervous system seemed only to be at fault. In whatever position she was placed, there she remained; if the eyelids were drawn apart they remained so; if closed, they remained closed. A large blister plaster was applied over the abdomen and bound close to the skin for thirty-six hours, but did not vesicate in the least; one was also applied to the back of the neck, which very slowly blistered; but nothing that was done gave any relief.

On the morning of the eighth day of her illness, in attempting a vaginal examination, my hand came in contact with the child lying at the vulva and between the thighs, with the placenta beside it. There was not the least hemorrhage; at what time in the night the child was born no one knew; there was an old negro with her during the night, but she could give no account of it. Upon examination, it was evident that the child had been killed by the blows received by the mother eight
days before. The child had received two injuries; one was on the left side of the head; the parietal and temporal bones were both driven in, and the parts considerably tumefied and red; the other was on the left side, just below the arm, where the cuticle was of a very dark red, and bruised; two or three of the ribs were broken loose from their articulation with the spine, and driven in. The child certainly had been dead sometime, as putrefaction had taken place, notwithstanding the mother's assertion that she felt it move. This clearly shows that a woman may be mistaken as to foetal movements,—my patient remained in this cataleptic condition five days and died. She did not seem to get any worse until the day before her death, when all the symptoms became aggravated and she gradually sank.

Here was a strange condition of the nervous system, brought on probably by the injury she received from the wretch, who, for a moment's gratification sacrificed two lives. Was this condition of the nervous system brought on by the injury? If so, would the same have produced similar nervous disturbance if she had not been pregnant? During the whole of her comatose state, her pulse was good, her skin natural and moist, urine passed involuntarily until the day before her death. I have seen two or three cases of catalepsy in my life but none like this. In the Medical Examiner for 1845 or 46, there is a case of catalepsy reported which was supposed to be consequent upon the puerperal state; the patient died in five or six days, but, if my recollections serve me right, the symptoms of this case were very dissimilar to the above.

Case II. On Monday, 5th July, 1852, William Davis, a lad of about 15, attended a temperance celebration in Fayetteville. About three weeks previous to this time, he had had an attack of dysentery, but was quite well on the day above mentioned. He stood about nearly all day, occasionally eating ginger-bread and drinking beer; late in the evening he complained of a sick stomach and slight headache, went to bed, eat no supper, but vomited two or three times between that and midnight; about 2 or 3 o'clock, A. M., he was moaning most plaintively, and on being asked, by his father, what was the matter, replied, that he felt very curious. The after part of the night he rested
badly, sometimes lying still and apparently sleeping soundly—then rising up and rolling about, and moaning, as though in great pain; at day-light, his father attempted to arouse him to go home, a mile from town, but as he appeared to be sleeping so soundly, thought best to let him lie awhile; in a short time, however, he was discovered to be completely delirious, and went into a convulsion, which lasted but a short time: he then sank into a deep sleep. At this juncture, I was called in, and found him lying on his back; breathing deep and full; skin rather cool and moist; pulse 65 to 70, weak and easily compressed; jaws seemed to be a little stiff; great rigidity of the abdominal muscles, which were a little sunk in, and felt as hard as a board and ridgy. This rigidity gradually extended to the legs, spine, neck, and finally to the arms, so that by 5 o'clock, P. M., he was as stiff as though he had no joints. He would have very restless paroxysms, during which he seemed to suffer great pain: between these, he would be quite still, and apparently asleep. While his restless paroxysms existed, he would exert himself to such a degree as to become perfectly exhausted, and sink down to rest fifteen or twenty minutes; then suddenly spring to a sitting position, scream and moan loudly, scratch his head, and rub his hands over his face, as though washing it; fall suddenly down, roll very quickly from one side to the other, and at times rest himself upon his knees and forehead—in fact, during his restless moments, he would assume every attitude imaginable, and all this time he would scream and moan in the most plaintive tones, indicative of the most intense suffering. He never spoke nor articulated a single sentence from the time he lost his mind. These paroxysms of pain and restlessness continued until the rigidity became general—they increased in frequency and violence until about 3 o'clock, when the rigidity became so general that it confined him to his back. I could have placed my hand under the occiput and raised him to his feet without bending his body in the least; his head and spine were inclined to draw back a little—in fact, during the last moments of his life, the occiput rested upon the spine, between his shoulders; his jaws became completely locked, so that it was impossible to prize them open half an inch.
As to the treatment, we could do but little. From the first, he had a difficulty in swallowing, and it soon became impossible for him to take any thing at all that way. His feet and legs were bathed in warm water; mustard sinapisms were applied to his legs and arms, over the abdomen, and along the whole course of the spine; a large warm pepper poultice was applied over the abdomen; temples cupped; back of the neck blistered; one-twelfth gr. strychnine given two or three times, though it is not quite certain he swallowed it; he was sponged all over several times with spts. camphor, and hot brandy, laudanum and spts. turpentine, in pretty large quantities, were frequently rubbed over the abdomen and spine. I commenced giving chloroform to inhale as early as 10 o'clock, and continued it during each paroxysm. It seemed to shorten the paroxysm of pain, and this was the only good I could discover. I made a liniment of chloroform, sweet oil and spirits ammoni, and applied it frequently to the spine and abdomen. I attempted to give him an injection of strong soap-suds and salt water, but so great was the contraction of the sphincter ani that it was with considerable difficulty, I could introduce the canula, and when I did accomplish this, could not force up any of the contents of the syringe. Two or three hours before he died his breathing became very laborious, and continued to increase until five o'clock, when he expired. Nothing that was done seemed of any avail. I would remark that during the whole time he was delirious he kept his eyes shut; the pupils were dilated. His former health had not been very good; he had been chlorotic for three years; pale and swarthy; appetite pretty good; little exercise produced considerable action of the heart and quick breathing, but he had been better of this for the last six months.

Case III. On the 15th July, 1852, I was called to see a negro man, Joe, 25 years of age, stout and athletic, had never been sick before. While hoeing cotton, that day, he complained to his master that when he stooped down he felt an acute pain in his forehead, and when he raised up it moved to the back of his head. He had felt this pain occasionally for two or three months, but at this time it was worse than usual: he had tied a string very tightly around his head, but it failed to give relief.
Not more than five minutes after Joe had this conversation with his master, he fell. His master ran to him and found him resting upon his knees and head. On being addressed he made no reply, but fell on his side, his face and mouth became convulsed and drawn to the left—he had also spasmodic twitchings of the right arm and muscles of that side, but not so decided as those of the face; the head was so much twisted to the left that his master feared the spinal marrow would sustain some injury, he attempted with all the strength he had to twist the head back, but could not move it. In twenty minutes the spasm gave way but he remained unconscious—in this condition he was carried half a mile to the house, a vein opened in the arm and 30 oz. blood drawn, and a blister applied to the forehead, a tablespoonful of No. Six poured into his mouth, but being unable to swallow, it ran out. A spasm would come on about every hour and last fifteen or twenty minutes, during which time his head would twist around to the left side, and the muscles of the face and right arm twitch and jerk. As soon as the spasm would go off he would try to bite his fingers or anything he could get hold of; he chewed off two or three spoon handles, and his tongue did not escape receiving some injury. He would do his best to bite those who were holding him, and being very strong, it required five or six to prevent his doing himself serious injury.

When I arrived I found him in the condition above described; pulse full, strong, and a little hard, 80 to minute; skin, natural temperature; occasionally he would place his hand upon the occiput and moan. He had become a little calm and was covered up; on uncovering him I discovered that there was a great increase of sensibility; for whenever a fly would rest on any part of him, he would jerk from it as though a pin or a knife had stuck him. If I touched the hair any where over the occiput, he would flinch instantly and seemed fully as sensitive as if the whole cuticle had been peeled off; sensibility was not near so acute over the parietal, temporal and frontal regions. I had him held up and bled from the arm 24 oz., when the pulse became softer and slower—he now became more rational, called for water—I gave him a large dose of epsom salts; he complained of a lancinating pain in the back of his head, said
he was much easier when sitting up than when lying. I shaved the whole occiput and applied a blister plaster that covered it and extended down the back of the neck six inches; in three hours gave him another dose of salts, and in three more the blister had drawn well—in a few hours the salts had operated finely, producing serous discharges; he gradually improved and now, two weeks from the date of his illness, he is quite well.

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ARTICLE XXXVI.

A Case of Extra-Uterine Fœtation. By M. W. Havis, M. D., of Minerya, Georgia.

June 28th, 1851. A negro woman, of large frame and respectable embonpoint, æt. 39, the mother of nine healthy children, in second month of pregnancy, was ill of metrorrhagia; the hemorrhage inordinate; pulse 100, full and large; v. s. 20 oz. Ordered, hips elevated; cloths saturated with acetic acid dil. to vulva; acet. plumb. grs. ij.; opium grs. j., every three hours, until relieved.

29th. Greatly improved—convalescence rapid.

July 25th. Similar attack; treated as before: relieved.

August 28th. Hemorrhage active; uterine pains severe and expulsive—a fœtus at four months delivered. Hemorrhage continuing excessive, ordered ol. ergotæ gtt. 20 every half hour, until sufficiently diminished. Two doses only were given. In three weeks she was convalescent and resumed her place as cook.

Oct. 1st. After slight pains in uterus during the day, they increased at night, and were effectual in expelling a considerable mass of hydatid-moles. Upon the use of tannin injections, the next day, more were dislodged. She was not confined to bed, and without inconveniency continued in the exercise of her duties. In November, she complained to me of a bad feeling in her abdomen, amounting to pain, at times, of a dragging character. I interrogated her relative to her former labors, and learned that, up to last April, they were all normal, at which time metrorrhagia obtained and she aborted; fœtus four months advanced. Subsequent to this she was troubled with
partial hysteroptosis, but, conception again taking place, the prolapsus was relieved. She suffered during prolapsus, from costiveness and dysuria. I examined per vaginam, found the vaginal mucous membrane in a phlogosed condition, the cervix uteri engorged, uterus slightly prolapsed and a very acrid muco-purulent discharge, evidencing an extension of the inflammation to the intra-uterine superficies. With these facts before me, the indications were apparent—to reduce the inflammation and thus cut short the leucorrhœa and relieve the prolapsus. Ordered, hyd. sub. mur. et. rhei, aa grs. iij., every other night; cataplasm to sacrum; vesicated surface to be stimulated with ung. sabiniæ. Inject aqua acet. plumbi, three times per diem.

At the end of two weeks, very little improved; leucorrhœa profuse; pains in loins; lassitude and cephalalgia. Ord., tinct. lyttæ gtt. xx., three times a day; aq. acet. plumbi continued.

At the expiration of two weeks, declared herself well of leucorrhœa. Uterus in "statu quo." Gave pills of carb. fer. et rhei. She improved, and for three weeks did her labor as cook.

January 2d, 1852. Was taken very ill. Found her with pains in the loins and hypogastrium; pulse 100, full and tense; bowels costive; stillicidium urinæ; cervix-uteri engorged, indurated and painful to touch: v. s. 16 oz.; hip bath; calomel grs. iij.; jalap viii. grs.; spts. nitre and flax-seed tea, pro re nata.

Jan. 23rd. Pulse 90, soft; three alvine dejections; micturition guttatim. Ordered, infusion of uva ursi, diosma crenata and carb. sodæ to be taken during the day; pulv. Doveri grs. vii. at night. This treatment was persevered in for two weeks. Micturition normal; no febrile condition since 23rd ultimo. Vaginal tract injected, cervix firm and of bluish tint, deep fissures of semi-crucial figure divide its substance, from which exude creamy shreds of vitiated mucus; os uteri firmly closed. Ordered, cataplasms to sacrum; pil. hydrarg. grs. iij. every other night; anodyne injections; salines, pro re nata.

For two weeks, gradual improvement. At this time pneumatosis abdominalis supervened and induced a despondency which, with hysteria, placed her in a very unhappy state. Amm. tinct. valerian cum asafoet. proved a veritable sine qua non. Upon taking a fright, she strained her muscular system violently. I found her greatly prostrated: womb at os externum; fissures
deep, and the eminences firm as cartilage; pulse 110, feeble and quick. Replaced the womb; enjoined recumbent posture. Ordered, syrup ferri iod. gtt. xx., three times per day; oleum tiglii. to spine; salines; inject sol. nitræ argentii, twice a day. The caustic not effecting any good, it was suspended at the end of two weeks, and the ung. iod. ferri. substituted. Under this treatment, improvement was not apparent. I now consulted with my respected friend, Dr. J. Riley. He proposed, in addition to the use of ung. iod. free scarrifications of the cervix, and the vinous sol. iod. ferri, instead of the syrup. At the end of two weeks the vinous sol. iod. ferri proved such an irritant to the stomach as to cause its suspension, and the syrup was resumed. She now, for a short time, gave evidence of improvement, but soon retrograded. In conversation with my much esteemed preceptor, Dr. G. T. Cooper, I explained the nature of the case, and, at his suggestion, resolved to apply the solid caustic. She was at this time much emaciated: tympanitic; nervous tremors quite frequent in her limbs; considerable weight in left hypogastrium; appetite capricious; cervix uteri very hard. I applied the caustic freely every other day, and gave pills composed of carb. ferri. grs. iij.; rhei and gum myrrh aa. grs. ij., and ext. gentian q. s.—one three times per diem; oleum tiglii continued to spine. The day succeeding the second application of caustic, she declared her conviction of a speedy convalescence, for “she had a new feeling—a great weight was removed from her bowels, and she now felt strong there.” From this time (April 23d) she made gradual progress to recovery.

May 10th. The caustic having been applied eight times, I deemed its further use unnecessary, as the cervix uteri had nearly returned to its normal size and consistency.

May 20th. I was summoned to my patient, whom I found in a kind of exstacy—delight beaming from her eyes: she extended towards me her hand, in which she held what seemed to be a peg of dark wood, and at the same time exclaimed, “I will now surely get well, for here is the peg and spiders which have so long troubled me.” I found, upon examining these wonders, that the peg was the tibia, corresponding to a fetus of four months; and the spiders, hydatids on a large scale. She
had, early in the morning, been troubled with considerable pain of a pricking character in the position of the left ovarium, and in three hours thereafter had three alvine dejections, in rapid succession. Upon examining these, found the bone and hydatids, chiefly in last dejection, consisting of a yellow aqueous fluid, with flocculi, in which the bone was imbedded and the hydatids attached. Since this, she has passed two ribs, one scapula, two bones of cranium, tibia, ten metacarpal, one carpal. She is now walking about the yard without inconvenience, performing such duties as require manipulation chiefly.

The case is surely a novel one in several particulars; and, if I mistake not, the only one reported where nature has relieved herself of so serious a freak, without a vast amount of febrile disorder, and where the skeleton made its exit through the intestines, with so little trouble, not even preventing the woman from laboring.

Candor requires an acknowledgment of my entire ignorance of the existence of an extra-uterine pregnancy, previous to the 20th of May, when I had an ocular demonstration of it. The prolapsed uterus, diseased cervix, and a flor albus of eight years duration, satisfied me as to the disease requiring treatment.

The two last months of the woman’s illness, she complained of a “knot,” as she termed it, in her abdomen, just beneath the left ovarium, which at times would swell, give her much pain, and then subside. I examined her abdomen repeatedly, when its parietes were thin and flaccid, and could detect a “knot,” ’tis true, but never could appreciate its swelling and subsiding, as she did.

Since the convalescence of my patient, I questioned her very closely, and find that, in October, 1851, one month subsequent to discharge of hydatid moles, her catamenia appeared, and at no time up to the present date have their periodicity been disturbed. In November, she felt symptoms which had obtained in all her previous conceptions, and was led to believe that she was pregnant, but was surprised to find her menses continue. If she conceived in November, the foetus died several months previous to expulsion per rectum, and if such be the fact, I
cannot account for the absence of febrile excitement. How the foetus, without the uterus, enclosed by a membrane so obnoxious to the most violent inflammation upon the presence of a foreign body, (which the foetus was after death,) did fail to induce inflammation, is to me quite inexplicable. Her tongue I scarcely ever found of an abnormal appearance. She at times had pains in the back, hips and loins; but these were nervous and easily removed by sinapisms. In the fifth month of her illness, she was troubled with a burning pain in the womb, which was attributed to the phlogosed utero-vaginal mucous membrane. Her pulse ranged from 70 to 85 beats per minute, save during hysterical paroxysms, when it would grow to 100 and 110, small and feeble. So, excepting her attack on the 2d of January, she had no febrile disorder.

As regards the time of conception, there is a doubt. It may have taken place coincident with her ninth pregnancy, and the foetus perishing at four months, have caused subsequent abortions. But the most plausible view would be, to fix the conception in November, when all the signs of pregnancy were present, save the cessation of the catamenia.

The foetus must have occupied a place within the peritoneum, below and posterior to the left ovarium, at a point corresponding with the commencement of the rectum, judging from the seat of the pricking and weight and amount of faeces discharged, before the dislodgement of bones, &c.

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**ARTICLE XXXVII.**

*Extracts from the Records of the Physicians' Society for Medical Observation, of Greene and adjoining Counties, Georgia.*

By D. C. O'Keeffe, M.D., of Penfield, Ga., Secretary.

July 12th. *On the Use of Compound Spirit of Ether.* By Dr. A. A. Bell.—It is sometimes pleasant to turn from the more abstruse questions in our Science, and retrace paths less environed with difficulties. I have been using Hoffman's anodyne (as it is familiarly called) for several years, and from the pleasant effects I have derived from its administration, I am induced to make this report, as it corroborates the virtues that have been accorded to it.
That it has the property to produce sleep, and tranquilize the nervous system, where opium or its kindred remedies will not, I think may be verified upon trial. The first instance in which I used it, with any very notable effect, was a case of delirium tremens. Laudanum had been administered freely, with occasional portions of brandy; the latter seemed to aggravate the symptoms, and the comp. spts. ether was substituted. It had a decided tendency to calm the nervous action, and allow repose to the patient.

I have also noticed its action in hysteria. I was called to a married lady who had been laboring under this singular malady for several days: the administration of comp. spts. ether had the effect of lessening sensibly the unpleasant nervous symptoms, and ensuring a great deal of comfort to the patient. It was continued, with a cathartic, with the like happy result.

I have likewise noticed its influence upon the system in cases of morbid vigilence, which frequently occurs in the course of an attack of acute diseases, especially in individuals who are in the habit of using intoxicating liquors. Several cases of this kind have come under my care; one, in particular, in which laudanum and black drop were given freely, without the desired effect. The patient's pulse at this crisis was 115, and he had passed several restless nights. I now gave him f. 3 iss. comp. spts. ether, and in the course of two hours he had a refreshing sleep, with considerable diminution in the frequency of the pulse. It was repeated, in the course of four hours, with like effect.

The cases in which it is most applicable are those of a nervous character, not dependent upon any decided inflammation, at least, of such degree as not to require active antiphlogistic measures.

On a Case of Monstrosity. By Dr. E. V. Culver.—There has been a difference of opinion among the members of the medical profession for centuries, as to the cause of monstrosities, or irregular births—as to whether the fetus in the uterus can be effected in its growth or development by external causes, acting through the imagination of the mother; if so at all, at what period of utero-gestation can a perversion of growth
take place? These are questions that have excited the members of the profession time and again, and it would now be presumption in me to offer an opinion upon such a subject. Without even presuming to form any conclusion in a matter so mysterious, I will detail the following case;—at the same time I will remark, that I have been unable to learn any thing, or circumstance, that excited or alarmed the mother. I have carefully inquired into the particulars attending her during utero-gestation.

Mrs. ——— was taken in labor on the evening of the 3rd July (inst.), with her thirteenth child. She was awakened from sleep by a discharge of water, the membranes having ruptured spontaneously, and without the least pain. Free uterine hemorrhage immediately came on. I found her very much exhausted from the flow of blood, and complaining in the usual way from its loss. As soon as I entered the room, she informed me that the "child" was dead, and gave as a reason, that she had not felt it move for the past thirty-six hours. I made an examination, and found the uterus dilated and yielding, the feet presenting. The labor progressed slowly, and she was delivered, in eight hours, of a child of common size, still-born, she having gone the full period of utero-gestation.

The following appearances were revealed upon examination, not being permitted, nor having the time, to make further scrutiny into the case:—The face, not more than one-fourth as large as it should have been, with no part I could call a head; the frontal bones wanting, with exception of a narrow ridge just above the orbits, only a few lines in breadth; the temporal bones the same, there being a very narrow piece articulating with the sphenoid, the piece containing the glenoid cavity for articulating with lower jaw; the parietal bones were entirely deficient; the occipital also wanting, with exception of a small piece for its articulation with the atlas. The above seemed to be the situation of the cranium, from the examination I made. Not being permitted to use the knife, I am unable to speak confidently as to how much the bones were deficient.

The head, commencing a few lines above the eyes, down to the vertebrae, presented the appearance of a coagulum of blood, soft to touch, the hand meeting with no resistance over the
entire surface; the mouth was right, as to position and formation; very little sign of nose, except two small openings, just above the mouth; the eyes seemed to be in proper place, but protruding about three-fourths of an inch from the surface, of an unusual large size; the ears were very much out of place, approaching too near the eye, presented the appearance of two small horns—they were about one-third the usual size, and very much elongated; the part called the head, with the face, formed a triangle, the largest diameter not more than one and a half inches; the vertebrae of the neck were immovable and fixed—the face slightly inclined forwards; the fingers were bent upon the palms of the hands, and there firmly united. The other parts of the foetus were well formed, and free from any deformity.

The above are the details of the case, hastily given; and now, in conclusion, I will again repeat that the lady is unable to call to mind any instance in which she has been much alarmed, and the only thing of any note that has a bearing upon the case, is the fact, that she has frequently experienced pain and uneasiness in the right side whilst riding on horse back, which she occasionally practised. She says she has no doubt from her sensation, that the back part of the head of the foetus was firmly united to the right side near the stomach, and that she knew when it separated. I merely state this as she so often says, she is sure it is so. She is fast recovering.

Hemorrhage from the Umbilicus after separation from the Funis, ten days after birth. By J. E. Walker, M. D.—Mrs. C., primapara, was delivered of a small but apparently healthy male child, on the second day of March, 1849, after a somewhat protracted labour. Both did well until the sixth day after delivery, when I was called to see the child, whom I found labouring under haematuria, which I treated with astringent diuretics—buchu, &c., with entire relief. It went on well then until the twelfth day from this, at which time blood began to exude from the umbilicus; the cord had separated about the sixth day, and the part appeared to be sound and healthy. I was consulted in relation to the haemorrhage, and as it was described as a simple oozing of blood from the part, and by no means calcu-
lated to excite alarm, I therefore prescribed tannic acid and a compress to be applied, and requested to be notified if the bleeding should not cease after the prescription was used. This was neglected, and although the application did very little good, yet the hemorrhage was allowed to go on for twenty-four hours before I was sent for; I arrived as early as possible to see it, when called, and such a spectacle I never saw; the bleeding had continued until the child was almost entirely anæmic. Its clothing had been often changed, all of which was completely dyed in blood; it lay almost lifeless, unable to take nourishment, and almost senseless; I regarded the prognosis unfavorable, even if I should succeed in arresting the flow. I lost no time in the trial of creosote, which had but temporary effect, as it was washed away by the blood. I applied sugar of lead, and tannin, &c., with no better success. I used lunar caustic, but still the blood poured forth. The actual cautery suggested itself, and was proposed, but the parents would not consent, as the child seemed to be dying. I then determined to try the ligature as a dernier resort, as I feared the vessels were diseased—the ligature, en masse, was decided on, that the whole bleeding surface might be embraced and secured. It was impossible to decide from whence the blood issued—whether from the arteries, veins, or the tissues surrounding the vessels. I accordingly passed a common suture needle, armed with a silk thread, through the umbilicus, from right to left, and from left to right, and, after the third stitch was made, I drew the threads pretty tight, and secured the ends together, and had the gratification to find the bleeding arrested. During the operation, the child made not the least complaint, but was unconscious of pain. As a further precaution, I applied the sulphate of iron, in fine powder, after being heated to draw off the water of crystallization, which, uniting with the blood left around the part, formed a hard compress, over which I applied a bandage. I now sought to bring about reaction, by pouring into the mouth wine whey, in small quantities and at short intervals, which, by the following morning, had so far succeeded that the child could draw a little at the breast. I recommended the wine to be continued, until strength was restored. In about four days suppuration was established, and as the threads
had become loose, I divided and gently withdrew them. There was no more hæmorrhage—the part healed kindly, and left the navel almost natural in appearance. The child has since enjoyed good health, and is now a sprightly boy.

Remarks.—I have conversed with many physicians who had met with this accident, and have found their report unfavorable, without an exception. This, doubtless, has been owing to their depending on styptics and compresses alone; the bleeding, no doubt, is, in general, from the arteries—sometimes from the veins and arteries combined; and it is always difficult to apply compresses to that part with advantage, owing to the softness of the abdominal walls.

When I performed this operation I had seen no authority for it, and it might be said I was not justifiable in its performance; but had the actual cauterity been used, sloughing and secondary hæmorrhage might have been the consequence, and the life of the child only prolonged to endure a larger amount of suffering. All other means in common practice had been tried, without exerting any influence whatever.

It is to be regretted, that so little has been said by authors on this subject; and this case has been brought to the notice of our society for the purpose of eliciting the views of its members, and directing more attention to the subject.

In my reading, since I treated the above case, I have found ligature, en masse, recommended by Paul Dubois and Dr. Bowdich; but their cases were not successful. Their operation differed from mine in this particular—they used the hare-lip pins, with figure of 8 suture, while I used the thread, as you have observed, alone. It has been objected, that there is danger of peritonitis. That, I admit, may be true; but the operation has succeeded where death must have been the inevitable result without it. Death has often followed upon amputation; but that is no argument against such an operation, when it so often succeeds, where death would be the certain result, if it should be neglected.

Ecchymosis of Vagina from rapid Parturition. By Dr. D. C. O'Keeffe, of Penfield, Ga.—This occurrence happened to the wife of a much esteemed medical friend. The patient, æt.
about 20, was delivered of a mature child in the short space of
one and a half to two hours from the beginning of labour. She
had aborted in her first pregnancy, and was frequently threaten-
ed with abortion in the present, but with great care and occa-
sional v. s. she went her full term.

The hæmorrhagie diathesis was strongly marked in her case,
as shewn by her tolerance of bloodletting, and a very frequent
discharge of blood from a nasal polypus with which she was
affected.

For a short time (an hour or two) after delivery, she was
very comfortable and expressed a natural pleasure when her
offspring was shewn her, somewhat suddenly, however, she
felt acute pain between the hip-joint and perineum on the left
side, which extended down the thigh of the same side; there
was also exquisite tenderness under the slightest pressure exter-
ernally in the region above designated. A sinapism was applied
forthwith to the seat of pain with no benefit; a strong mor-
phine plaster was next applied, which mitigated her suffering
considerably. Moderate pain and tenderness to the touch
remained however for two days, and her pulse and other symp-
toms indicated a febrile condition of a moderate degree. Dur-
ing these two days her bowels were kept open by aperients,
and the lochial discharge was normal. The period of lactation
now arrived, attended with increased pain and febrile action,
and the pain about the hip and perineum threatened to be as
distressing as when it was first felt. It is proper to state that
our friend regarded this pain to be of a neuralgic character,
but lest there should be some occult cause about the uterus, he
determined to explore that organ.

A vaginal examination revealed a tumour nearly filling up
the vaginal canal its entire length, the index and medius could
with difficulty be passed up to the os uteri along side of it.
About four inches long and one and a half inches in diameter,
it extended from just within the labia minora along the vaginal
wall on the left, to a level with the os uteri—a line drawn from
the upper extremity of the tumour transversely across the
vagina would strike the lips of the os uteri at right angle. It
was painful to the touch and tolerably tense; micturition was
easy, but the bowels were disposed to be confined—defecation
caused an aching sensation in the left iliac fossa.
From the knowledge our friend had of the rapidity of the labour, and consequently the ill-prepared state of the parts, and moreover, an unusually compact and unyielding cranium on the part of the child, he was prompt in recognizing the tumour to be an ecchymosis produced by injury to the soft parts and treated it accordingly. For four or five days from the date of its discovery, there was high febrile action, the pulse was sometimes as high as 125 to 130. During this time she took some mercurial, was bled moderately from the arm once, and leeches were applied freely to the lower abdomen perineum and to the lower extremity of the tumour itself. These means checked a strong tendency that existed to metritis, and relieved the tumour of tenderness in a great measure. At this stage of the case, another physician and ourself were requested to see it, and found it in no-wise different from what it has been described, and we could not but concur in the diagnosis pronounced by our friend. The tumour had diminished but little, if any, from the time it was discovered, but was less sensitive to the touch; the tongue was slightly furred, the surface pleasant, and the pulse 120 and rather feeble—there was generally a febrile exacerbation in the afternoon and a remission in the forenoon. A speculum was employed to ascertain the color of the tumour, which was found to be a deep purple; this disclosure corroborated our diagnosis.

It was agreed, unanimously, to open it, which was done with a thumb lancet, tied to a small stick, and introduced through the speculum—the lower portion only could be brought within the field of this instrument, and here a free incision was made. The discharge from the incision was very small and consisted of very dark coagulated blood, intermingled with a few drops of pus. It was now seen through the opening in the tumour that it was composed altogether of coagulated blood, and that the main indication in treatment consisted in its removal. It was accordingly deemed advisable to inject tepid water into the tumour through the opening, in order to break down its coagulated contents which succeeded but partially. This course, (the tepid water injections,) kept up three times a day, however, for three days, nearly entirely emptied the tumour of its contents—a silver probe was worked about in the tumour
freely, which doubtless aided materially in breaking up the coagula.

At the time we write, the patient is much better; tumour nearly gone; is free from pain; pulse 106; tongue improved. From the time the tumour was opened, a dose of Quinine was given every morning, and a more nourishing diet allowed. Mercurial ointment is now being rubbed over the part with a view to produce absorption of any coagula that should be left, for it was feared the vitality of the parts was very much impaired—indeed this fact seemed evident from the circumstance, that there was not the slightest pain felt in making the incision.

ARTICLE XXXVIII.


This disease of the skin (known also as Maculae Hepaticæ, Liver spots, &c.) usually makes its appearance on the chest, shoulders and arms, or neck, and extends in irregular patches, so as sometimes to spread over a large portion of the body. These patches may unite and cover a larger continuous surface of some inches across. As far as the disease extends, the skin is made to exhibit a yellowish or dull brown color. The cuticle is very slightly elevated, and minutely scaly, and desquamates to a moderate extent. It seldom produces any sensation or irritability of the skin, and its existence, in many cases, would not be known if it were not seen, though it may sometimes produce troublesome itching. It is annoying, and especially so to ladies, on account of its appearance, which, upon the whole, is dirty and repulsive, and is apt to excite a sense of shame in those who are troubled with it.

Its cause, I think, is unknown—it has been attributed, of course, to derangement of the internal organs, such as the stomach, liver, &c., but it has no established connection with any such causes, for most generally I have seen it on persons with whom there were no symptoms of bad health otherwise.

The treatment of this disgusting little affection has not, I think, generally been satisfactory and successful. My object, therefore, is to introduce a remedy which is simple and efficient. In the year 1845, from analogy of a known property of sulphur-
ric acid, I was induced to try it in a case of this kind, and found that it effected a cure in a short time. I have since tried it in a number of cases with uniform success. The method of using it is to dilute it in the proportion of about a drachm of the acid to a pint of water, more or less, according to the sensibility and tenderness of the skin of the patient, and to apply it, thus diluted, to the affected part, by rubbing it on with the hand, or a bit of sponge; and sufficient friction should be used to rub off the separable scales and cuticle. The strength of the wash should be so regulated as to produce a slight stinging sensation, without much pain. The application should be made once or twice a day, until the skin resumes its natural appearance, and then occasionally, for several days afterwards, to prevent a return of the disease.

These remarks have been induced by an extract in the Southern Medical and Surgical Journal of last year, from the New Hampshire Journal of Medicine, by Dr. Gray, in which he proposes the "sulphur fume bath as a remedy" and suggests that "if any member of the profession has a remedy as certain as this and more easily applied it would be highly gratifying to have it made more public." I consider my remedy equally as certain, more simple, and much more easily applied.

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ARTICLE XXXIX.

Snoring prevented by excision of the Uvula. By the Editor.

Case. A. D——, about 5 years of age, had for two or three years suffered from considerable enlargement of the tonsils, which impeded respiration so much during sleep as to cause him to snore very loudly and to seem to be on the point of suffocation. About a year ago, I excised both tonsils, after which the respiration was very much improved, and the snoring nearly ceased. In March last, his respiration during sleep had become as bad as ever, and his parents apprehending that he might actually suffocate, again requested medical aid. Upon examination, I found that the tonsils had again become somewhat enlarged; that the uvula hung flabbily between them and rested upon the base of the tongue, and that this state of things
taken in connection with the natural, yet extraordinary smallness of the buccopharyngeal aperture, was sufficient to account for the impediment in respiration. It should be remarked, however, that although the uvula appeared flabby, it was not paralyzed, for it would sometimes retract spontaneously, and always do so when touched with an instrument.

As the tonsils projected but slightly beyond their proper limits, and their further excision was very difficult, if not hazardous, in consequence of the smallness of the mouth and extreme narrowness of the throat, I resolved to try the effect of simply clipping off the uvula. The child has not snored since, and has from that time slept without any impediment in his respiration.

Would it not be advisable to resort to this simple operation for the relief of snoring in adults? It is certainly worthy of trial, and might add very much to the comfort of those who are annoyed by a snoring bed-fellow.

PART II.
Eclectic Department.

Letters upon Syphilis. Addressed to the Editor of L'Union Medicale, by P. Ricord. Translated from the French by D. D. Slade, M. D.

[Continued from Page 559.]

SECOND LETTER.

My Dear Friend,—I am not writing a didactic work; I have a great desire so to do, but you know that at this moment I am not able. I address you some letters familiarly written, and for which I ask all the privileges of the epistolary form—that is to say, freedom of style and spontaneousness of thought. Therefore, that which I have not said in my preceding letter, I shall say unceremoniously in this, without a too rigid adherence to plan, method and other restraints of composition, elsewhere so useful.

In order that my first letter should be complete in the rapid sketch of the attempts made in experimentation, I ought not to omit to bring to mind the facts of the attempts at inoculation of syphilis from man upon animals. Either to avoid the inconveniences which could result from the inoculation practised upon man himself, or to resolve the curious problem of the transmission of syphilis to animals, Hunter and Turnbull had already
attempted in vain this inoculation from man to animals. I have repeated all those experiments, and have arrived at the same negative results. However, lately a young and industrious fellow-laborer, M. Auzias Turenne, has repeated these experiments, has varied them, has employed other methods than those which were known, and he has thought to have arrived at the experimental demonstration of the transmissibility of syphilis from man to certain animals. It was my duty, then, to renew these experiments, and I was convinced anew that syphilis was decidedly not communicable to animals, and that the facts as stated by M. Auzias were illusory. M. Cullerier, at the Hospital "de Lourcine," has studied this subject with much care, and has arrived at the same conclusions as myself. My colleague, M. Vidal (de Cassis), has experimented in his turn, with I believe the same results.

The direct observation, the experimentation upon the patient himself, were then the only sources to which I could have recourse; to these alone, then, I resolved to apply myself.

It was necessary, first, to seek a sure source from which I could draw the principle, towards the research of which, I wished to direct all my investigations. One could no longer rely upon the stories of patients; it was necessary, also, to avoid the objections justly brought against the experiments of Hunter and of Harrison, against the facts stated by Bell, against the experiments of Hernandez; and for this purpose, I first endeavored to well ascertain the state of the tissues from which I took the principle reputed specific.

It was no longer enough, as Petronius formerly said, that a woman should be considered diseased; it would no longer do, to take at hazard a morbid secretion coming from the genital organs of the woman, and to make of it, according to the picturesque expression of Alexander Benedictus, a venereal dye, throwing a uniform color upon all the accidents which could result from it. No, the scientific tendencies of the minds of my day, and the demands of my own conscience, required of me the employment of a method more authentic and of proceedings more rigid.

I do not wish to lay stress upon the facility with which effects were drawn from the cause. But who would not be surprised, that in a question like that of venereal maladies, where ignorance and fraud, according to the expressions of Hunter, are such frequent sources of error—that in a disease which above all, and almost always, is a flagrant proof of immorality, the observers, even the most judicious, should so often trust to the reports of patients, and invoke without ceasing the moral worth of the testimony.
The testimony! under such circumstances, is there anything more deceptive? and especially as regards women? Let me, cite to you two little examples, where you will see one of the most strict observers caught in the snare of feminine testimony.

Babington wishes to destroy this law laid down by Hunter, that when there is neither pus nor puriform secretion, the disease cannot be communicated; so that the infection is not possible before the appearance of a gonorrhoea or after the cicatrization of a chancre. “This conclusion is not without danger,” says Babington, “which one can see from the following facts, which are far from being rare.”

“A married woman was taken with the ordinary symptoms of gonorrhœa, which much surprised her, as her husband was free from all disease. However, the husband having been questioned, confessed that he had had relations with a suspected woman, about eight days before his wife perceived herself diseased, but he positively affirmed that he had had no discharge, nor any morbid sensation, and certainly he offered no symptoms of disease. At the end of four days, that is to say, about fifteen days after the impure connection, and one week after the time when he should have communicated the disease to his wife, a gonorrhœal discharge manifested itself in him.

“A traveller exposed himself to the risks of a syphilitic infection, and arrived home at the end of three days. About four days after his arrival, his wife was attacked with gonorrhœa. It was not till ten days after the infection that he perceived, for the first time a discharge, and that he was attacked by the other symptoms of gonorrhœa.”—(John Hunter’s complete works, vol. xi., page 167. Notes by Babington.)

If, in presence of similar facts, Babington had not sought to obtain more-complete confessions (there are some confessions that women never make, even, as I have had the opportunity of too often seeing, under the fear of the greatest dangers) but had assured himself by a rigid inspection of the true state of things; he would have seen that in these cases the infecting cause was not in the genital organs of the candid husbands.

It was not, then, possible to think of basing any pathological truth whatever, in syphilis, upon the morality of the testimony of the patients. I had no longer confidence in the doctrines and in the facts based upon recitals of this kind. It was necessary to be removed from the mysteries of the “above,” to bring to the light of experimentation the principle which I wished to find. This principle—where ought I first to seek for it? At its source; that is to say, in the genital organs of the woman, in their external portions as well as in their deepest folds. Chance was propitious for me. The Hospital “du Midi” then received the unhappy beings that the dispensary sent there.
Here you will permit me to recall, my dear friend, that before my entrance into the Hospital du Midi, the manner of examining a woman consisted in making her sit upon the border of a chair, in separating the external genital organs, and if no lesion of the tissue was found, every morbid secretion coming from higher up, was invariably considered as a blennorrhagic discharge. At the circle of the vulva, my predecessors appeared to have placed the columns of Hercules of chancre. I could not, nor ought I, to have been satisfied with this superficial and incomplete examination. We were at no great distance from the time when M. Recamier had so fortunately exhumed the speculum from the surgical armentarium. You are aware of the happy applications that this celebrated practitioner had made of it, in the diagnosis of diseases of the uterus. But this valuable instrument had not as yet been applied to the diagnosis of syphilitic diseases; its employment, even in these cases, appeared and was reported to be contra-indicated. I did not pay any attention to this widely-spread opinion. I made a general use, on the contrary, of the speculum upon all the women in my wards.

I do not know if posterity will partake of the opinion of one of my learned critics, who reduced to a very small compass that which I had to do in syphilopathy. However, my dear friend, when I call to mind the profound obscurity which enveloped the diagnosis of syphilitic diseases before the application of the speculum—when I compare the embarrassment of practitioners of that epoch in settling up their opinion, with the truly wonderful facility of modern practitioners in giving an undeniable diagnosis; when the recollection of all the services that the speculum has already rendered to this part of practice comes to my mind, I think, that should my participation in its progress be thus limited, this opinion might appear rather severe. The employment of the speculum permitted me to examine with great care all the surfaces venereally affected, and to ascertain with precision the condition of the tissues which furnished the secretions.

These conditions established, I had to study all the accidents reputed venereal, and comparatively with other morbid secretions.

I commenced with blennorrhagia. You understand, my dear friend, that I ought to suppose the state of the question, at the time when I undertook my experiments concerning blennorrhagia, to be perfectly understood by my readers. Once more, I do not here write volumes with a complete history, but a simple and concise exposition of facts which belong to me. I sought to resolve by experimentation that problem already
differently resolved, by the observation which you know—
Does blennorrhagia recognize a specific cause?

Hunter had taught that the pus of a chancre inoculated pro-
duced chancre. If blennorrhagia recognizes a specific cause,
said I to myself, the muco-pus which it secretes, being inocula-
ted, will produce without doubt phenomena similar to those
which pus coming from a chancre produces.

But to well ascertain the result, to isolate it from every com-
plication, and from every cause of error, it was necessary first
to inoculate the muco-pus coming from perfectly simple blen-
norrhagias; it was necessary to take this muco-pus from tissues
completely free from all ulceration; and you see how valuable
the employment of the speculum was to me. Without it, these
experiments were not possible.

Now these first experiments, made in great number, and a
long time continued with perseverance, conducted me to this
first fundamental result, which I here give in the form of a pro-
position.

PROPOSITION.

Every time that the muco-pus has been taken from a mucous
surface not ulcerated, the results of the inoculation have been
negative.

All experimenters who have followed me in this course have
arrived at the same conclusion; and this, whatever has been
the period of the blennorrhagia in which the experimentation
has been made. Thus, it is with great surprise that I have
read in your Journal the following passage, where M. Vidal,
in his letters upon syphilitic inoculation, reproaches inoculation
for being very often fruitless in the question of blennorrhagia;
“In fact,” says my learned colleague, “a distinguished Interna-
M. Bigot, has tried, under the observation of M. Puche, physi-
cian at the Hospital du Midi, sixty-eight inoculations with
muco-pus coming from the urethra, and these sixty-eight inocu-
lations have been followed by no result.” I am astonished at
the surprise of M. Vidal. These sixty-eight negative inocula-
tions conform entirely to the facts which I have before advan-
ced; they confirm and corroborate my opinion upon the rarity
of syphilitic blennorrhagia; and when my opposer asks you—
“Do you believe that of these sixty-eight blennorrhagias there
were none, where virus was present, no one that contained the
seeds of a verole?” answer him confidently, no; and for this
reason, that the inoculation has been negative.

A logician as skillful and as exact as M. Vidal, could not be
prevented from perceiving that the results of experimentation,
upon whatever subject exercised, are either positive or negative
but that scientifically speaking, the negative results are no less
valuable than the possitive. The inoculation of vaccine does not give rise to any phenomenon upon those subjects who have already had the variola; is that saying that the negative result is without importance and without consequences?

But we shall soon see how much value and force these negative results have derived from the positive results of inoculation. I notice, in passing, a first objection which will at a later period find its complete refutation. Some writers on syphilis have thought with Hunter that blennorrhagia was a form of syphilis peculiar to mucous membranes. I confine myself for the moment to remarking that the experiments before indicated destroy entirely this opinion; we shall see later that the virulent virus of chancre, placed upon a mucous surface, produces there, in every respect, the chancre.

From experiments shown, I shall draw this conclusion.

**CONCLUSION.**

The blennorrhagia, of which the muco-pus being inoculated, gives rise to no result, does not recognize the syphilitic virus as cause.

This conclusion, as you know, has given rise to numerous and grave objections. But I fear that you cannot to-day afford me sufficient room to undertake the refutation and exposition of these. This will be, with your permission, the subject of my third letter.—[*Boston Med. and Surg. Journal.*

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**On the use of Salines and Opiates in Dysentery.** By F. E. Gordon, M. D., of Alabama.

Having made a report to the Alabama State Medical Association, by appointment, on the diseases of Marion, which was lost through the illness and absence of Dr. Jackson, its late Treasurer, I herewith submit the following remarks on the use of Salines and Opiates in Dysentery.

This disease prevailed here as an epidemic during the spring and summer of 1851, and gave rise to great diversity of opinion and treatment. This is not strange, as its pathology and management have been, for more than two hundred years, disputed points amongst the ablest medical writers. Chisholm, and James Johnson more particularly, contended "that the liver itself forms the primary seat of the disease in every instance," and hence urged the use of mercurials even to ptyalism, while the more venerable opinion of Sydenham, which locates it in the larger intestines, is more generally received in this day; and hence a revival of his practice is likely to ensue, if it may not be said to have done so already. With the exception of
blood-letting, Sydenham's plan of daily purgation, followed by his own potent laudanum at night, is not easily improved upon. That he would have abandoned bleeding, had he lived to this day, (to say nothing of this climate) his great practical sagacity and the example of his able successors in London, warrant us in saying.

Watson contends that the sheathing of the lancet has been the result of Cholera, which, since 1832, has modified the character of diseases, and many eminent physicians on this side of the Atlantic equally ignore the abstraction of blood, though accounting for its inapplicability in different ways.

From a glance at the various reports made to the Alabama Association, which, though conflicting in many respects, generally assign a greater mortality to this disease, we would be disposed to set down our epidemic as very mild. Indeed we think fever did not make its appearance in the onset of an attack oftener than once in ten cases. We are admonished, however, that in the beginning of the epidemic the disease did prove fatal in many cases; not, however, from its malignancy, but, as we think, from the inefficiency of the practice by which it was met. Such as died were literally worn out by the excessively frequent and painful discharges, giving rise to irritative fever and emaciation. Ulceration, we are satisfied, did not occur once in three hundred properly treated cases.

Our attention was first directed to the value of Salines and Opiates in Dysentery, by an article in the Charleston Medical Journal for July, 1848, "on the comparative efficacy of certain medicines in the treatment of Dysentery and other intestinal fluxes of hot climates."

Dr. Papillaud, the author of this paper, made his observations in a province of Brazil, in twenty-nine degrees of South latitude, and found the usual plan of treatment adopted in Paris with success, to fail entirely in this warm region.

"He experimented with castor oil, ipecacuanha, calomel, sulphate of soda; of the vegetable astringents, he tried rhatany and simarouba; of the mineral astringents, lime, acetate of lead, alum and nitrate of silver; of narcotics, extract of opium and sulphate of morphia; from the results of these experiments he determined to abide by sulphate of soda and opium, the effects of the other medicines being variable and uncertain." He says, "The English practice of calomel and castor oil is very unsuccessful." "Sulphate of soda, he thinks, deserves the praise it received from Bretonneau and Trousseau, acting energetically and most rapidly. One or two drachms dissolved in a small quantity of vehicle, and given in divided doses, usually arrest a dysentery in twelve, twenty-four, or forty-eight hours at the
longest.” He says, “Inflammation once considered a cause, is only one form, alteration of secretion another.”

“The indications for local bleeding are very rare; that for general bleeding only as an exception.” “Opium he considers equal to sulphate of soda, and together they formed one of the most efficacious combinations.”

My first trial with this remedy was soon after its publication, and proved highly satisfactory: In a few sporadic cases I continued to use it with success. It was not, however, until the period referred to above, viz: the spring of 1851, that I had an opportunity of witnessing its effects on a large scale. Insensibly I fell into using Seidlitz Powders amongst my white patients, as being more agreeable, and finding free purgation to relieve both tormenta and tenesmus, for about six hours I usually followed it up by a dose of morphine. The fractional doses of neutral salts and morphia were then resumed.

It was remarkable that in some cases, where hypercatharsis had been induced, (the patient in one instance taking one powder every half hour until eight were consumed) the recovery was most prompt.

Generally, when much opium had not been previously taken, from two to four Seidlitz Powders at half hour intervals, freely evacuated the bowels.

As regards pathology, I do not think inflammation of the mucous membrane of the colon so much as engorgement of it, can be predicated of a disease so easily relieved by a serous drain from the bowels, and so often independent of fever. Whether the neutral salts act also as a “local modifier” on the mucous membrane, according to the French view of this subject, or as a “sedative,” I am unable to say.

In order to establish the claims of this method of treatment, and to vindicate it from the charge of empiricism, I subjoin reports from two of our most intelligent and respectable physicians. Dr. England says—

“Enclosed you find a list of cases of Dysentery that came under my care during the present year, up to date, 15th August, 1851. It comprises all ages, from infancy up to advanced age. All were subjected to the saline treatment except two in January, which were treated by mercury and opium, and but one death occurred among them. This was a case of unusual severity, first seen thirty-six hours after being attacked, yet under the use of Salines the Dysentery gradually yielded, so that in three days only slight sanguinolent discharges occasionally recurred, and these subsided entirely forty-eight hours or more before death, which occurred from nervous exhaustion, following the excessive excitement of the system. There were
many other cases (where a single prescription relieved the Dysentery) that required no visiting or attention, of which I made no note."

"P. S. In addition to the above, there occurred thirty-five cases during the spring and summer in the Judson Institute, which did not come under my immediate care, yet were treated with salines according to my directions—all of which recovered."

Here follows the table referred to by Dr. England:

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<th>Months</th>
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<td><strong>80</strong></td>
<td><strong>79</strong></td>
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Under date of August 12th, 1851, Dr. Bryant encloses me the following statement, arranged in a tabular form. He remarks: Agreeable to your request I send you the above list of cases of Dysentery, treated by myself during the present year."


| March 2     | 2     | 0          | 1   |
| April 12    | 12    | 0          | 4   |
| May 22      | 22    | 0          | 15  |
| June 24     | 24    | 0          | 14  |
| July 14     | 14    | 0          | 8   |
| August 8    | 8     | 0          | 5   |
| **Total**   | **82**|            |     |

I have Dr. Bryant's authority for saying, that with the exception of a single case, otherwise treated, these were all managed, with the highest degree of satisfaction to himself, by the use of Salines and Opiates. In the latter part of the epidemic he sometimes used Sup. Tart. Potass in the more protracted cases, with decided benefit.

These gentlemen here cited will bear me out in saying, that Calomel given to relieve the portal circulation excites a free gush of bile, which is, to use Dr. Johnson's language, like so much boiling lead, throws the irritable intestines into painful contortions, and then the torments and tenesmus are intolerable;" and hence, like myself, they abandoned its use for the Salines, which produced a gentle action on the liver and copious...
discharges from the bowels, quieting for a time all distress like a charm. The bile in these discharges was blunted by the quantity of fluid with which it was mingled.—[N. O. Med. and Surg. Journal.

Practical Observations on Tetanus. By V. H. Fugate, M. D., of Mississippi.

Dear Sir,—In the July No. for 1852 of your Journal, on page 87, I notice the following remark: "We are rather disposed to give the credit of the cure to the judicious regimen adopted by the physician, and to the lapse of time—*it being well understood* that this formidable disease is but little influenced by the most enlightened medication," etc. From the above remark I am induced to ask your indulgence while I detail a few cases (from my scrap-book) of Traumatic Tetanus, that have occurred in my practice.

First. Negro boy, aged about 15 years, had the balls of his first and second finger slightly split with the teeth of the ginsaw. No inconvenience resulted until the sixth day, when he was violently attacked with painful muscular rigidity and tetricanic spasm of a general character, as I learned from his master.

Saw him on the seventh day (at night) after the accident; found him perfectly inflexible at every joint; could bend no joint; pulse quickened; surface warm; wounds on the fingers healed and dry; spasms frequent and severe, returning as often as one per minute, when undisturbed, though the slightest touch, the softest breeze, the least noise induced the spasms at any instant, always accompanied with a fearful and suppressed scream—his jaws being firmly locked. I applied a blister to the ends of his fingers; a batch of carded cotton from the nape to the sacrum, wet with turpentine, to which I applied a lighted torch, blistering him the whole length of the spine in an instant; gave him as much as a grain of Morphine, and ordered that as much good French brandy as he could be induced to swallow should be forced down him, with one grain of Morphine every hour, until some change obtained.

On my arrival next morning, twelve hours from the time I left him, no change had taken place, except that I could bend his knees slightly; the spasms less violent, though quite as frequent. He had had taken twelve grains of morphine, and more than a pint of brandy. I now ordered that the brandy and Morphine be continued night and day, with the addition of 20
grains of Quinine three times a day, dissolved in the brandy, and that all the strong beef tea that he could swallow or retain by injection, be allowed him.

On my next visit the ensuing day, I was astonished at the amount of Morphine and brandy consumed, and rejoiced to find an abatement of all the symptoms. I continued this course for four days, without any variation, except as the symptoms continued to abate, the amount of dose was correspondingly diminished, and the time between doses increased.

I neglected to mention, that on the second day, after I saw him, he drank a quart of brandy. I saw him three days after almost entirely relieved; dismissed him; brandy and Morphine were continued three times a day for several days, however. The boy recovered rapidly.

Second Case. Negro woman, aged 50, fell in the fire and burnt her hand. When the ulcer was quite healed, she took general tetanus, assuming on the second day Opisthotonos. The spasms were violent, frequent and general; jaws so locked that I had difficulty in getting her to swallow anything. I treated her alone with whiskey, Morphine, laudanum and beef tea, as in the former case, that is, forcing down as much as possible. She recovered in two weeks and three days.

Third Case. Child, aged 11 years. Clothes caught on fire, burning nearly the whole surface; two weeks after the ulcers nearly healed, tetanic spasms made their appearance.

I saw her seven days after I had dismissed the treatment of her burns, in the most aggravated form of general tetanus, truly distressing, from her emaciated condition. I put her under the influence of Chloroform, which lasted half an hour. I then gave her a large dose of Morphine, ordering her to have as much brandy and Morphine as she could bear or swallow.

I repeated the Chloroform next morning, with entire relaxation as before, which, however, did not last long, the spasms returning in an hour, though much milder at first, and gradually increasing in severity and frequency.

After this I continued as before to prescribe brandy, Morphine and Quinine, with the most nutritious diet, for five days. Pronounced her cured.

Fourth Case. Negro boy, frost bit toes. Ulcers became dry; Tetanus supervened.

I saw him four days after he had spasms first; could bend no joint; took him by the head and set him up on end like a log; could not get one drop of anything down him; having, when undisturbed, two spasms per minute.

I gave him an enema of Chloroform and Camphor, and presently applied the Chloroform sponge to his nostrils, containing
3 ii, gradually approaching it nearer and nearer, until I embraced his mouth and nose with the sponge; in three minutes he was as flexible as a string, and breathing stertorously. This condition continued five minutes, when on puncturing his ear he opened his eyes. I gave him two grains of Morphine in this relaxed condition. The spasms returned slightly during the day.

Next morning put him under the influence of Chloroform again; continued Morphine and brandy several days, as in the former cases; he recovered rapidly.

I have treated several others in the same way. What say you?

Answer—Mayhap the cases recovered in spite of the Doctor's heroic doses. Ed.—[Ibid.

On the Influence exerted by Chronic Diseases upon the Composition of the Blood. By MM. Becquerel and Rodier.

The following are the conclusions of a paper recently read at the Académie des Sciences, detailing the results of MM. Becquerel and Rodier's latest haematological researches:—1. The majority of chronic diseases and various anti-hygienic circumstances induce an increase or diminution in the three principal elements of the blood—the globules, the fibrine, and the albumen, and this either separately or simultaneously. 2. The globules undergo diminution in the course of most chronic diseases of long duration, and especially in organic diseases of the heart, the chronic form of Bright's disease, chlorosis, marsh cachexia, hæmorrhages, hæmorrhoidal flux, excessive blood-letting, the last stages of tubercular disease, and the cancerous diathesis. The same result is observed in those whose food is not sufficient in quantity or reparative power, or who are exposed to insufficient aération, humidity, darkness, &c. 3. The albumen of the serum of the blood is diminished in quantity in the third stage of heart-disease, great symptomatic anaemia, the cancerous diathesis, and insufficient alimentation. 4. The fibrine is maintained at its normal proportion, and sometimes increased, in acute scorbutus. It is diminished in chronic scorbutus, as also in the scorbatic condition symptomatic of certain chronic diseases, which is most often and most markedly observed in organic diseases of the heart. 5. In all the above-mentioned circumstances, the quantity of water contained in the blood becomes very considerably increased. 6. A diminution of the proportion of globules is especially accompanied by the following phenomena: a colourless state of the skin,
palpitations, dyspnœa, a bruit de soufflet heard at the base of the heart during the first sound, an intermittent bruit de soufflet in the carotids, and a continuous bruit in the jugulars. 7. The diminution of the proportion of albumen, even though not very considerable, when it takes place in an acute manner, rapidly gives rise to the production of dropsy, but it requires to be much more considerable when not appearing in the acute form. Considered in a general manner, dropsy is the symptomatic characteristic of a diminished proportion of the albumen of the blood. 8. A diminished proportion of fibrine is manifested by the production of cutaneous or mucous hæmorrhages. 9. In anæmia, symptomatic of considerable hæmorrhage or insufficient alimentation, the change in the blood is characterized by a diminution of its density, an increase of the water, diminution of globules, a maintenance of the normal proportion or sometimes a slight diminution of the albumen, and a normal proportion of fibrine. 10. In chlorosis, which is an entirely distinct affection from anæmia, there may be no changes in the blood whatever. When such are present, they consist in a diminution of the proportion of globules, an increase of that of the water, and the normal quantity or an increase of fibrine 11. In the acute form of Bright's disease the fibrine continues normal, and the albumen is diminished. In the chronic form there is a diminution of globules and albumen, and sometimes of fibrine. 12. Most of the dropsies regarded as essential depend upon a diminution of the proportion of albumen; and usually originate in a material cause, consisting in a degeneration of the solid or fluid parts of the economy. 13. In diseases of the heart the blood becomes more and more changed, as they approach the fatal termination. The changes consist in the simultaneous diminution of globules, fibrine, and albumen, and an increase of water. 14. In acute scorbutus, the principles of the blood do not undergo any appreciable modification. In the chronic form the fibrine is notably diminished, while the globules are sometimes considerably increased. In both forms, the increase of the proportion of the soda of the blood explains all the circumstances; but it has not yet been demonstrated. 15. The above modifications should influence our therapeutical management of these different morbid conditions, as each element of the blood is susceptible of special modification. Thus, when the proportion of albumen is diminished, we prescribe cinchona, and a tonic strengthening diet. A diminution of fibrine and an increase of the soda of the blood are to be met by good diet, vegetable acids, and appropriate hygiène; and by hygienic measures and the exhibition of iron, we combat the diminution of globules.—[L'Union Médicale. British and Foreign Med. Chir. Rev.

M. Herard terminates a recent memoir with the following conclusions:—1. All acute diseases exert a pretty similar effect on menstruation. 2. This influence varies accordingly as the disease becomes developed during a menstrual epoch, or during an interval. 3. In the first of these cases the menses are usually suppressed completely or incompletely, when they may re-appear after some hours or days, though usually in diminished quantity. The patients regard the suppression as being the cause of the febrile disease, although the contrary is the fact: and even in the case of acute febrile disease becoming manifested after suppression, we must regard it as a consequence of the chill that has produced this. 4. When an acute febrile disease is developed in the interval, if the next epoch is near at hand, so that the fever continues to it, the menstruation is favoured by the increased haemorrhagic congestion of the uterus and ovaries. 5. The menses are usually absent or notably diminished in quantity, at the periods which occur during the decline of a disease, or in convalescence. This secondary amenorrhoea, though sometimes persistent, usually only continues for one to three months. 6. The menstrual eruption in nowise predisposes to disease. 7. Menstruation exerts no appreciable influence on the issue of acute febrile affections. The progress and termination of these are the same, whether the discharge appears or not, whether it is increased or diminished in quantity, is earlier or later in appearance, or whether this takes place at the beginning or end of the affection. 8. In treating acute febrile affections, it is the condition of the disease that must engage our attention; for it is rare that any special therapeutical indication is derivable from the state of the menses; and we must act absolutely in the same way if the menses are on the point of appearing, or are expected, as if they were not so. 9. Bloodletting does not, in general, prevent their appearance or continuance. 10. The sudden suppression of the menses by the development of an acute febrile disease, or amenorrhoea consecutive to such disease, does not, in general, call for any special treatment.—[Ibid.]


M. Grisolle, in reporting to the Academy of Medicine upon a memoir presented by M. Dubreuilh, observes, that the views
he formerly expressed* have only obtained additional confirmation. In none of the thirteen cases related by M. Dubreuilh, or in the thirty-five now collected by M. Grisolle, has the power formerly vaguely attributed to pregnancy of staying the progress of phthisis, been observed. In some cases, indeed, it seems to have played the part of determining cause, and in others to have aggravated the condition. According to M. Grisolle's observation, cases in which the first symptoms of phthisis are developed at an early period of pregnancy, and amidst a state of health otherwise satisfactory, are more common than those in which the pregnancy is consecutive to the early appearance of the organic disease. Both observers are, indeed, of opinion that phthisical women conceive with difficulty; and M. Delafond assured the reporter that cows, even at an early period of the disease, usually remained sterile, even though they continued fully alive to the attentions of the bull. He added, also, that in such as did conceive, abortion was common about the fifth or sixth month; while in such as went their full time, the progress of the disease was in nowise modified. In M. Grisolle's former papers he stated that pregnancy, in his cases, so far from retarding, hastened the progress of phthisis; and although the rate was found to be somewhat slow in M. Dubreuilh's cases, this probably arose from their having occurred in private practice, while M. Grisolle's were all hospital patients. Both sets of cases, however, amply disprove the suspending power of pregnancy; and M. P. Dubois' experience has long since led him to a similar conclusion. Phthisis which has appeared at an early period of pregnancy pursues a constantly onward course; and if improvement is to take place at all, it never does so until after delivery. It is rare for phthisis thus complicated to present those intermissions or sudden suspensions of progress sometimes met with in ordinary phthisis. The children brought forth by phthisical mothers, though usually small, are plump and well-looking to an extent that would not, a priori, be expected from persons suffering from so exhausting a disease.

M. Dubreuilh expresses a theoretical opinion in favor of the prevalent belief that the progress of phthisis is hastened by delivery, but his facts are against him; and so complete is the suspension of the disease sometimes, that delusive hopes of cure are entertained.

In regard to the influence of phthisis on pregnancy, both observers are agreed that such patients ordinarily go their full time; which must be regarded as a remarkable fact, when it is

considered that more than one-half the pregnant women attacked by pneumonia, abort. Both also find that these women usually have very easy labours—a fact due to the smaller size of the child and the relaxed state of the tissues. Both, too, consider that the attempt to suckle exerts the most disastrous influence upon both mother and child.—[Bulletin de l'Acad. Rev. Med. Ibid.


Since 1825, M. Guillot has been tracing out the history of certain cases of phthisis, in order to illustrate the laws which regulate the hereditary transmission of this disease. He follows the history of the family-line, in order to ascertain whether this does not, by successive degradation, become exhausted and extinguished. He refers to the case of a man who died of phthisis, aged 66. Before the age of 48 all his four children died of the same disease; all had children, but the third generation did not survive the period of the first dentition, all being carried off either by pneumonia supervening on tubercle, or by tubercular meningitis. In another example, a grandfather died of phthisis. One of his daughters also died of it at 30. The other daughter is still living, but three of her children have died either of tubercular pneumonia or meningitis. The general conclusion is, that in proportion as phthisis descends in the genealogical scale, its manifestation takes place at an earlier period of life. A child will therefore run greater chance of falling a victim to the consequences of the numerous accidents of a tubercular affection, in proportion as the phthisical parents who have given birth to it have not attained advanced age. In a diagnostical point of view, then, the existence of tubercular disease in the offspring while yet young, offers a very strong presumption of phthisis. The practical importance of this is especially evident in pneumonia, so common is it to find tubercles of the lungs in the bronchial glands, masked by the signs of this affection.—[L'Union Medicale. Ibid.

On Measles as observed in Idiot Children. By M. Delasiauve.

The remark has been frequently made, that in certain classes of the insane, incidental diseases exhibit a severity which is not usually observed in persons in the possession of their faculties. Exactly the contrary to this has been, it is true, maintained by some, and a supposed immunity asserted. Georget
and Esquirol, however, have shown that insanity disposes the subjects of it to be more severely affected than are others by ordinary diseases; and Ferrus especially points out dementia and idiocy as unfavourable conditions in this point of view. M. Thore, also, in a special essay on the subject, adopts the same view. M. Delasiauve deduces the same conclusion from the opportunities he has had of observing epidemics of measles at the Bicêtre. The children of the employes of the establishment were recently attacked in great numbers, and from these the disease was communicated to the idiot and epileptic children. While among the former the eruption pursued a normal and favourable course, anomalous conditions complicated it among the latter, and very often rendered it fatal. In different epidemics, there has been observed a predominance of some one of these, such as engorgement of the lungs, of the brain, or the parotid, œdema, &c. Violent diarrhœa was the especial characteristic of the present one. Besides this, however, in six out of eight cases, occurring in one section, asphyxia from bronchitis occurred, endangering the lives of the whole, and terminating fatally in two.—[Annales Med. Psychol. Ibid.]

On the Cause and Diagnostic Value of Muscaæ Volitantes.

By M. Tavignot.

M. Tavignot assigns as the cause of this phenomenon, the passage of the luminous rays through a very circumscribed spot of the semi-transparent tissue of the iris, which has become deprived of its pigmentary matter—a fissure in the uvea. This theory explains: 1st. Why the muscaæ are placed near the visual axis, but always on one side of it; 2d. It explains the fact of their disappearance in obscure light, and their especial distinctness in a bright one, which induces the contraction of the pupil, and the enlargement of the aperture in the uvea; 3rd. Also their varied form, according to the different action of light upon the eye, and the effect of this upon the size of the fissure; 4th. It explains their appearance after sudden movement of the eyes upwards, which is always accompanied by a contractile oscillation of the iris, as also their diminution or disappearance as the pupil enlarges.

If this theory be sound, the muscaæ ought to disappear when the pupil is dilated by belladonna; and M. Tavignot declares that his experiments have convinced him that they do disappear in proportion as artificial mydriasis is thus produced, and that they return again with the returning motions of the iris. It is to be borne in mind that these remarks are referrible only to essential muscaæ volitantes; M. Tavignot intending to show
hereafter, that in the sympathetic form (as in glaucoma) an altered condition of the texture of the iris explains the appearance, and adds confirmation to the above view.

Artificial dilatation of the pupil enables us to decide whether we have to do with muscae volitantes, properly so called, or with the spots known as scotomata, which are found in partial opacities of the cornea, and in incipient cataract; for while the muscae volitantes disappear on the production of the mydriasis, the scotomata persist, and even become more distinct.—[Gaz. dés Hop. Ibid.]


The following are the conclusions with which M. Devilliers terminates a memoir upon this subject:—1. A pregnant woman usually supports mercurial treatment pretty well during the first half of pregnancy, and even from the first week. 2. Any injurious effects that may occur during this period, seem principally to depend upon a want of tolerance in the digestive organs, and consequent nervous irritability. 3. The fetus is more sensitive to the effects of syphilis, and to the action of specific remedies, in proportion as it approaches the perfection necessary for extra-uterine life. 4. In the application of treatment, the following circumstances in relation to the progress of syphilitic disease in pregnant women should be borne in mind—viz. (a.) The condition of conception may excite the external manifestation of symptoms which, for a greater or less period, had remained dormant. (b.) The symptoms frequently exhibit oscillations during pregnancy, and have an especial tendency to re-appear about the sixth, seventh, or eighth month. (c.) They generally disappear spontaneously, and rather quickly after delivery. 5. Palliatives for primary symptoms in the early months are useless, and a radical treatment should at once be resorted to. It is still more urgent to treat without delay any secondary or tertiary symptoms that may be present. 6. Active treatment undertaken or re-commenced towards the latter part of pregnancy—i.e. the period when abortion from syphilis is most likely to occur—requires greater precautions to be observed than during the early period. 7. When the treatment during the first half of pregnancy has not been completely interrupted, or has been so only for a short time, its resumption on the re-appearance of symptoms during the latter period exposes both mother and child to less chance of accidents. 8. Treatment should not be discontinued too quickly after the disappearance of the symptoms, but persevered with in very small
On Edible Earths. 9. The treatment seems to be well borne both by mother and child at all periods of gestation, in proportion to the complicated and aggravated condition of the syphilitic accidents. 10. The syphilitic symptoms, whether primary or secondary, which are manifested during the latter weeks of pregnancy, require general as well as local treatment. The child is then more amenable to treatment, if this be required after birth. 11. We must not wait too long after delivery, to commence or resume treatment, deceived by the decrease of the symptoms so common at that period. If the child, suckled by the mother, exhibits any mark of syphilis, we must not wait later than the eighth or tenth day. 12. In the early period of pregnancy, internal mercurial treatment is often ill borne. This is less frequently the case in the middle and later periods. In the former, inunction should be resorted to.

M. Gibert, commenting upon the above essay, likewise says that the ill effects which several practitioners have observed to result from the administration of mercury in syphilitic women, have arisen from their giving it internally. It frequently excites vomiting and colics in the fourth and fifth months; and mercurial frictions are infinitely preferable. Abortion from syphilis ordinarily occurs after the fourth or fifth month; whence, if treatment is to be preventive, it must be commenced early.—[Bull. de l'Acad. Bull. de Therap. Ibid.

On Edible Earths. By Ehrenberg.

Various kinds of edible earths were known in China in very ancient times, and it may be presumed, that many of them are mixed or pure tripolitan fresh water bioliths—i.e. species of earths or stones, the elements of which consist chiefly of remnants of microscopic living beings. In the year 1839, Biot read before the Academy of Sciences in Paris a treatise, containing everything that was then known on this subject, to which his son, the oriental linguist, Biot, furnished translations from Chinese and Japanese works. From Schott in Berlin, Professor Ehrenberg obtained in addition the following information taken from Chinese sources. The first mention of edible earth dates from the year 744 after Christ, and is contained in the Chinese work Pen-tsao-kang-mu, where it is called Schi-miān, Stonebread, or Mi-ānschi, Breadstone; the article in the Japanese "Encyclopædia," which Biot has translated, is taken from this work. The Pen-tsao says, according to Schott, that stones contain several substances which are edible, especially a yellow meal and a fatty liquid, which is contained in the white Yū,
(a stone,) and is, therefore, called the fat, marrow, or mucilage of the white Yü. An earthy substance, prolonging life, and called Schi-nas, is found in the very smooth stone Hoa-shi, which is supposed to be Steatite, and may, perhaps, be decomposed Steatite. The Schi-miän is only used as a substitute for bread in times of scarcity, when it is miraculously found in different localities, as is believed. The imperial annals of the Chinese have always religiously noticed its appearance, but have never given any description of the substance. The Pentsao quotes, under the emperor Hiuan Tsung, of the great dynasty Tàng, in the third year Tiän-pao (744 after Christ) a spring in Wujin (now Liang-tschen-fu, in the province Kan-su) which ejected stories, that could be prepared into bread, and were gathered and consumed by the poor. (Schott.)

Under the emperor Hian-Tsung, of the same dynasty, in the ninth year of the period Yüen-ho (809 after Christ) the stones became soft and turned into bread. (Biot.)

Under the emperor Tschin-Tsung, of the dynasty Sung, in the fifth year of the period Ta-tschang-Tsiang-fu (1012 after Christ) in the fourth month, there was a famine in Tsy-tschen (now Ki-tschen in Ping-Yang-fu, in the province Schan-si,) when the mountains of Hiang-ning, a district of the third rank in the same part, produced a mineral fat (Stonefat) resembling a dough, of which cakes could be made. (Schott.)

Under Jin-Tsung, in the seventh year of the period Kia-yeu (1062) stone meal was found. (Biot.)

Under Tshi-Tsung, in the third year of the period Yuen-fong (1080) the stones turned into meal. All these kinds of stone-meal were collected and consumed by the poor. (Biot.)

Very recently, in the year 1831 to 1834, similar kinds of earth have been found in China, and were used as food during the great famine, as has been reported by the Chinese missionary, Mathieu Ly, who resides in the province Kiany-si. In the year 1834, he writes:—"Many of our Christians will surely die this year from starvation. The Almighty alone can aid them in such great distress. All harvests have been destroyed by the floods. For three years a large number of persons have lived upon the bark of an indigenous tree; others have eaten a light white earth which has been discovered in a mountain. It can only be obtained for silver, and not every one can, therefore, procure it. The people have first sold their wives, then their children, then their furniture, at last they have pulled down their houses and sold the wood. Many of them were, four years ago, wealthy men." The missionary, Rameaux, also reported in 1834, from the province Hu-kuang, that many Chinese Christians have sent for him to administer to them the last
sacrament, and foreseeing the hour when they were to die from starvation, actually died at that very time. The very dense population and industry which necessarily takes possession of everything, are, in cases of earthquakes and deluges, the cause of these circumstances in China.

The districts where stone-bread has been found are the northern province of Schan-si, the east provinces of Schan-tong and Kiang-nan, on the mouth of the Yellow river (Huang-hu), the provinces Hu-kuang and Kiang-si, in the valley of the Blue river (Yantsekiang). It is very desirable to know the masses, localities, extent of occurrence of these earths, as well as their geognostic character. The analysis of the two kinds, which the author has obtained, renders it very probable that all similar substances belong to antediluvian deposits, some of which are very probably tripolitan, fresh water bioliths of infusoria, while others appear to be clay mixtures or real clays. (Lettens.)

A. White Edible Earth of 1834, from China.—The author obtained in the year 1841, by Humboldt, from Paris, a sample of the edible white earth, sent to Paris by the French missionary in China. One of the two pieces measured two inches in diameter, the other one inch. It has a white colour, similar to chalk, but is as light as Kieselguhr or Meerschaum, is somewhat fatty to the touch, not soiling the fingers, but very brittle. The pieces having been broken in those directions which were indicated by a previous crack, some of the internal surfaces had a rusty colour, but only superficially. Acids caused no effervescence. According to the analysis, this earth is merely silicate of alumina, the peculiar lightness of which is striking. If heated, it assumes a gray colour. In fifteen samples no organic mixture could be discovered by microscopic examination, which latter shows also no similarity between this substance and Meerschaum; there is also an entire absence of magnesia. This earth has much resemblance to lithomarge-like Kaolin, but its lightness and the different form of the microscopic parts admit no identity between them. Irregular, mostly globular bodies of various sizes, with soft obtuse outlines, compose the whole mass. Perhaps it is a deposit of a precipitate from hot siliceous waters.

From the blackish mould left in the impressions of the smoothly scraped natural surface, it is obvious that the fossil has not been taken out from the midst of rocks, but was dug out from a black mould. Analysis have shown eighteen different microscopic forms, which are enumerated in the 294th analysis of the micrologeographical researches of the author.

B. Yellow Edible Earth from China.—In the year 1847, the author obtained from one of the great geological collections in...
London a small sample of this earth, which from a gray passes almost into a sulphur-yellow. It resembles a very fine clay, does not soil the fingers, but is brittle, and shapeable when moistened. Acids produce no effervescence, and when heated it becomes first black, then somewhat redish. Its microscopic elements are a rather coarse, double refracting, mostly quartz sand, surrounded by a somewhat finer mould. Intermixed are isolated, small green and white crystals, mica, and Phytolitharia, with now and then traces of Polygastric shells and silicious casts of stone kernels of Polythalamia. In ten analytical examinations were found fourteen forms: one Polygaster, nine Phytolitharia, one Polythalamium, and three crystals. The substance is therefore, according to this, a loamy or clayey substance. All the Phytolitharia contained in it are in a corroded porous state, just as they occur in antediluvian tertiary layers. The presence of Polythalamia, and in particular of Textilaria globulosa in a stratum, very likely of the interior continent, indicates chalk formations in the vicinity of the place, or at least in the aquatic district of the river. This appears to prove that the clay similar to the edible Tanah ambo in Java, which it very much resembles, is a tertiary fresh-water formation in the modern sense of geognosy, incumbent on chalk, or mixed with fragments of chalk. The forms occurring in it are:—

1. Polygastria: *Trachelomonas laevis.*
4. Inorganic forms: green crystalline prisms, white crystalline prisms, plates of mica.

The sum of the discovered species is eleven organic forms and three inorganic ones; among which are ten fresh-water formations and one marine formation, Textilaria.—[Pharm. Central Blatt and Phar. Jour. Canada Med. Journal.

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**Chloroform Ointment for Hemicrania and Neuralgia.**

M. Cazenave, of Bordeaux, recommends the above ointment, which is prepared as follows: Pure chloroform, three drachms; cyanide of potassium, two drachms and a half; axunge, two ounces; add a sufficient quantity of white wax to make an ointment of the usual consistence.—[Lancet.
**Miscellany.**

**Deaths by Chloroform and Ether.**—We know not whether it be from the increased use of anaesthetics, from negligence engendered by their frequent administration, or from the manufacture of impure articles, that their fatality has became so common, but it is quite obvious that the profession is not sufficiently awake to the hazard attending their indiscriminate use. Scarce a month has elapsed during the present year, in which the medical press has not recorded one or more deaths from chloroform or ether; and in most of the cases the operations for which they were administered were comparatively trivial—the extraction of teeth, for example. We would not censure nor repress the laudable desire to mitigate human suffering, but we feel it a duty to take a stand against the rashness that would resort to means, the danger of which is altogether disproportioned to the necessity of relief.

It is true that chloroform has been administered to thousands of parturient women with almost uniform immunity from its bad effects. This is easily accounted for when we reflect upon the circumstances and mode of administration. The parturient woman who inhales it, does so with a free will, without reluctance; (for if she objected, no one would urge it upon her); she takes it to subdue pain she already suffers, not to make her unconscious of mutilation; she has probably taken no food for several hours; she is in the horizontal position; she inhales it very gradually and rarely takes more than enough to induce an agreeable state of intoxication and partial insensibility.

The circumstances are very different in cases to be prepared for surgical operations. The idea alone of an operation carries terror with it; chloroform is proposed, but the patient is afraid that he may not get enough to make him entirely insensible before the knife is plunged into his flesh, or that he may take too much and die. Even if you satisfy him that he will neither feel the pain nor be killed, he cannot be reconciled to being mangled whilst asleep. The consequence is that in the great majority of such cases, the handkerchief or sponge has to be held forcibly to the nostrils of the patient, whose struggles to remove it increase with his intoxication, until he falls back in a comatose state, not unfrequently preceded by convulsive movements. The wonder is that there are not more accidents under such circumstances.

We find the journals teeming with precepts for the safe administration of anaesthetics. We are admonished not to resort to them if the
patient be disposed to affections of the brain, heart, lungs, &c., and yet death has usually occurred when these precautions were observed, and when there seemed to be no reason to apprehend it. We believe that by far the most important precepts, are: never to administer them in any other than the horizontal position; nor to persons in whom syncope may be easily induced, as nervous and hysterical females or anemic individuals; nor to persons who are afraid of their effects; nor shortly after a meal. We believe that syncope is most commonly the immediate cause of the mischief—for with the sensibilities blunted by the remedy, it is then extremely difficult to produce the impressions and actions necessary to restoration. The horizontal position is the best protection against syncope, and it is to the neglect of this precaution we attribute the numerous deaths in the hands of dentists. With regard to repletion of the stomach, its danger is to be found in the fact, that vomiting is frequently induced by the anaesthetics, and that the insensibility of the patient then favors suffocation by allowing the food to pass into the trachea, or to obstruct the larynx. The patient should be immediately turned upon his side with his head down, if he attempts to vomit.

In speaking as we do, we trust that we will not be understood as opposing the use of so great and valuable a boon, whenever the importance of the case may require it. We repeat that we desire simply to lend our aid in repressing its indiscriminate use, until its administration may be so regulated as to lessen the risk of fatal consequences.

Influence of Climate upon Consumption.—The value of a removal to the south, of persons affected in the northern states with consumption, has been heretofore very generally admitted; but it is now asked whether much, if any, advantage is to be derived from spending merely the winter months at the south and returning to the north in the spring—and it is added that if a temperate atmosphere be all that is needed, this may be obtained in New England by means of a well regulated system of artificial heat. We believe it to be an error to suppose that the southern states owe their immunity from phthisis pulmonalis alone to the mildness of their winters. If such were the fact, all temperate climates ought to be equally exempt, and all cold latitudes alike unfavorable. Yet phthisis is much more common upon the seacoast and in the mountainous districts of the southern states than at intermediate points, and it is comparatively rare in the northern portions of Canada and Russia, whilst it makes frightful havoc in milder England, France and our northern states.
That a temporary sojourn in the southern states is advantageous, we doubt not; but that a permanent residence here is still more so, we feel quite certain. Every practitioner of experience and who is acquainted with the means of accurately determining the state of the lungs, must have often observed how wonderfully large abscesses will heal here, which would have certainly proved fatal in a less genial clime. The writer knows persons in this state who had tubercular abscesses as long as twenty years ago, which healed kindly and have left them ever since in the enjoyment of apparently good health. That all are not equally fortunate is too true; yet we feel assured that it is only by remaining in the south, both summer and winter, sufficiently long to acquire the peculiarities of a southern constitution, that lasting benefit may be expected. The best locations are obviously those in which the disease *originates* most rarely, and these are unquestionably to be found midway between the mountains and sea-board.

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*Records of Maculated, or Ship Fever, with suggestions of treatment:* being the result of a series of observations made during the prevalence of this disease at South-Boston and Deer-Island Hospitals in 1847-48—with Plates. By J. P. Upham, M. D. 1852.

*Clinical Reports on Continued Fever, based on an analysis of 164 cases:* with remarks on the management of Continued fever; the identity of Typhus and Typhoid fever; Relapsing fever; Diagnosis &c.—to which is added a memoir on the transportation and diffusion by contagion, of Typhoid fever, as exemplified in the occurrence of the disease at N. Boston, Erie Co., N. Y. By Austin Flint, M. D., Professor, &c., in University of Buffalo, &c. 1852.

The publication of works upon Typhus and Typhoid fevers at this time is quite opportune, as the extension of continued fevers into portions of the Southern States hitherto exempted from them, makes it very important that they be thoroughly understood. The interest felt upon the subject by the profession at the South is manifested by the great number of communications, on "Typhoid Fever," received and published by our periodicals, and although they all evince a spirit of inquiry that cannot be too highly commended, some of them bear unequivocal evidence of a deficiency of accurate information, both in regard to diagnosis and treatment.

The works before us are not such as most persons like to read, because they are dry statements of facts—yet they are just the kind that every man ought to read who wishes to become thoroughly acquainted with disease. They are Clinical Reports—drawn up at the bed-side;
and whose powers of description can ever equal those of nature? A few clinical reports of any disease will convey a better idea of it than the most laboured and skilful description framed in the closet. We need more clinical reports in our country; it is only by these that we can establish any valuable comparison between the diseases of America and those of the old world; it is by these alone that we can effectually study their natural history and treatment. The desire for short roads to knowledge as well as to geographical points, so characteristic of our people, has induced the translators of some of the most valuable European works to mutilate them by leaving out all their clinical cases, the very materials upon which the works were based. Who, for instance, would recognize the great monument of Laennec’s genius and industry in the miserable skeleton presented by the translation. Two large volumes, full of facts, cut down to a thin octavo “to suit the market!”

In conclusion, we beg leave to recommend the works of Dr. Upham and Prof. Flint—especially the latter.

_The Transactions of the third annual meeting of the Medical Society of the State of Georgia, held in the City of Augusta, April, 1852._

We congratulate the Medical Society of the State of Georgia upon the publication of so creditable a contribution to Science. The work before us contains one hundred pages, and should be regarded as an earnest of still better things, when the organization will include a larger number of members. The following are its contents:—Minutes of Proceedings; Report on Empirical Remedies of R. Campbell, M. D.; Report upon Surgery by H. F. Campbell, M. D.; Report on the Diseases of Perry (Houston Co.) by G. F. Cooper, M. D.; Report on the Diseases of Roswell (Cobb Co.) by W. N. King, M. D.; Report of cases of Urinary Calculus by P. F. Eve, M. D.; Observations upon the use of certain new remedies by L. A. Dugas, M. D.; Address before the Society by H. F. Campbell, M. D.; Catalogue of officers and members.

The Report on Empirical Remedies will attract attention, both from its intrinsic merits and from its fearless denunciation of Charlatanism and its abettors. But what avails the shaft hurled by virtuous indignation at an evil which derives its very origin and sustenance from the peculiar nature of the human mind!—unless we could blot _credulity_ and _cupidity_ from the psychological chart, how are we to get rid of dupes and knaves! It is in vain that we expose one species of imposture, for, phoenix-like, another will arise from its ashes.
The Report upon Surgery is a faithful exposé of what was done in this department during the preceding year in Georgia. Its matter is judiciously arranged under the three heads of surgical injuries and pathology; surgical operations; and surgical medicine or treatment nearly all the facts, we are proud to say, are derived from the pages of the Southern Medical and Surgical Journal. It is gratifying to find that, with very few exceptions, the physicians of Georgia have evinced their State pride by making their publications in the medical periodical of their own State. The following is a list of the writers whose contributions are noticed in this Report. — F. T. Matthews, L. A. Dugas, H. Rossignol, H. F. Campbell, D. C. O’Keeffe, C. T. Quintard, P. F. Eve, R. Campbell, H. V. M. Miller, W. H. King, H. M. Jeter, J. Harriss, W. N. King, J. S. Wilson, W. W. Haws, A. C. Hart.

The Report of Dr. G. F. Cooper is admirably drawn up, and may serve as a model for works of the kind. That of Dr. W. N. King is also very good, but not as extensive and minute. We hope to find such documents multiplied. We regret that our space will not permit us to reproduce, at present, any of the papers contained in these Transactions, but may do so hereafter. Dr. H. F. Campbell’s Address on “The Difficulties and Privileges of the Medical Profession,” is a very chaste and creditable production.

We would take occasion to direct attention to the following extract from the minutes: “Resolved, that the Transactions of this Society, when published, be withheld from such members as may fail to remit their assessment to the Treasurer, Dr. R. C. Black, at Augusta.” We understand that there are several delinquents, who have, doubtless, forgotten the passage of this resolution.

*God in Disease, or the Manifestations of Design in morbid phenomena.*

By James F. Duncan, M. D., Physician to Dunn’s Hospital, Dublin. Philadelphia: Lindsay & Blakiston. 1852.

This is a neat little duodecimo of about 230 pages, the contents of which are divided into twelve chapters bearing the following titles:—

1. On disease, as depending upon an active and intelligent cause; on the nature of the design which disease is intended to accomplish; on the existence of disease in general as affording evidence of design; on the varieties of disease as affording evidence of design; on the pain of disease as affording evidence of design; on the modifications of pain as affording evidence of design; on some other symptoms of disease as affording evidence of design; on processes of preservation in disease; on processes of reparation; on processes of adaptation; on the phe-
nomina of disease as illustrating spiritual truths; on the conduct of
the physician as illustrating the dealings of God with His creatures;
conclusion.

These subjects are treated with clearness and in an easy style, en-
tirely free from pedantry as well as bigotry. An attentive perusal of
the work is calculated to dissipate many erroneous ideas, and to sub-
stitute for them the rational views of sound Christian philosophy. It
may be read with equal advantage by both patient and physician.

Hints to the People upon the Profession of Medicine. By Wm. M.
Wood, M. D. Surgeon U. S. Navy, Author of "Sketches of South
1852. 12mo. p. 67.

We have never seen a work better adapted to the purpose of cor-
recting popular errors with regard to the medical profession than this.
It should be procured by every physician and circulated among such
of his patrons as will not get it themselves.

The Transactions of the Medical Association of the State of Missouri,
at its second annual meeting. St. Louis, April, 1852.

This is decidedly one of the best productions emanating from the
State associations of this year. It contains an excellent Address by
the President, and able Reports, by Professors Pope and Pallen, upon
Surgery and Obstetrics, besides several other articles of general in-
terest. The Report of Dr. T. Reyburn upon the Domestic Adultera-
tion of Drugs and Liquors is especially deserving of attention.

The Transactions of the twenty-ninth annual meeting of the Medical
Society of Virginia, together with the President’s annual address and
the Constitution of the society. Richmond, 1852.

These Transactions consist of the minutes of proceedings—nothing
more. The Old Dominion must do better or it will lose caste.

Braithwaile’s Retrospect and Ranking’s Abstract have been receiv-
ed, and contain their usual amount of valuable information. They
are excellent works, but would be better if they contained more Ame-
rican matter.

Pumpkin seed for Tænia.—It appears that the use of pumpkin seed
in the treatment of Tænia did not originate in our country as was
thought by some, but that its efficacy was stated by Dr. Mongeny, up-
wards of thirty years ago in a French periodical, the "Journal Uni-
versel des Sciences Medicales." He used a paste composed of three
ounces and a half of fresh seed and double the quantity of Honey, given in three doses at intervals of an hour, and alleges that he thus almost invariably succeeded in expelling the worm in the course of the day.

So simple a remedy is well worthy of systematic trial. Perhaps it would be effectual in the removal of other intestinal worms.

Turpentine Frictions, &c., in Intermittent Fever.—Among the numerous remedies proposed for the purpose of dispensing with the use of quinine in the treatment of intermittent fevers, a French practitioner recommends frictions to the spine with spts. turpentine and chloroform, (3½ oz. of the former, and 3 j. of the latter,) an hour or two before the expected paroxysm. It is well known here that a few cups, or even a sinapism over the dorsal vertebrae will very often prevent the paroxysm. In cases of obstinate and recurring attacks of the disease, a fly blister to the same region has long since been regarded by us as one of the most effectual means of permanent relief.

Operation for Hare-lip — M. Guersant, the distinguished surgeon of the Children’s Hospital in Paris, has recently performed with success the operation for hare-lip upon an infant one day old.

Professor Liebig.—This celebrated chemist has left Giessen to take up his residence in Munich at the solicitation of the Bavarian government.

The Doctorate at the St. Louis University.— We perceive that the St. Louis University requires of candidates for the Doctorate, the following imitation of the Hippocratic pledge of old.

5th. And that he publicly assent to the following promise, prior to the conferring of the degree, viz:—

"You, A B., do solemnly promise that you will, to the utmost of your ability, exert your influence for promoting the welfare and respectability of the profession; that you will demean yourself honorably in the practice thereof; that you will not put forth any nostrum or secret method of cure, nor engage in any other species of quackery; and that you will not publish any matter or thing laudatory of yourself, or derogatory to the profession; and in the conferring of this degree, it is done with the express understanding that the Faculty reserve to themselves the right and privilege to revoke said degree whenever the promise here made shall be violated."

Remarkable Case of Precocity—Menstruation occurring at four years of age. By C. R. Kemper.—A servant girl, owned at this time by Mr. C. M. W., of our village, is the subject of a precocious
development of the female reproductive organs and appearance of the menses. The development of the general system in this girl, from a year old, was noticed to progress rapidly, till she attained her third year, when an increased size of the mammary glands was first observed, and, shortly after, there appeared the usual growth of hair on the pubes. When she was four years and one month old, her catamenia made their first appearance, and have continued regularly to return up to this date. She is now just entering her thirteenth year.

The development of the brain seems not to have kept pace with the physical growth, but she is possessed of a degree of intelligence usual for her age. She is much larger than an older sister, and has the appearance, from the breadth of the chest and pelvis, to be a fully developed woman.—[Stethoscope.

A Curious Philosophical Experiment.

CHARLESTON, August 25, 1852.

Gentlemen: I find the enclosed article in the New Orleans "Delta." It describes an experiment of such interest that I wish to bring the subject before the intelligent and philosophical readers of your journal. Whoever the writer may be, he has certainly proved his claim to whatever honors the French Academy may see fit to extend to M. Andraud. The latter gentleman is wrong; and his error is clearly detected, and the true experiment shown by the real discoverer, the clerical correspondent of the Delta.

The best manner of detecting the globules is with a lens; though the perforated hole shows an interesting spectacle. The iris of the eye is also superbly magnified and rendered beautifully visible with two lens, a small and a large one, placed five feet apart; the larger one directed to the moon or a lamp, and looking at it with the smaller (inch focus) placed close to the eye. Indeed, the experiments may be varied so as to produce the finest effects, at once novel and beautiful. Next to a telescopic view of the heavens, I know nothing in science so interesting and at the same time so simple as this "seeing the interior of the eye" with the eye itself. The Rector of St. John's parsonage has conferred a philosophical treat upon experimenters in physical science by his discovery. Trusting that my friend, the editor of Le Courrier des Etats Unis, will notice the article which I have sent you, by giving the extract an insertion, I remain gentlemen, yours respectfully,

Beaufort.

[From the New Orleans Delta.]

The following interesting communication from a distinguished literary gentleman and excellent clergyman of the Episcopal Church, cannot fail to arrest the attention of the curious in optics. We have ourselves verified the experiments herein recorded, and noticed one fact which our correspondent does not allude to, viz: the image of a friend, who was standing near us and at a certain angle with our
retina, projected from that nervous expansion, as it were, into the planet-like disc, where it resembled the face in the sun, as we see it printed in childish books!

The communication may be headed, “The Art of Seeing the Interior of the Eye with the organ itself!”

To the Editors of the Sunday Delta:

Gentlemen: I have recently read in some of the journals a statement in relation to a late discovery, said to have been made by M. Andraud, an eminent French engineer. The paragraph to which I allude reads as follows:

“Some attention has been excited by the alleged discovery, by a French engineer of some celebrity named Andraud, of some means of seeing the air. If, says he, you take a piece of card, colored black, of the size of the eye, and pierce with a fine needle a hole in the middle, you will, on looking through that hole at a clear sky or a lighted lamp, see a multitude of molecules floating about; which molecules constitute the air. We shall see whether the theory will obtain the sanction of the Academy of Sciences, to which it has been submitted.”

My object in drawing your attention to this extract is in order to correct an important error touching M. Andraud’s alleged discovery.

The atomic globules which were rendered visible to M. Andraud, by means of the perforated card, are not aerial molecules. I have been, for some months past, familiar with this interesting experiment. The beautiful globules seen by means of the hole in the card are the atomic colorless globes which constitute the crystalline fluid within the eye. M. Andraud supposes they are external and in the air, when the truth is they are internal and within the chamber of the eye.

The experiment may be tried, and the fact verified by any person, in the following manner: Take a thick visiting-card and black it with ink, or a piece of pasteboard opaque enough to forbid the transmission of light through it, and perforate the centre with a pin-hole. Place the card between the eye and a candle-flame, or a globe-lamp, and not more than two inches from the eye, and the same distance from the light; but this distance will vary according to the convexity or flatness of the seer’s eye, who must adjust it till he finds his focus. Instead of seeing the flame of the candle, the beholder now discerns a circular disc the size of the iris of the eye. This disc is bright and planet-like, and is crossed by innumerable lines like the fibres visible on the surface of a magnified rose-leaf. It appears to be beyond the eye, between the card and the light; and it is this illusion which deceived M. Andraud, and led him to suppose that he saw a portion of the atmosphere magnified. But this visible disc is, in fact, a spherical section of the fluidal crystalline lens within the chamber of the eye, strongly illumined by the concentrated pencil of light, passing from the candle into it through the minute hole in the card; and the veined appearance of its surface is the reticulated materia of the ordinarily transparent coat of the cornea rendered visible.

The chamber of the eye thus lighted up by the intense line of light
passing into it through the minute orifice (which acts as a strongly
magnifying lens,) there is conveyed to the optic nerve an image (ex-
actly the size of the pupil through which the ray passes) of a circular
section of the crystalline fluid, with its atomic particles intensely mag-
nified. The spectable is one of surpassing wonder and beauty. Myriads of illuminated molecules distinctly appear in tremulous mo-
tion in the bright fluid; some of them are simple globes, others are
encircled by two or more concentric rings like exquisite miniatures of
the planet Saturn, as seen through a telescope. Some of them are
transparent, like infinitely small soap bubbles, and float about as light-
ly, while others are of the white color of pearls.

By contracting the eye, or by gently moving the head from side to
side, these beautiful millions of globular atoms are made to undulate
within the chamber of the eye, and change places, some ascending
and others descending; while others thrown nearer the focus of the
light dart across the disc like shooting stars in a lesser firmament;
while others revolve about each other in orbits of infinite diversity.

The experiment is a highly interesting as well as a philosophical
one, and will well recompense whoever attempts it. It will require
some practice in a tyro to adjust the card to the proper focus, so as to
obtain the clearest disc; but any one who knows how to use a micros-
cope will easily discover when the card is in focus. If the flame of
the candle is seen through it it is out of focus, and it must be advanced
or drawn back until a round planet-like shape is discernible. This
planet-like shape, which will appear crossed by a net-work is the
corner coating of the eye magnified. The pupil of the eye must now
be expanded, as when one examines closely a very minute object,
when the atomic world of globules that compose the crystalline fluid
will be discerned behind the net-work surface of the cornea; and the
steadier one gazes the clearer is this wonderful and beautiful spectacle
perceived in all its surprising variety of form, beauty, and motion.

A better medium than the card proposed by M. Andraud I have
used in making this experiment. It is a small lens, (the eye piece of
a broken spy-glass,) with an inch and a half focus. This held to a solar
lamp or candle, at six feet distance, or turned towards the full moon,
(which is better still,) the chamber of the eye is far more intensely il-
lumined than by means of the perforated card.

The lens of ordinary magnifying spectacles will serve equally as
well as the eye-piece named, by covering the surface with opaque
paper, having in the centre a clear space to transmit the light through-
out into the pupil of the eye.

Trusting that this experiment for seeing the elementary molecules
of the crystalline lens will afford to others the pleasure which I and
many friends have derived from it, and trusting to the indulgence of
M. Andraud for rejecting his theory of aerial atoms, I remain very
truly, yours,

St. John's Parsonage, Aberdeen, Miss., June 7, 1852.