
In writing a treatise upon Dyspepsia, no important result can be anticipated if the same old beaten track is to be pursued, or if the same accustomed tale of woe is to be repeated. But, young as we are in physic, how dare we brave the long-received opinion of the anacks in medical lore! Shall we stand alone against a host of medical philosophers, and attempt to teach sages truth and science? Shall all the labor of physicians to discover the nature and cause of dyspepsia prove to be naught, and the proud monuments which have been erected to their genius be hurled to the dust? Yes, let it all go, if science can be advanced thereby. We have a right to our opinion, and, should it be correct, let it be received; should it, however, prove erroneous, let others prevail: we adopt your motto—"Je prends le bien où je le trouve."

Works on Practice contain much upon dyspepsia—journals likewise have their pages frequently filled with essays upon this popular theme. Dyspeptics write the history of their own feelings and spin out a long theory of their cause and progress. These writers have been our teachers upon this dreadful malady, because we take for granted, what is far from being true, that a sick man can tell the nature of his disease.
We have read many of these essays, and confess, honestly, that we have not, as yet, seen one word concerning what we consider the true cause of dyspepsia. Inattention to diet—luxurious indulgence in aliments indigestible by quality or quantity—sedentary habits—mental application—the habitual use of coffee, tea, tobacco, liquors, &c.—have all been arraigned as the cause of this vexatious disease. The pathology is almost universally considered to be a morbid condition of the gastric nerves.

Before stating what we believe to be the true cause of Dyspepsia, let us examine the situation of the stomach and its relation with surrounding parts. We shall here avail ourselves of the views of Cruveilhier.

The stomach is situated at a juncture of the upper tenth with the lower nine tenths of the alimentary canal, between the organs of deglutition and those of chylification. It occupies the upper part of the abdominal cavity, almost entirely fills the left hypochondrium, and advances into the epigastrium, as far as the limits of the right hypochondrium. It is maintained in its place by the oesophagus and duodenum, and also by some folds of the peritoneum, which connect it with the diaphragm, the liver and the spleen. The stomach is directed obliquely downward to the right side, and a little forward.

The anterior surface of the stomach is directed forward, and a little upward. This surface is in relation with the diaphragm, and is separated by it from the heart; with the liver, which is prolonged upon it to a greater or less extent; with the last six ribs, being separated from them by the diaphragm; and with the abdominal parietes in the epigastrium.

The posterior surface of the stomach is directed downward and backward, and is seen in the sac of the omentum, of which it forms the anterior wall. It has relations with the transverse mesocolon, which serves as a floor for it, and separates it from the convolutions of the small intestines; with the third portion of the duodenum, called the pillars of the stomach, (ventriculi pulvinar;) and lastly, with the pancreas. The duodenum, the pancreas, the aorta, and the pillars of the diaphragm, separate it from the vertebral column, upon which it rests obliquely.

Such is a short account of the position and relations of the
stomach. We have given the natural position of this viscus when empty; when distended, its position is somewhat altered: for instance, the great curvature is directed almost vertically downward in the empty condition of the organ, and almost directly forward when it is full. Again, the lesser curvature is directed upward when the viscus is empty, upward and backward when it is full; and it then embraces the vertebral column in its curvature, being separated from it by the aorta and the pillars of the diaphragm; it also embraces the small lobe of the liver or the lobulus spigelii, the cœliac axis and the solar plexus of nerves.

The great cul de sac is in close relation with the spleen, and when distended is moulded upon that viscus. This portion of the stomach corresponds in the greater part of its extent to the left half of the diaphragm, which is in accurate contact with it and separates it from the lungs above and from the last six ribs in front. It is more or less elevated, according to the degree of distension of the stomach, and from this we can easily understand that difficult respiration may be caused by two large a meal. The great extremity of the stomach has relations behind with the pancreas, and with the left kidney and supra-renal capsule.

The human system is accurately made. Every organ has its own locality and relations, and its position is mathematically exact in each individual.

We do not say, that all the organs are located mathematically the same in all persons, comparitively, but we do say, that each organ in each human being, is mathematically adjusted with the remaining organs.

So long as each organ maintains its mathematical relation with surrounding organs, the system is in a state of health, (we here speak only of position,) but any permanent deviation from this mathematical relationship is productive of disease, acute or chronic. We wish to be understood here as discussing mal-position alone as a cause of disease, we are not now examining the multiplicity of causes which may produce disease.

Let us apply the rule to the stomach—a wheel in the great and complicated machinery having its place to maintain and its relationship to observe in order that it may perform its proper function.
We select an individual whose stomach is located as we have previously described. Now, the important questions are—What will be the result upon that viscus and surrounding ones, should its position and relations be altered? and would the functions of each organ, now, as before, be properly performed? Suppose (and it is sometimes the case) the great extremity of the stomach to be dragged downwards in a displacement of the spleen? In this case, we must necessarily have an altered relationship of the abdominal viscera. Every part connected with the stomach must undergo a corresponding change in position. Now comes the questions—Will each organ during this displacement perform its proper function?

The watch is a beautiful machine. Its parts are admirably adjusted for the purpose for which the machine was intended. But if the several parts had been differently shaped from what they are, (we speak of an individual watch) of a different size from what they are, or placed in any other order than that in which they are placed, either no motion at all would have been carried on in the machine, or none which would have answered the use that is now served by it. (Paley.)

Is not the argument equally potent when applied to the human organism? The machinery is transcendentally more important in its structure and purpose; the parts are more nicely adjusted; and, consequently, derangement of any organ must be productive of consequences proportioned in mischief to the importance and relations of the organ thus altered in position. There is, however, one point of difference between a deranged wheel in a watch and a deranged organ in the human system. The altered position of a wheel does not necessarily imply an injury to the wheel, per se, but an altered position of an organ must imply an altered function of that organ.

This we believe to be particularly true of the stomach. It is located in each system, with a hair's-breadth nicety. The space through which it may play in the act of digestion, without mischief to itself or other organs, is mathematically circumscribed. Its limits of distension are exactly fixed, and its motions necessary for digestion are governed by immutable laws. No other position than its original one—no other motions and play than such as were primarily given it—no other
space for action than that which was first assigned it, can be consonant with its healthy and proper function.

This, to some, may appear a *petitio principii*—an assumption of the question originally intended to be demonstrated and proved. We cannot stop to discuss minor points, but must content ourselves for the present with the statement of general propositions whose ultimate deductions are clear and intelligible.

There is a separate screw to each string of a violin, and each string depends for its tension and tone upon its own individual screw. Should that screw be broken or altered in position, to which is attached the base, that string must evidently suffer in proportion to the damage done.

So in the human system, though in a greater degree, if an organ is altered in position, the nerves, blood-vessels, &c. must suffer a proportional injury, and the result of their action, as in digestion, chylification, &c., must be correspondingly altered. To suppose otherwise, would be to affirm omnipotent action in any organ, and that its peculiar and individual ends could and would be accomplished, under any and all circumstances, irrespective of position or relationship with other organs.

We lay down, then, this broad affirmation: That morbid sensibility of the stomach is primarily due to displacement of that viscus, and that the morbid sensibility of the gastric nerves is a secondary affection supervening upon or originating from the visceral displacement.

Professor I. P. Garvin, in a communication published in the Southern Medical and Surgical Journal, in Dec., 1846, gives as the "most prominent cause of" dyspepsia, "food of an improper quality, or in undue quantity." We admire the professor and sincerely regret that we cannot endorse an opinion so honestly entertained.

If the sensibility of an organ be an index of its liability to disorder from outward agents, which seems to be the case in the eye and in serous membranes, certainly this test is wanting in the stomach, which bears the presence of substances such as no other organ undefended by epidermis could tolerate. Here the ingesta are, as it were, suddenly deprived of their active properties; for the scalding liquid, the pungent spice, the acrid medicine, the frozen sweetmeat, nay, the mechanical
irritant, are often forgotten, when the impressions which they left upon the tongue, the fauces and the gullet, have been effaced. The necessity for such an organization that neither pain nor the derangement of which it is the criterion, should be easily excited, is obvious from a moment's consideration of the difference between its circumstances and those of every other hollow viscus. The heart, the bladder, the intestines, all receive substances, more or less chemically prepared for them, and differing but little in their composition at different times; but into the stomach are carried the most heterogeneous agents, which have received only a mechanical adaptation to the organ which they visit. (Tweedie.) This organ escapes injury, from a wise provision of its organization, the copious secretion of mucus, and the capability possessed by this organ particularly of accommodating itself to varying quantities of blood. But, independent of the adaptation of the stomach for the reception of its varied ingesta, it would somewhat puzzle the learned Professor to account satisfactorily for all the symptoms he relates in his own person.

We have not space nor leisure to copy his article, but we will group together the symptoms as he relates them. (Med. & Surg. Journ., Dec. 1846.)

Discomforture after eating.
Fulness and distension—acid eructations.
Flatulence, headache, excitement of circulation.
Burning heat in the stomach.
Bowels costive—scybæ.
Liver occasionally disordered.
Heart deranged in action.
Functions of the brain disturbed.
Distressing malaise.

An indiscernible sensation radiating from the stomach to the surface, resembling aura epileptica. This is succeeded by a general trembling. At the close of these attacks there is always a copious discharge of colorless urine.

The above constitute the principal symptoms found in the article alluded to.

We submit the question to every candid reasoner: From the anatomical position and relationship of the stomach, would not its displacement give rise to every symptom related?
Why discomforture—distension—fulness after eating, and its subsidence in a few hours? Evidently, because, the free and original action of the organ cannot take place during displacement, and hence an uneasiness is felt when this viscus attempts to perform its accustomed duty, due to resistance from, and pressure upon adjacent parts. The affections of the heart, bowels, liver, kidney, lungs, brain, &c., are easily explained according to the theory of displacement.

The malaise—aura epileptica—morbid condition of the gastric nerves, &c., are probably due to a deflection of the nerves of the stomach from their original and proper direction. We are aware that here we stumble upon a new theory of nervous action, but it is not to our purpose at present to discuss it. We would suggest, however, that neuroses can probably be more easily explained upon the principle of deflection of the nerves from their original direction, than upon the theory of nervous lesion.

The stomach derives its nerves from the eighth pair and from the solar plexus. By means of the eighth pair this organ is connected with the oesophagus, the lungs, the pharynx, the larynx and the heart. Through the nerves, from the central epigastric plexus, it is connected with the ganglionic system, and is brought into relation with the numerous viscera of the abdomen.

This extensive and intimate connection of the stomach with the entire system is a proof of the importance of the organ, and its displacement cannot result otherwise than deleterious to the whole organism.

No one will deny skill and design in the Creator, in the order of parts—their positive and sympathetic relationship, and their separate and peculiar function. If each part was thus particularly and mathematically adjusted, no other arrangement of parts—no other order—no other location—no other connection or relationship can answer fully the ends of the original design. To reason otherwise would be an imputation upon the wisdom of Deity.

We submit what we have written to a heartless and relentless criticism. We are fully apprised of the meager garb in which our subject must go dressed before the world, but under
existing circumstances the evil could not be remedied. The object of the present article has been more to state clearly our views than to discuss them. We have not thought it proper to anticipate and answer objections, neither have we propped our assertions by cases and logical deductions, as these did not come within the sphere of our original design in writing this article. We have discussed briefly such points only as were essential to render our views intelligible.

ARTICLE XLVIII.


That portion of country familiarly known as lower East Tennessee is a high, broken, and well watered country; the spring water is mostly impregnated with lime, but is occasionally found pure. Most of the tillable land lies in valleys, and is rich and productive, especially along the water courses. The banks of the streams are high, and always sufficient to prevent overflows, so that we never suffer from inundations at any season of the year. Nearly all our water courses, from the smallest tributary branch, to the largest rivers, are swift running and shoaly streams, with good banks, as above stated; consequently the creeks are blocked up, from head to mouth, with numerous mill-dams. This, no doubt, is a fruitful source of fevers in this section. The climate is extremely variable, so much so, that sudden and severe changes take place even in twenty-four hours—hence our great liability to influenzas, inflammations, and diseases of the respiratory organs in general. We are subject, in this section, to all the diseases (with but few exceptions) that are common to the United States. Up to the present, we have had no cases of cholera, small-pox, congestive, nor yellow fever. The natural growth of this country is oak, hickory, poplar, ash, gum, walnut, chesnut, pine, &c. The diseases of this season are pretty much as in former years, though they seem to be undergoing a gradual change, especially the fevers.

Fevers constitute, probably, one-fourth of the whole sick-
ness in this region; next in importance are the diseases of the respiratory organs, with occasional epidemics of measles and scarlatina. Diseases peculiar to women, should occupy a prominent place in the consideration of the diseases of this section, as they are probably as numerous in this as in any other rural district; and this, I think, is satisfactorily accounted for by the fact, that, parturient women are almost entirely in the hands of uneducated midwives, and also by the variableness of our climate. Puerperal diseases, and especially puerperal fever, have been very rife in past years; so much so, that parturient females have looked for it as an unavoidable or necessary consequence. Notwithstanding its prevalence, it has never yet appeared to me to present any of the features of an epidemic, nor has it appeared to be contagious or communicable, in any way, from patient to patient, through the medium of the practitioner, or otherwise. This disease (notwithstanding it has presented all the characteristics of general puerperal fever, as laid down in the books) has not been that formidable monster spoken of by the older writers, but has, in a great majority of cases, yielded promptly to remedial measures, when timely administered. These remarks on the prevalence of puerperal fever, are more especially applicable to my own immediate bounds of practice. My patients invariably recovered under a moderately antiphlogistic treatment—such as, bloodletting, purging, fomentations, blisters, &c. Venesection, however, was found necessary only in a small proportion of cases. Calomel and opium was used, with the happiest effects, in all the cases that came under my care, in the proportion of from 6 to 10 grs. of the former, with 1 to 2 grs. of the latter, and this, too, in cases of obstinate costiveness, as well as when diarrhœa was present. The medicine, in obstinate cases, was afterwards continued in smaller doses, with a view to its constitutional effects. There never was any more difficulty experienced in procuring free alvine discharges, when the opium was used in connection with calomel, than when it was withheld; on the contrary, it seemed to relax, and materially aid this desirable end. Fomentations, followed by large blisters, were invaluable auxiliaries in the treatment of puerperal fever; nor was it necessary, in all cases, to use blisters, as the abdomi-
inal pain and soreness seemed readily to abate under the persevering use of hot fomentations in conjunction with other appropriate remedial measures. Most of the cases convalesced slowly, and relapses were very common and dangerous.

An epidemic influenza has prevailed here, more or less, for the last few years, of a typhoid type, and often mistaken for genuine *typhoid fever*, especially when both diseases existed simultaneously in the same family, or the same neighborhood. They had many points of resemblance, but were sufficiently distinct, in their modes of access and general course, to be readily and properly diagnosed by the attentive observer.

The greatest points of resemblance were, that both *typhoid fever* and *influenza* were seen attacking whole families, or neighborhoods, as if from contagion: both were attended with diarrhoea, continued fever, great weakness, restless jactitation, &c., especially at night. These symptoms were common to all cases of typhoid fever, from the mildest attacks to its gravest form—whilst, in influenza, they were only noted in the graver forms of the disease. The onset of the two diseases was strikingly different; that of typhoid fever was almost invariably slow and gradual, whilst that of influenza was as uniformly sudden. The former continued several weeks, and was not controlled by treatment—whereas, the latter was of short duration, and readily yielded to proper remedial means. Both were attended with a cough, but this was mild in typhoid fever, whilst, in influenza, it was severe and troublesome, constituted one of the leading symptoms of the disease, and was most generally accompanied with a severe pain in the side.

*Dysentery*, is another disease that claims a place in this report, whether it be considered in reference to its frequency, or to the severity of its symptoms. This disease has also partaken of the prevailing typhoid type, and required to be managed with great prudence. The treatment almost uniformly successful in my hands was the free use of mucilaginous drinks and injections, suppositories of opium, fomentations to the abdomen, &c., with the occasional use of small doses of calomel, acetate of lead, and opium, or its equivalent in Dover's powder; but this internal medication was not often repeated, nor given to induce constitutional effects. Blisters proved, in some cases,
highly beneficial, especially in the chronic form of the disease. The oil of turpentine was extensively used and greatly lauded in many portions of the country. Having had no experience in its use in this disease, I can say nothing of its effects, but am inclined to oppose its administration, unless it be in an extremely advanced chronic stage, and then with great caution and distrust. Oil of turpentine has been recommended by Dr. Wood, in his Practice of Medicine, in the chronic stage of typhoid fever, to excite a more healthy action in the intestinal ulcers, known to be so common and obstinate in that disease: hence, probably, its introduction in the treatment of dysentery. I have no hesitancy in saying, that in all cases of dysentery, in which the patient recovers after the use of calomel, oil of turpentine, and other similarly irritating drugs, he does so, in spite of both disease and treatment; and that he would have recovered much more readily, if left to nature and a good nurse. When the patient is robust, and the inflammatory symptoms run high, venesection may be resorted to with benefit, if cautiously done with the finger on the pulse, and with an eye always to the prevailing typhoid type. Then it is only necessary to clear the alimentary canal, by the use of castor oil, preceded or not by from 2 to 5 grs. of blue pill, with from 1 1/2 to 2 grs. opium; after which, nothing of an irritating or indigestible character should be taken, either in the form of medicine or food.

Pneumonia is a very common disease in this region of country, and for the last few years, or since the prevalence of typhoid fever, there has been a good deal of that form denominated pneumonia typhoides. Nearly all diseases have become less inflammatory, and partake more of the low or typhoid form, than in former years, in this section of country. The lancet is not used half so often as formerly. Fevers have undergone an almost entire revolution since I commenced the practice of medicine, nine years ago. The prevailing type then, was almost universally intermittent and remittent, with occasional cases of inflammatory continued fever, wholly different from the typhoid of the present day. Typhoid fever became more prevalent, and periodical fevers less so; as the former increased, the latter diminished, and periodical fevers were rarely seen until, the present summer and autumn, in
which we have had nearly an equal number of periodical and of typhoid fevers. I shall not remark further in this place on the subject of typhoid fever, as I have already given my views of it in this Journal. (June No., 1851, p. 324.)

Consumption has prevailed here considerably of late years. The great prevalence of influenza, and of the typhoid type in all diseases, combines two circumstances which tend to produce it—viz., irritation of the respiratory apparatus, and an asthenic condition of the whole system; the former acts as an exciting cause, and the latter perpetuates it. Three deaths take place in this section from consumption where one did five years ago, or prior to the prevalence of influenza and typhoid fever. Nearly as many deaths have taken place from phthisis pulmonalis here, in the past spring and winter, as from all other diseases combined together, and I do not recollect a single case, under my care, or that of others, that could not be traced to a severe attack of influenza, or to typhoid fever. It is hardly necessary to remark on the treatment of consumption; it is sufficient to say, that the patients invariably died.

Worms are very common in this locality, especially the lumbricoid; it is not uncommon for them to be discharged in great numbers, by the use of domestic remedies or in the course of the treatment of other diseases, both in children and adults, especially when calomel is given.

Diarrhœa, in children, has been prevalent and obstinate during last summer; it seemed to be very little under the control of medicine, especially when chronic, as was the case in a majority of the instances I saw. The discharges were not difficult to check by fractional doses of calomel and ipecac, sometimes combined with small doses of pulv. Doveri, or what was better, acetate of lead; but this appeared only to sicken and prostrate the little sufferers. Having derived decided benefit from the use of chalybeate waters, in a case in my own family, I have since prescribed a weak solution of sulphate of iron with advantage.
ARTICLE XLIX.


In a former number I offered a few remarks upon Dysentery, and the use of large doses of opium in its treatment. I now propose to direct attention to a plan of treatment which differs somewhat from that in general use. I would do this, because I believe there is some room for improvement, and that the want of success is not to be charged altogether to a fault in the resources of the materia medica. It is a fact worthy of some notice, that, of late years, while medicine has been triumphant in so remarkable a manner over some forms of disease, dysentery has not been shorn of its terrors, and its treatment now is little more successful than it was many years ago. As we have certainly not arrived at a point beyond which we may not advance, we are justifiable in casting around us to see if there be not means as efficient for the relief of other diseases as quinine is for the cure of autumnal fevers. Is there no reliable remedy for dysentery?

If I am told there is a vast weight of authority in favor of the calomel treatment, and that it has been the established practice for scores of years, I appeal to the number of deaths by the disease at the present day. Comparatively but a few years ago, calomel was considered the great remedy for autumnal fevers; yet the physician who knows no better now is far behind the times. I esteem calomel very highly as a remedy; nor is my design so much to wage war against it, as to place it in the back-ground, compared with opium, in the treatment of dysentery. I am disposed to "retain the mastodon in harness," and to make it useful by judicious and cautious administration whenever necessary, which will rarely be the case in dysentery. A patient with sound bowels may perhaps take a full purgative dose of calomel with impunity, but that one with inflamed intestines can do so with entire safety admits of much doubt. Unfortunately, from the word bile has been derived bilious, and from this, bilious attacks, and bilious fever, and bilious colic, and bilious dysentery, and bilious every thing else to which the term could be applied; and to this prevalence
of the *bilious idea* is to be attributed the belief, that to cure these affections there is little more necessity than to purge out the bile and "regulate the secretions," with calomel, of course.

Dysentery is a primary inflammation of the parts ostensibly affected, and it is not to be expected that it can be promptly and certainly cured, without directing attention to the condition of the diseased locality; nor need we hope to obtain success in the use of an irritating and motor-exciting treatment: for an inflamed organ needs rest, and to place it in the most favorable condition for a restoration to health, it must have rest. The hazard to which a little untimely exertion may subject a patient suffering with acute inflammation of any important organ is well known—how certainly then must undue action in an organ, itself inflamed, produce injurious effects. The value of opium, therefore, and the danger of a different class of agents, must be apparent under this view of the subject.

With regard to the use of cathartics, I would not be misunderstood: they are sometimes useful and necessary, but should, in such cases, be cautiously used, and, in general, be combined with opiates. I think there is often too much anxiety among practitioners upon the subject of scybalæ, and too great a passion for producing discharges of fecal matter; yet I would not produce the impression that the contents of the bowels are to be left entirely without attention, but, that they are of little importance compared with the *intrinsic features* of the disease. In confirmation of this view, I will quote a fact from Dr. Brandon's article, in the March No. of this Journal. In describing some violent cases, which came under his notice, he says, that he "seldom observed fecal matter in the discharges until a change for the better had occurred." The improvement, then, could not have been produced by the feculent discharges, but these must have been the result of an amelioration of the disease—showing that the disease may be first subdued by opium and other remedies, and the bowels afterwards emptied more safely.

In the treatment of dysentery, our object should be to effect, promptly, the cessation of spasm and pain, and the reduction of inflammatory and febrile action. These indications are all un-
der the control of the therapeutic properties of opium, to a
greater or less extent, and if these indications and these pro-
properties are properly weighed and considered, in connection
with each other, the tendency will be towards the establish-
ment of the treatment which I am endeavoring to urge upon
the attention of those who may notice these suggestions. The reason why so little reliance has been placed in opium, is,
that it has not been given in sufficient quantities—in doses
large enough to overcome the force of disease, and to produce
its legitimate and peculiar antiphlogistic and antifebrile effects.
There is no confidence to be placed in an ordinary or medium
dose of opium when the patient is suffering the effects of vio-
lent inflammatory action, the tortures of pain, or the depressing
adynamic influences of malignant disease. The dose must be
proportionate to the emergency of the case. I suggested from
two to four grains, but this should not be considered the limit;
this quantity is rather the minimum than the maximum—cir-
cumstances must determine the precise amount. In dysentery,
if the pain, fever, and flux persist, they are sufficient evidence
that enough has not been given—six grains are not too much
in such cases. The antiphlogistic virtues of opium seem gen-
erally to be imperfectly known or understood, or if known, not
appropriated and applied. All agree in admitting its usefulness
as an anodyne, as a soother of pain and promoter of sleep, etc.;
but who administers it with a view of overcoming fever, or
who looks to it principally to subdue some severe forms of
inflammation. Yet, what diaphoretic will produce such cer-
tain and general opening of the pores and genial moisture of
the surface?—what will so equalize the circulation?—what so
control the heart and arteries? and what afford such suspen-
sion of pain, thereby breaking the chain of the morbid actions
of inflammation? Fever and inflammation cannot well persist
under such circumstances—under the effects of full doses of
opium.

To carry out more effectually the suggestion above made, in
relation to the indications of treatment, it may be often proper
to resort to one efficient bloodletting, in cases where there is
much fever and no want of strength. This will render the
system more susceptible to the favorable influence of opium,
which now, if properly administered, will never fail to mitigate, and seldom to relieve entirely, the sufferings of the patient. When this is done, the use of opium is not to exclude other substances as auxiliaries; such, for instance, as calomel or oil, when they are needed, or sugar of lead and other astringents, when, after the subsidence of the inflammatory symptoms, the discharges remain too frequent and watery. These, with fomentations, blisters, enemata of watery solution of opium and starch, &c., may be resorted to; but opium in large doses, given either by the mouth or rectum, in the early stage of the disease, should be the leading remedy and chief reliance.

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**ARTICLE L.**

*Dysentery treated with Sulphate of Magnesia.* By Peter-FIELD TRENTH, M. D., of Richmond, Va.

June 18th, 1852, I was called to see Polly Gentry, a colored woman, of robust constitution, aged 50 years; found her suffering with acute dysentery. Prescribed: 2 grs. calomel, 2 grs. acet. plumbi and \( \frac{1}{2} \) gr. opium, every two hours; enema, night and morning, of 10 grs. acet. plumbi and 30 drops tinct. opii in 2 oz. of starch-water; diet, milk thickened with arrow-root, or rice and milk; drink, toast water, or the water in which rice had been boiled, to which a little salt was to be added. 6, P. M., visited my patient again; found her no better. The tenesmus still excruciating; the tenesmus constant and harassing; the fever slightly abated; the dejections frequent and blended with blood and lymph, with a great deal of water. Ordered a continuation of the treatment directed in the morning—patient to be allowed to dissolve small particles of ice in her mouth, to relieve the urgent thirst.

June 19th. Patient no better. Same treatment to be continued. 4, P. M., a little better—the discharges having more of a faecal appearance.

June 20th. Patient easier, but no decided improvement in the evacuations. In hopes of procuring some action from the liver, ordered 5 grs. calomel and 5 grs. acet. plumbi every two hours; enema, as at first, omitting the tinct. opii. 6, P. M., evacuations very dark, but watery, no appearance of blood;
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tenesmus harrassing; epigastrium very tender upon pressure—to relieve this, a mustard-plaster to be applied. No change in the other treatment.

June 21st. Patient apparently better—discharges more fœcal. Thinking I had given mercury enough, I ordered no medicine this visit: her diet to be the same as heretofore. 4, P. M., sent for in haste: patient in every respect worse. Ordered 5 grs. tannic acid and 3 grs. acet. plumbi every two hours. 11, P. M., evacuations consisting entirely of bloody mucus. Repeat prescription ordered in the morning; give an enema 3 ss tinct opii to 3 ij starch water.

June 22d. Again sent for me in haste. Patient evidently worse and sinking—passing her evacuations involuntarily. Ordered wine whey—requested consultation. In the meantime, directed enema of 20 grs. acet. plumbi, 60 drops tinct. opii., to 3 ij starch water, to be given immediately. My friend, Dr. Bolton, met me, at 2, P. M. We found her complaining of dryness of the throat and violent thirst; the tenesmus being very violent; epigastrium very sore, evacuations of pure blood, though frequent, yet small. We determined to try the following:—B. Sulph. Magnesia, ʒ i.; Tinct. Opii. ʒ i.; Aq. Menth. Pip. ʒ iv. Dose, ʒ ss. every two hours. Enema, of ʒ ij. Argent. Nit. Crystal. to ʒ i. Aq. Dist. (I may here state, that by mistake the enema was not given.) 10, P. M., no better.

23d. Patient a little better; had vomited first dose of saline mixture. Treatment continued. P. M., evacuations more consistent; patient easier.

24th. Patient better; tenesmus but slight; no epigastric tenderness; evacuations appearing like those of diarrhœa. 6, P. M., patient improving, discontinue saline mixture. If tenesmus is annoying, use acet. plumbi and tinct. opii. enema, as before.

25th. From this time until I ceased visiting her, she slowly improved, and is now (July 10th) well enough to resume her duties as a washerwoman.

I have treated some ten cases since the above successfully, with the salts and laudanum, not having given any other medicine from my first visit to the last.

The case just reported is a fair example of one of the most intractable forms of the disease, and requires all the physician's
skill. The intense suffering of the patient and the probability of a fatal termination, unless the disease be arrested within a short period, appeal strongly to his humanity. He applies active counter-irritation—he administers mercury, opium, astringents and demulcents, per orem et rectum—an amendment takes place—the patient is convalescent—at the very next visit his hopes are dashed by the recurrence of all the worst features of the case: the treatment has been palliative—it has not effected a radical cure. Let us consider the pathological condition in such a case. There is inflammation of the mucous membrane of the rectum and perhaps of the adjoining colon; or it may be still more extensive. The tenaceous bloody mucus, tenesmus, tender abdomen and symptomatic fever, tells us this. We want then to eject thoroughly all scybala or other local irritants; we want to deplete the hyperæmic surface—we want to change the character of the secretions, from a thick, tenaceous matter, which requires wearisome and painful efforts to dislodge it, and produce instead, a loose, watery matter, which will run off almost insensibly. Such are precisely the effects of sulphate of magnesia—a refrigerant purgative reducing the fever and cleansing the intestinal canal—effecting local depletion by drawing off the serous portion of the blood from the over-distended vessels, changing the unmanageable dysentery to a manageable diarrhoea. Opium and calomel are highly valuable as adjuvants—the former quiets the spasmodic action of the muscular coat of the intestines and obtunds its excessive sensibility—by composing the whole system, it relieves the sense of weakness and exhaustion. The latter keeps the portal circulation flowing freely, and thus relieves the congested vessels, which pour their contents into it; at the same time, by its specific action, it aids in restoring a healthy secretory process.

ARTICLE LI.


Having noticed a great deal said in the Boston Medical and Surgical Journal, since last January, in regard to Mrs. Wil-
lard's Theory of the Circulation of the Blood, it was our intention to write an article proclaiming the merits of a theory much more satisfactory; professional engagements, however, have prevented our doing so, and we only give an outline of Dr. Draper's theory, to those who have not examined the subject, hoping it will call forth remarks from some more able pen, and thus justice be done the author.

It was for a long time supposed that the circulation of plants was carried on by the forcing power existing in the spongioles or extremities of the roots, aided by a kind of suction power in the leaves. This, though a plausible reason, does not account for the downward flow of the sap. By means of the spongioles, the water holding the different saline properties derived from the earth is taken up, and by means of capillary attraction is carried through the body of the tree or plant to the leaves. On the surface of the leaves, a change in the chemical constitution of the watery solution takes place. It obtains, on coming into contact with the air, a portion of carbonic acid gas, and is, by the agency of sunlight, decomposed, and a mucilaginous solution ensues. This mucilaginous solution, containing the nutritive material, is then forced back through the proper vessels to the bark of the tree. This elaborate sap, in its descent to the root of the plant, moves through a system of vessels which anastomose with each other, and imparts nutrition. If we take a capillary tube of such length and diameter that when one end is immersed in water the fluid will rise to the top—break off a portion of that tube, and again immerse one end, the fluid will rise to the summit, and remain stationary, unless there is something to produce an exhausting effect. We see, then, it is owing more to the exhausting action of the leaves that the capillary movement is continued, and not to their suction power, and that the chemical changes account for the elaborate sap being driven forwards to the under side of the leaf, thence to the bark of the tree. The circulation, then, of the nutritive juices, both in the vegetable and animal kingdoms, rests upon this physical principle, "that if two liquids communicate with one another in a capillary tube, or in a porous or parenchymatous structure, and have for that tube or structure different chemical affinities,
movement will ensue, that liquid which has the most energetic affinity will move with the greatest velocity, and may even drive the other fluid entirely before it, that this is due to common capillary attraction, which, in its turn, is due to electric excitement."

Dr. D. remarks, that even gaseous substances, as is shown experimentally in the appendix of his work, pass into one another with a force greater than the pressure of a column of water seven hundred feet high, so that to elevate the sap in a tree, or to drive the blood in an animal, is an insignificant demand on the energy which this force could put forth. Let us then apply these principles, to account for the circulation of blood in the higher animals. The arterial blood passes from the left ventricle, to the capillaries, burning out the effete carbonaceous matter of the tissues, and perhaps converting its hydrogen into water. Having obtained carbon, venous blood is formed, and is driven forward along the capillaries of the veins; the affinity which then exists between the venous blood and the oxygen of the lungs, causes it to rush forward, driven by the momentum received by the chemical change in the tissues. In the first place, the intense affinity which the oxygenized or arterial blood had for the carbon of the tissues, causes it to rush toward the extremities; it then undergoes a chemical action, and the condition of the affinities is changed. The venous blood is now driven toward the heart by means of the affinity existing between the carbon of the moving mass of blood and the oxygen existing in the lungs.

We see, then, the two forces which are brought to bear—the one expressed by the intense affinity existing between oxygen and carbon, the other arising from the physical principle before mentioned, that if two liquids communicate with one another in a capillary tube, or in a porous or parenchymatous structure, &c.

It does seem to us clear, that the primum mobile of the circulation cannot reasonably be attributed to the caloric evolved in decarbonizing and oxydizing the blood, but that the chief force lies in the chemical affinities, as illustrated by Dr. Draper. We do not say that caloric has no influence, but if it has any propelling power, it is merely a subsidiary or resulting action.
Neither do we deny that the heart has an important agency in keeping up the circulation of blood—it certainly does have; but we must agree, with Dr. D., that this central organ is given us more to act as a regulator between the pulmonary and systemic circulation.

To strengthen the view here taken, it is to be considered that plants are wholly destitute of a heart, yet the sap flows, and their juices circulate. In many animals the circulation is carried on without a heart. In insects no such central organ exists. But we are asked, how do you account for the circulation in the foetus? Let us consider the foetal circulation for a moment. We find here, the blood passes from the placenta through the umbilical vein, a large branch of which having passed into the liver, the blood from which is driven into the hepatic vein, and thence conveyed to the ascending vena cava, the principal branch conveying the blood immediately into the vena cava. From the vena cava ascendens, it passes into the right auricle, guided by the eustachian valve through the foramen ovale into the left auricle; from the left auricle, it passes into the left ventricle, and from the left ventricle, into the aorta, whence it is distributed by means of the carotid and subclavian arteries, principally to the head and upper extremities; from the head and upper extremities, it passes through the descending vena cava to the right auricle; from the right auricle, it is propelled into the right ventricle; from the right ventricle, into the pulmonary artery, and through the ductus arteriosus into the descending aorta. It is then distributed to the inferior extremities, whence it returns to the placenta through the umbilical arteries. We find here a circulation, commencing in a capillary system and terminating in a capillary system. How, then, can we say the heart is the cause of such a circulation being produced and kept up? Why cannot the same principle apply here that did in the adult circulation? If we say the placenta has the power, as some believe, of vivifying the blood, then precisely the same affinities are applicable, and act in the same way. If, as others believe, the placenta has not this power, still the same reasoning applies; for we find the foetal circulation similar in many respects to that of the portal circulation in the adult, and we bring in the same general principles.
explaining the mechanical causes of circulation in this case. "That, for the physical reasons which have been assigned, a pressure will always be exerted by the fluid, which is ready to undergo a change upon that which has already undergone it; a pressure which, as there is no force to resist it, will always give rise to motion in a direction from the changing to the changed fluid."

We will remark, in conclusion, that for some time past, since typhoid fever has been prevailing in its malignant form in this section of country, we have noticed an irregular pulse in the majority of cases. How to account for this we are at a loss. The blood, no doubt, is vitiated, and contains a poison—what that poison is, we are not prepared to say: it may be hydro-
sulphate of ammonia, according to the experiments of M. Bon-
net, or it may be carburetted hydrogen.

In those cases which proved fatal, we are not aware that any lesion of the brain existed; nor have we detected any pressure of the brain from symptoms during life; nor have post-mortem examinations revealed any to the eye.

May it not be that the poison in the blood produces more or less derangement in the chemical affinities, that a languid circulation is the result, and that in consequence of the ab-
normal stimulus the heart receives, this irregularity of pulse is produced.

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ARTICLE LII.

Sudden Rupture of an Ovarian Tumor—peritonitis—recovery.

By L. A. Dugas, M.D.,

Mrs. D., aged about 42, the mother of thirteen children, had always enjoyed good health until the birth of her last child in March, 1851. Her delivery, although natural, was followed by considerable hemorrhage, and she has ever since felt a fixed pain or soreness in the left iliac region. At the end of a few months a distinct tumor could be perceived by pressing firmly over the painful region, and this gradually ac-
quired a volume equal to that of a foetal head. When turning over in bed upon the right side, a sense of dragging would always be experienced to so unpleasant a degree as to prevent
her sleeping upon this side. The left lower limb would sometimes be swollen, and often feel benumbed. Sitting upon a very low seat became so uncomfortable, from the pressure of the thighs upon the abdomen, (the patient being corpulent,) that the night-glass for ordinary use was placed in a chair of usual height.

Such was the state of the patient when, on the 5th January last (1852), she was taken with uterine hemorrhage. She was in the habit of menstruating during lactation, and had done so ever since her last confinement, with the exception of the two last periods, which induced the belief that she was now two months pregnant, and was about to miscarry. The hemorrhage did not yield to ordinary means, but rapidly increased and became attended with uterine contractions. Ergot was now freely administered—a mole or false conception was expelled; but the loss of blood continued so excessive that fatal exhaustion appeared inevitable. A tampon was introduced and the ergot continued, which arrested the flow, but she remained pulseless, with often recurring syncope, and a cold sweat during ten or twelve hours, notwithstanding the additional free administration of brandy. The hemorrhage was effectually stayed, and did not return upon the removal of the tampon.

The patient recovered very slowly; the anemia continued very great, and the painful annoyance in the iliac region increased. At the end of a month she was still unable to walk about the house without fatigue, and on the 4th of February was carried down stairs to a room below for a change of scene. General debility and distressing tenderness in the region of the left ovary were now the prominent features of the case. On returning to her bed-chamber in the afternoon of the 4th of February, she inadvertently sat upon a night-glass to urinate, instead of using the chair, as heretofore. As she did so, she suddenly felt a most excruciating pain throughout the entire abdomen, swooned, and fell upon the floor. On recovering, she attributed her suffering to intense cramp colic, and said she felt as if all her intestines were violently constricted or "drawn up." There was no discharge per vaginam. Enemata and warm fomentations were resorted to, and the bowels were evacuated, but without the least relief. I saw her about two
hours after the accident: she had not yet been able to have her garments taken off to get into bed, but was lying upon a couch. She felt a "burning, drawing pain" throughout the entire abdomen, which was exceedingly tender to the touch, but not at all tense. Her pulse was frequent, and her respiration short and thoracic. She had thrown up the contents of the stomach, but felt thirsty. The tumor could no longer be recognized by the touch. She thought she had bruised it with her thighs, in sitting upon the vessel to urinate. The fact was evident, that she had not only bruised, but actually ruptured the tumor, and that its contents had escaped into the abdominal cavity, inducing peritonitis, which, in her enfeebled condition, could not be otherwise than extremely dangerous. 40 drops of laudanum were immediately administered, and a large blistering plaster applied over the abdomen; the laudanum to be repeated in two hours, unless relieved.

5th Feb. The blister is well drawn; the tr. opii. had to be repeated in the course of the night, and again this morning. Abdomen still very sore and somewhat full; pulse small and very frequent; surface hot and dry; eructations and occasional vomiting; great thirst; breathing short and thoracic; coughing very painful. Ordered, the lateral surfaces of the abdomen, or flanks, to be covered with blistering plasters, and the anodyne to be repeated as often as necessary to mitigate the intensity of the soreness. Bi-carb. soda and lime water, alternately, in small quantities of cold water, for beverage.

6th. Local symptoms about the same, with the exception of a little increase in the volume of the abdomen. General state, better. Continue same treatment.

7th. Abdominal tenderness less marked: passed a comfortable night; nausea relieved; pulse not so frequent. Continue same beverage—take a little chicken broth occasionally.

12th. The peritoneal inflammation gradually subsided, but the abdomen is still tumid. No fever—patient convalescent.

May 1st. Mrs. D. is now in her usual health, but still feels a soreness in the iliac region. No tumor can now be detected. She has menstruated regularly at each period since the attack of hemorrhage, with the exception of that which came on at the time of the rupture.
It will be observed that the details of this case are given with considerable minuteness. This was necessary, in order to convey a correct idea of its nature, and to show the reader the grounds upon which the diagnosis was established. One cannot be too minute in describing cases of such rare occurrence as one in which an ovarian tumor has been ruptured by violence and emptied into the abdominal cavity, without causing death.

PART II.

Eclectic Department.

From the Transactions of the Medical Society of the State of Georgia.

Report of the Committee on Surgery. By H. F. Campbell, M. D., Chairman.

The resolution under which the Committee on Surgery was appointed having contemplated in its plan, only Surgical facts occurring to practitioners in the State during the past year, leaves a very restricted field for a report. The only practical mode of collecting these facts, viz: by a review of the journals and by calling on the Profession throughout the State in a published card has been adopted. The result of our efforts with this mode of procedure will, we fear, present but little of interest to the Society.

We find that most of the Surgery published in the State during the past year has been transmitted to the Southern Medical and Surgical Journal, there being, so far as we know, but one case published elsewhere.*

In presenting their review of the journals during the past year, the Committee have adopted as their system, that of classing the matter under three heads, viz: Surgical Injuries and Pathology; Surgical Operations; and lastly, Surgical Medicine or Treatment. We have placed reports under these three heads, according to the respective importance presented by these three features. Thus, cases published on account of the interest attaching to the pathology, on account of some peculiar mode of Treatment or remarkable surgical operation, have found their places accordingly under these respective heads.

In thus classing these cases, the Committee have taken the liberty of exercising their own judgment as to the particular

* Charleston Medical Journal and Review. Case of Injury of Cranium, by F. T. Matthews, M. D., herein reported.
head under which such cases should appear, and it will be seen by a reference to the journals from which our collection has been made, that we have sometimes found it necessary to dwell upon points as interesting in these cases, which their original reporters appeared to view as of minor importance, and vice versa.

In making our collection, the Committee has in view of the paucity of the published reports, determined not to exclude any that have come under their observation; our object has been to present a faithful résumé of the Surgical facts, of the past year, throughout the State, and to show as far as we were able, the amount of Surgery practiced or reported in the State during that period. In doing so, we have used the space between January, 1851, and the present time, which, though the time is somewhat more than twelve months, we have still felt authorized in doing.

Of the three departments of Surgery arranged by the Committee as heads, we have found a greater number of cases occurring under that of Surgical Pathology than under either Operations or Surgical Medicine.

Surgical Pathology.

Under the head of Surgical Pathology we have placed all those cases which have come under the observation of the Committee in which the pathological condition of the patient appeared to be, in our judgment, the most remarkable feature.

The following case has been deemed appropriate for this report from the fact that, though it comes more properly under the domain of general practice, still the Surgeon is more frequently consulted for the relief of such affections than the ordinary practitioner.

Progressive Muscular Atrophy.—L. A. Dugas, M. D., Professor of Surgery in the Medical College of Georgia, in some favorable editorial remarks upon the Treatise of Dr. F. A. Aran, of Paris, on this subject, coincides with Dr. A. in the opinion that such cases are often mistaken for nervous diseases, and incidentally relates the following case from his own practice as corroborative of this opinion:

"The case was that of a much esteemed professional brother, who, in the prime of life, and the possession of a vigorous constitution, perceived that he was gradually losing the power to flex the thumb of one hand. The loss of the use of the thumb having become complete, the finger next to it began to weaken also and became useless; the middle finger followed next, and thus, successively all the fingers of that hand became powerless. The loss of voluntary motion invaded the wrist and then the elbow, and finally all the muscles of the shoulder. When it reached the elbow of this limb, the thumb of the other hand began to give way precisely as the first had done and the disease
progressed in this limb as it did in the other until both arms were left as dangling appendages to a robust frame. It is worthy of remark that such was the slow progress of the malady, that its ravages were not complete, I think, until the lapse of two years; that during the whole of this time the patient's general health was perfect; that the sensibility of the affected parts was entirely normal; that he suffered no pain; and that the loss of motion regularly coincided with the complete atrophy of the muscles. The limbs and the shoulder-blades appear completely emaciated and are soft and flabby to the touch. Although about ten years have elapsed since the occurrence of this affliction, he still enjoys fine health and unimpaired mental powers, and is enabled to discharge the duties of an active practice in the country. Sensibility being yet perfect he judges of the pulse as accurately as ever, when his fingers are placed upon the artery by the assistant who accompanies him.

"Our friend was not only treated by ourselves, but also sought the advice of most of the distinguished practitioners of the United States in vain. He submitted patiently to the trial of every remedy and mode of treatment, that had ever been recommended in paralytic affections without any modification or check of the disease. M. Aran thinks that Galvanism will sometimes arrest its progress, but it proved unavailing in our case."

As the Doctor remarks, the subject is eminently worthy of further investigation, and it is on account of the novelty of the case, this being the first, so far as we know, related in the United States, that the Committee have here recorded it. Dr. Aran's views on this subject, a synopsis of which has been given in the Journal, are well worthy the attentive consideration of the Profession.

Anaesthesia from Turpentine.—In the same volume of the Journal, among other Surgical cases, Dr. Henry Rossignol reports the following as having occurred under his observation in the practice of his associate, Dr. L. A. Dugas. The notes taken by us of the case are the following:

The patient, a negro man aged 60 years, an old drunkard by habit, had of late resorted to Spirit of Turpentine whenever alcoholic liquors could not be procured; on one occasion, after a large potation of Turpentine, he fell asleep before the fire, with his feet resting on the burning wood. He required to be aroused by another person after the shoe, stocking, and a large portion of the pantaloons had been consumed. He then got up, walked about, said he felt no pain, and did not believe his foot burnt at all. The limb was so extensively injured that amputation was necessary. The patient having evinced symptoms of mania a potu, died ten days after the operation, the stump having partially healed.

In the same report we find two cases given to show the un-

* Southern Medical and Surgical Journal, vol 7, N. S., p. 244.
certainty which attends the injury produced by falls. In one, the patient fell from the fourth story of a cotton-factory, a distance of fifty feet, and yet sustained but little injury, being perfectly well in a few days, while in the other case the patient sustained very extensive injury, as excessive concussion of the brain and its accompanying effects, (even temporary insanity) which continued nearly two weeks. Here the patient had fallen but twelve feet.

In connection with these cases the reporter would beg leave to refer to a case occurring in his own practice, wherein a child of six years of age was precipitated over a banister to the ground, a distance of nearly twenty-five feet, and yet no injury was sustained with the exception of slight bruises on prominent portions of the ileum and greater trochanter of the side upon which she alighted.

In the same paper, we find also a case of Encephaloid Carcinoma of the Thigh, wherein the patient recovered after amputation. A case of extensive sloughing from an old burn. The patient was affected with Epilepsy at the time of the receipt of the injury, but never after did he have a convulsion.

Upon this case we may make the remark, that although the Epilepsy was here relieved apparently by the revulsion occasioned by the burn, still this is by no means the invariable result in cases of this character; for how common is it to see patients horribly disfigured by burns received during their convulsions, and yet the Epilepsy continues in unabated severity. It is but seldom that we can effect a compromise with this terrible malady, even at the expense of scorched bodies and mutilated extremities.

Also, a case of Ulcerated Lipoma of the Occiput, and one of Fibrous Tumor of the Mamma. For a minute detail of these we refer to the Journal.

In the Charleston Medical Journal and Review, we find an interesting case of Extensive Fracture of the Cranium, reported by F. T. Mathews, M. D., of Muscogee county, Ga.

"The blow which had inflicted the injury was received while riding on the coupling pole of a timber wagon. The chain confining the lever gave way, and the latter, impelled by the weight of a heavy green pine log, swept through its full course and descended violently upon his head.

"The patient exhibited very severe symptoms of compression, which continued unabated after purgation and venesection. The patient was trepanned seventeen hours after the receipt of the injury. The cranium was found extensively fractured in the frontal and parietal bones, and the pieces removed, left a space the size of a dollar. Consciousness and speech gradually returned, after the operation, and
the case, with but little exception, progressed regularly to complete recovery."

At the conclusion of this report, the Doctor remarked that "this case is strongly confirmatory of the general opinion that fractures occasioned by a rounded body, though the force applied be very great, is not so fatal in its consequences, as in those instances where it results from a more pointed one, impelled with much less violence."

That this is a common opinion, we may perhaps admit, but certain it is that we frequently see cases which are very strangely confirmatory, of the very reverse of this proposition, while at the same time our knowledge of the anatomy and relation of the cerebral mass to its containing structure, would make this converse opinion most rational.

Among the cases militating against the review of the reporter, we would adduce Dr. Harlow's celebrated case, reported by Professor H. J. Bigelow, wherein an iron crowbar, a pointed instrument, passed through the centre of the cerebrum, and yet the patient scarcely lost consciousness, and finally, entirely recovered with the loss only of an eye.

Another case, somewhat similar, is that of Dr. H. F. Campbell, wherein the patient, a negro man, had the cranium deeply cleft with an axe, a sharp-edged instrument, and the chop extended deeply into the cerebral mass, and yet, like in the former case, the patient did not lose his consciousness and had no bad symptoms during the whole treatment, the wound healing kindly after trephining.

We would explain the escape of the patients, in these instances, by the fact that in the case of the sharp-pointed and edged instruments only the portion of the brain infringed upon is affected, whereas in the case of the fracture by blunt instruments, the whole brain must be affected or compressed, as the instrument does not enter readily as in the other case, but presses before it the cerebral mass and thus compresses it in all its parts against the walls of the cranium.

Although we have deemed it expedient to signify our difference of opinion with Doctor Mathews on the above points, we would here remark, that we consider his case quite an interesting one, and one in which he does himself credit, both as an operator and a reporter.

In the September number of the Southern Medical and Surgical Journal, D. C. O'Keeffe, M. D., of Penfield, details the particulars of a case of Uterine Polypus, and accompanies the report generally, and the difficulty attending their diagnosis, by some reflections on uterine tumors, which we consider very judicious and worthy the attention of the Society.
Prof. C. T. Quintard reports a case of Glossitis in the Southern Medical and Surgical Journal, page 77. This is quite a rare disease in this section of our country, that is, to occur idiopathically. The treatment pursued in this case was bleeding, active purgation, and the application of cups ad nuchas, and the administration of sedative doses of morphia to relieve pain.

There are reported in the 7th volume of the Southern Medical and Surgical Journal, the notes of a post-mortem examination by Prof. Paul F. Eve, in which the patient died of a Stricture of Oesophagus. The subject was extremely emaciated from long continued abstinence previous to death. The stricture had been caused by the accidental swallowing of a piece of caustic potass, by a child three years old. The autopsy was made about five months after the receipt of the injury, and "revealed a permanent contraction with thickening of the tissues of the oesophagus. The diameter of the strictured portion being reduced to about a line, for an inch and a quarter, and which was quite tortuous. The stomach was contracted in its capacity, but the ileum was largely distended with feces.

Dr. Eve has also furnished us with the particulars of an extensive injury of the cranium, in which a large portion of the frontal bone was removed, together with a portion of its orbitar plate and also the crista galli of the ethmoid bone, so extensive was the injury. The patient lived, we think, about one week after the receipt of the injury. As we understand from the Doctor that this case will be published shortly in detail, we forbear further remark, as they would be anticipations of his own report.

In the April number of the Southern Medical and Surgical Journal, for the present year, we find an interesting account of a very unusual epidemic—Paronychia, by the Editor, Dr. Dugas, a part of which account we here insert. After some very pertinent remarks in relation to the mystery and inscrutability investing the advent, progress, and departure of epidemics, the Doctor thus relates the result of his observations in this disease.

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

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

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

It appears that this tendency to Epidemic Whitlow has existed elsewhere than in Augusta; for in the January number of the American Journal of Medical Sciences we also find a short article on the subject, by James E. Morgan, M. D., Demonstrator of Anatomy in the National Medical College at Washington. "Paronychia," says Dr. Morgan, "has, without doubt, existed in Washington this summer as an epidemic. Scarcely a day passes but that I am called upon to prescribe for several cases of this apparently trifling but always painful and sometimes fatal disease." He details the particulars of a fatal case, with the autopsy. The bronchiæ and air cells of the lungs were found infiltrated with a thick bloody mucus. The Doctor regarded this as a case of spasmodic asthma, caused by the same pathological condition of the pneumogastric nerves, which exists in the spinal nervous system in Tetanus, its mediate cause being Paronychia.

The case which terminated fatally in Augusta, it will be observed, was entirely unlike the above—here Erysipelas was the fatal complication, and not anything of a nervous character.

On the subject of this Epidemic the Reporter would beg leave to add his testimony to the prevalence of Whitlow during the time specified, it having been necessary to amputate more than one finger on this account during the past season.

Robert Campbell, M. D., Assistant Demonstrator of Anatomy in the Medical College of Georgia, has given, in the Southern Medical and Surgical Journal, the account of a case of Senile Gangrene. The patient was a white man aged about 50 years, of spare habit and in extremely bad health from intemperance. Amputation was performed by the Doctor, but the patient died five days after the operation.

This case was reported by Doctor Campbell on account of
the rareness of the disease in this region, and he has handed to
the Committee the notes of two unpublished cases occurring in
the practice of his brother, Dr. Henry Campbell, and himself,
during the same year. The first case, was an old man aged 60
years, who first evinced symptoms of the disease by the forma-
tion of a small blackened patch on the bottom of the heel. This
continued for several weeks, when the foot and limb became
swollen, and finally Ædematous. The disease continued to
progress—delirium and fever supervened, and in consultation,
amputation was decided on and accordingly performed. The
delirium continued for nearly a week after the operation—but
the appetite gradually returned. Brandy was freely allowed,
and after the lapse of nearly eight months, the stump healed and
the patient is now in the enjoyment of tolerable health, for an
old drunkard, as he will be probably, to the day of his death.

In this case, the use of brandy proved highly beneficial;
without it, it is our opinion, the case certainly must have termi-
nated fatally.

The other case was that of a negro woman aged about 72
years, who, on the receipt of a slight abrasion on the ankle
evinced symptoms of mortification and æææemæææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææææ
Doctor D. C. O'Keeffe, the Secretary of the "Physicians Society for Medical Observation of Greene and adjoining counties," reports a case of uterine polypus which occurred in the practice of Doctor H. H. King, of Greenesboro. The disease occurred in the person of a negro woman, and the weight of the tumour after removal was three pounds. The tumour had been extruded from the vagina by uterine contractions previous to the operation for its removal.

A tumour of a similar nature was removed in this city during the past year, by the Reporter, though in this case, the most difficult part of the operation consisted in extracting the mass, which was the size of a child's head, from the vagina.

Robert Campbell, M. D., Assistant Demonstrator of Anatomy in Medical College of Georgia, details the particulars of a case of Ovarian tumor occurring in a child about ten years of age. This child presented an excessive abdominal protuberance, attended with general emaciation. She was attacked with fever, suffered from obstinate vomiting and in a few days died.

Post mortem examination revealed the following condition of organs: Spleen very much enlarged, peritoneum injected, especially around the tumor, which was found in the cavity of the pelvis, in the situation of the ovary and attached to the uterus and Fallopian tubes. This tumor weighed 36 drachms and was of the color of ordinary liver. It was nodulated and slightly reniform in shape; soft almost fluctuating in its consistence. The Doctor considers it a case of encephaloid cancer. The lymphatic glands in the mesentery and in the lumbar region being very much enlarged favors somewhat this opinion.

We know that encephaloid cancer is apt to occur in any region or organ of the body, and that in youth it is more apt to manifest itself, all the circumstances attending this case appear to establish the opinion of its encephaloid character.

Doctor O'Keeffe also reports a case occurring in his own practice, wherein urethral inflammation was produced in a female by continued use of the catheter in paralysis of the bladder.

Lastly, under the head of Surgical Pathology, we find an unusual case of Amaurosis, reported by Henry F. Campbell, M. D., of Augusta. In this case the retinae were partially paralytic. The whole of one nerve being diseased, both eyes were consequently affected. The following is an extract from this article to the Southern Medical and Surgical Journal, vol. 7:

"At the time of our observation, the patient frequently remarked that he was very often unable to see at all with his right eye, and that when he caught a glimpse of objects they were such as were passing before him; but, as a general thing, vision was extinct in that eye."
With the other eye, exactly the reverse obtained: here, the faculty, though much impaired in its distinctness, was still generally present, but occasionally he lost sight of objects for a moment, when they would re-appear as they changed their position on the field of vision.

"In order to test the correctness of his views in regard to his case, we passed the hand slowly before each of his eyes successively, the other being closed; on the left side, he could see the hand until it reached a certain point to the right, when it would suddenly disappear, but by continuing the movement it would become again visible. On the right side, the hand, on being passed as above, was not perceived till it had attained a point on the left exactly corresponding to the point on the right, at which he could not distinguish it. This experiment we repeated frequently and invariably with the same results.

"To explain this very singular feature in this case, viz., that in the right eye vision was confined to a small portion of the retina, while the generality of this membrane was entirely amaurotic; and that at the same time the reverse obtained in the left eye, which had most of its retina sensible to luminous impressions, with only a small amaurotic spot, corresponding to the healthy spot in the amaurotic eye, we will review some of the peculiarities in the anatomy of this important pair of nerves. Firstly, we know that the nervous filaments, which are to compose the optic nerves, arising on either side from the geniculate and quadrigeminal bodies, proceed through the optic tract to the chiasm. Here all of them, with the exception of a few fibres, cross over to constitute the optic nerve of the eye on the opposite side, into whose retina they are finally expanded, forming by far its greater portion; but the few fibres which do not cross and only approach the chiasma, pass on with those from the opposite side to expand into the retina on the side from which they originate, yet from their paucity, they can supply only a very small portion of this membrane. And, secondly, the retina of each eye is produced out of fibres from both sides of the brain—consequently the destruction or injury of either nerve behind the chiasm would affect vision in both eyes, though much more extensively in the eye opposite to the tract injured. This is the fact illustrated in the present case.

"On a careful consideration of our case, we think the following facts in the anatomy of these nerves may be considered, in a great measure, corroborated by it: Firstly, that the theory of chiasm in the fibres of the optic nerves, is correct, and also that each nerve is engaged in the production of the retina of both eyes; secondly, that the fibres are very unequally divided, one eye receiving by far the greater number; and thirdly, that in their distribution to the retina the two sets of fibres, viz., the crossing and continuous, are not intermixed together forming all parts of the retina, but are engaged in the production of separate and distinct regions of this membrane."

Surgical Operations.

Under the head of Surgical Operations, the Committee have deemed it advisable to report those cases in which the operation,
has been the most important feature, either on account of its novelty, the skill with which it was performed, or the success attending its result. A review of the journals will consequently show a somewhat greater number of operations performed during the past year, than are recorded under this head of the report, for the Committee have placed many cases in which operations have been reported, under the head of Surgical Pathology, and injuries as better deserving that position than the present.

C. T. Quintard, M. D., Prof. of Physiology and Pathological Anatomy in the Memphis Medical College, has reported a case of trepanning, in the Southern Medical and Surgical Journal, the circumstances of which are the following:

"The patient had received an injury by a stone of two pounds weight on the frontal bone near the coronal suture which produced fracture and depression followed by haemorrhage. Coma soon supervened which lasted several days and suddenly subsided, and the patient was able to walk about—seemed conscious of surrounding objects, but had lost the power to articulate distinctly. The wound healed but there remained a fistulous opening discharging matter. Audition was much impaired, this symptom being attended with 'a constant roaring in the head.' General health good at time of operation.

"The operation of trephining was performed and the depressed bone, together with several spiculae, removed. Immediately—instantly—on the removal of the bone the noise in the head ceased, and all disagreeable symptoms subsided. The wound was dressed, adhesion rapidly progressed and the case resulted in entire recovery.

"The remarkable feature in this case is the immediate and sudden relief obtained by the operation."

In the same Journal, Doctor Quintard relates the particulars of another operation, viz., Exsection of a portion of the inferior maxillary bone for the removal of an osteo-sarcomatous tumor.

The patient, a young woman aged about 14 years, in her general health, bore all the unpromising features of the cancerous cachexia. The operation was performed in the usual manner. The bone was divided with Hay's saw, first above the angle and afterwards at a point to the right of the symphysis, and the piece removed. The wound healed rapidly. Eight months had elapsed since the operation; at the time of the report no disposition to a return had been evinced. A member of this Committee had an opportunity of examining this case some months after the operation. The deformity was but trivial, and the general health of the patient appeared remarkably good.

H. M. Jeter, M. D., of Buena Vista, Ga., reports a case in which he successfully performed the Cæsarian operation. The
patient was a very delicate woman, aged about 30 years; was in labor with her sixth child. She had been confined to bed for two months previous to the operation, and was affected with general anasarca of the whole system. After using every possible means of delivery, as turning and embriotomy, for a portion of the foetus was delivered, and waiting as long a time as the safety of the woman would permit, finding that she was rapidly sinking, Doctor Jeter proceeded to perform the caesarian operation, which he thus describes:

"Having given the patient a stimulant, 'I made an incision along the linea alba six inches in length, cutting down carefully to the peritoneum, upon dividing which, the head of the foetus presented, showing that my apprehensions were correct in the womb having been ruptured sometime previous to the operation. The head of the child was so large that the incision had to be extended to ten inches in length to admit its passage. The head measured twenty-nine inches and four lines in its longitudinal or occipito-frontal circumference, and twenty-eight inches two lines in its perpendicular circumference. It was hydrocephalic.' The head and remaining portion of the body being removed the placenta was also found without the uterus within the cavity of the abdomen. This was removed and the womb was found contracted down to the size of a small cocoanut, and the cavity of the abdomen filled with coagulated blood, from the hemorrhage which took place at the time of the rupture. Having carefully removed the blood, the wound was dressed by the interrupted suture and adhesive straps, leaving a space of two inches at its inferior extremity for the discharge of fluid."

The patient was extremely weak, stimulants were freely administered. Vomiting and fever gave much trouble, but these were finally relieved; the soreness in the abdomen gradually subsided, and the patient, when visited for the last time, on the 29th day after the operation, was sitting at the fire and directing the domestic affairs of her family.

Lithotrity.—Professor L. A. Dugas reports a case of Lithotrity in the Southern Medical and Surgical Journal. The patient had suffered in early childhood from Phymosis. The orifice in the prepuce being only large enough to admit a small knitting needle, the prepuce was always distended during micturition. His general health was bad in consequence of the concomitants of retention of urine. He was relieved of all these symptoms by circumcision in his twentieth year, after which his health rapidly improved. Though he was still troubled with severe nephritic pains, he continued to attend to his usual occupation, and on urinating one day, he felt a stone fall into his bladder—a short time after, on attempting to urinate,
the water was suddenly arrested by the engagement of the calculus in the urethra. These details have been given in order to establish that he did know the exact time at which the stone came into his bladder. He was shortly afterwards examined by Dr. Banks, at that time his attending physician, who readily detected the stone.

On the arrival of the patient in Augusta, Dr. Dugas, finding the stone small, determined to crush it. Dilating bougies, slippery elm tea, with the hip baths, and rest, in reclining position, were used for a week preparatory to the operation.

Heurteloup's Brisepierre, as modified by Charriere, was the instrument used. The bladder was filled with tepid water. The stone was readily seized and crushed three times on this sitting without pain. Fragments of stone passed away during that evening and next morning with the urine. There being but little irritation produced by this operation, it was repeated on the next day, and all the remaining fragments passed out during the night. The man said he was entirely relieved next morning, and Dr. Dugas could detect no fragment on the most careful examination.

The dimensions of the stone, as ascertained by the crushing instrument, were about one inch in length and half an inch in thickness. Analysis, by Prof. Means, proved it Oxalate of Lime. It was very hard.

"The features in the above case, which I deemed most interesting, are: 1st. The existence during twenty years of a Phimosis attended with almost a complete closure of the prepucial orifice, and which seriously implicated the general health of the patient before he applied for Surgical relief. 2d. The occasional recurrence of nephritic pains during ten years after circumcision, which pains finally became confined to the left side. 3d. The accurate indication by the patient of the precise moment at which the stone came into the bladder. 4th. The passage of the stone into the bladder just after micturition; and lastly, the circumstance that a stone entered the bladder three months after the last nephritic attack. These are facts which, although already, perhaps, within the domain of Science, are not of very frequent occurrence. Such may be on record, but I do not remember a case in which the knowledge of the precise moment at which the stone came into the bladder, is so well established."

Lithotomy.—In the same volume of the Southern Medical and Surgical Journal, we find recorded three cases of Lithotomy; one performed by W. Nephew King, M. D., of Roswell, subject a child 7 years of age. Bilateral operation perfectly successful. The stone measured in its greatest diameter two-thirds of an inch, and in its shortest one-third of an inch, and was composed of the Oxalate of Lime.
The two other cases are reported by Henry F. Campbell, M. D., of Augusta. The first patient was a young man 18 years of age. Bilateral operation. Amount of calculous matter removed, one ounce and a half. Composition, Uric Acid deposit, formed into three separate calculi of nearly equal size.

The second case was a child 8 years old. Bilateral operation. Here there was but one calculus composed of the Oxalate of Lime, the largest diameter of which was one inch and three-tenths, the shortest diameter seven-tenths of an inch. Weight, two drachms and one scruple immediately after the operation.

The reporter will also here refer to another case unpublished, operated on in this State by himself during the last month. The patient, a child 4 years of age, a native of Ireland, had been troubled with symptoms of Stone from a very early age, shortly after birth. We made the Bilateral operation; removed three calculi of about the size of a chestnut. The case progressed regularly, and like the other two cases referred to, was followed by entire recovery. The great peculiarity of this case, is the extremely tender age at which the patient began to evince symptoms of the disease. We know of not less than three children who are Irish immigrants, all of whom have been affected with stone from a very early age—two of them were of one family. We cannot attribute this to the change of climate entirely, as two of them were subjects of the disease before leaving the land of their nativity.

Juriah Harriss, M. D., of Augusta, has contributed to the pages of the Southern Medical and Surgical Journal, a valuable article on Fissure of the Anus, in which he develops the treatment by sudden dilatation of M. Maisonneuve, of Paris, which, as he remarks, is really a revival of Recamier's treatment; the only difference between the two being, that Recamier recommended the gradual, and Maisonneuve the rapid dilatation of the Sphincter ani in those cases which depend upon its permanent contraction. The Doctor thus describes the operation as performed by M. Maisonneuve:

"The process he recommends is to introduce the index fingers of both hands into the anal orifice and to dilate forcibly the contracted muscle, first in the antero posterior diameter, and then transversely. This simple and almost instantaneous operation removes the cause or the most important feature of the disease."

As the Doctor remarks, this operation possesses many advantages over other modes of operation: 1st, no cutting instrument is used; 2nd, no wound is left to heal; 3rdly, there is no
danger of Pfflebitis, and lastly, the pain, which is but momentary, can be entirely avoided by the use of Anaesthetics.

We would certainly recommend this mode of treatment, except in cases complicated with hemorrhoids, as occurred to the reporter of this committee a few months since. Here the case was relieved by repeated cauterization with the Nitrate of Silver.

The same gentleman also reports a case of Phymosis in which he operated upon Ricord's plan with Phymosis forceps. Doctor King, of Roswell, reports a case of Comminuted Fracture of the Leg, wherein he amputated for mortification, which afterwards attacked the stump and produced a fatal termination. The patient was of a Cachectic Diathesis and quite anaemic.

Surgical Medicine and Treatment.

Under this head, the Committee have reported all surgical cases coming under their notice in which the treatment presented any thing of novelty, or was attended with any marked degree of success.

John S. Wilson, M. D., of Muscogee county, has furnished to the pages of the Southern Medical and Surgical Journal, a short treatise on the internal and external application of the Nitrate of Silver, in which he details the particulars of several pertinent cases. The surgical applications of the remedy recommended by Dr. Wilson are its application to Ulcers of the Leg, Stomatitis, Metritis and to Anginose and Herpetic affections. And also in Ophthalmia, Opacity of Cornea, &c.

Tetanus.—W. W. Haws, M. D., of Houston county, reports a case of undoubted Tetanus, treated by himself with success. The disease resulted from frost-bite, attended with loss of the toes—therefore came under the class Traumatic—was quite violent. Treatment consisted in the administration of calomel, opium, quinine, with veratrum viride, and Indian hemp, together with the application of general bathing and extensive revulsion. Case lasted from the 11th to about the 23d of January. "He rested on his nates and occiput all the time of his illness, except one day and night, and then, opisthotonos was complete. The Indian hemp which I used," says the Doctor, "presented all the physical qualities of a fine article, but was certainly devoid of all the fine action ascribed to it by Doctor O'Shaughnessy. The quinine seemed entirely out of place; it proved rather conservative of the spasm, than otherwise, and I attribute the sudden increase in the violence of the disease on its administration, to this drug alone. The veratrum viride
effected such sedation as to give unwonted potency to the Dover’s powder, and it was for this I stopped it, feeling confident I could continue the sedation as well with the Dover’s powder alone, as with the hellebore, and secure a more decided action upon the gastro-enteric function.”

Our attention has been called to a similar case of Traumatic Tetanus, treated by Dr. Hart, of this city. Cause, injury from a plank falling on the occiput. Treatment, which was successful, principally consisted in large doses of morphine in combination with chloroform. Indian hemp was also used without any known good effect.

Dislocations and Fractures.—In the Southern Medical and Surgical Journal, Professor Dugas has given the report of seven cases of Dislocation of the Radius and Ulna backwards at the elbow. His remarks on the extreme difficulty of the diagnosis of this injury are very pertinent, but more especially would we call attention to his suggestion in the application of forces, for the reduction of the bones, for these, we think, in certain particulars are original and peculiar. Referring to Sir A. Cooper, Liston, Miller and Druitt, the Doctor says, “with due deference to these high authorities, I think a very important element in the mechanism of this process has been overlooked, which, if borne in mind by the surgeon, will materially increase the chances of success. I allude to the lever power secured by using the olecranon, as a fulcrum for dislodging the coronoid process from the posterior fossa of the humerus. This effect will be readily perceived if the reader will place the bones of a skeleton in the position they would occupy in this dislocation, then gradually extend those of the forearm, making at the same time gradual traction. It will be found, that the resistance offered to reduction is principally produced by the lodgment of the coronoid process in this fossa—but that as soon as the extension is carried a little beyond the straight line, the olecranon will rest upon the humerus; the coronoid process will rise from the fossa and the bones will promptly slip down into their proper position. The surgeon should therefore carry the forearm a little farther back than the straight line, with the humerus, if he wishes to derive all the advantages of this method of reduction. It is scarcely necessary to say that if the dislocation resist a certain degree of force, whether applied with the arm flexed or extended, prudence should dictate a cessation of our efforts rather than hazard the consequences of such lacerations as might be produced, especially in old cases and with pullies.”

In the February number of the Southern Medical and Sur-
gical Journal of the present year, there is also an article on Fractures of the Clavicle, by Doctor Dugas, in which the Doctor gives his mode of treatment, which, on account of its simplicity, as well as efficiency, we think worthy of attention. In the following we find embodied all the important points of his treatment:

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

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

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

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

In closing this part of their Report, this Committee would express their regret that they have found the contributions on the important subject of Fractures and Dislocations so few; for here, it is well known, rests the opprobrium of American Surgery, and here the French and English practitioners have been, to the present time, our superiors. It appears—and we should confess it with much regret—that the treatment of these injuries have been regarded as of secondary importance by our countrymen. The broken bone, when properly mended, tells no history of the skill with which it was managed, but the mutilated and useless limb through which the knife has passed, marks, on a glance, that here has been the Surgeon, the brilliant and bold operator. Hence less attention has been paid to them than they actually deserve, and their treatment is therefore often unsatisfactory in its results. It seems that unless there is something to cut, something to destroy and leave a memento of our exploits, we do not regard the affection of the first importance surgically. We would therefore take this occasion to urge, most respectfully; on the practitioners of our State, a greater amount of attention to this important and much neglected department of Surgery.

\[ \text{HENRY F. CAMPBELL, Ch'n.} \]
\[ \text{J. M. GREEN,} \]
\[ \text{GEORGE F. COOPER,} \]
\[ \text{R. J. RODDY,} \]
\[ \text{J. M. SIMMONS,} \]

Augusta, Ga., April 14, 1852.

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\textit{On the Value of Local Treatment in Traumatic Tetanus. By Mr. Eddomes.}

[Mr. Eddomes narrates the case of a man in whom tetanic symptoms supervened upon a wound of the thumb with a packing needle. The symptoms came on three days after cicatrization. The treatment consisted in removing the cicatrix, and applying morphia to the wound. A blistered surface was also made in the opposite hand, which was also sprinkled with}
morphine. He stated that the spasms never became general, and that the stiffness of the jaws did not entirely subside till the eleventh day. The author appends the following remarks:

There are many points of interest in this case, and I would wish to call attention to one or two of them.

1. This man’s symptoms first came on after the healing of the wound,—a circumstance by no means unusual, though I am not aware that any reasons have been given why such should be the case. I think that one of Dr. M. Hall’s experiments, showing that the extreme terminations of nerves possess the excito-motory power in a much higher degree than the trunk, will help us to furnish an explanation. “If,” says he, “after removing the head of a frog, we divide the integuments along the back, and raise them by means of the forceps, we observe the trunks of many cutaneous nerves. Now, if we irritate these trunks no movements follow; but if we irritate the cutaneous texture on which they ramify, movements of a very energetic nature are produced.” Now, in the healing process of a wound it must be evident that the extreme distributions of the cutaneous nerves would only be involved when that process was nearly or wholly completed. And may it not be the involving these, the more easily excited terminal branches, that is the starting point of the disease. Another point of interest in this case is—

2. He had spasm of the wounded hand and arm as one of the earliest symptoms; it continued throughout, and at last was the only remnant of the disease.—This condition is not a reflected one, but the result of disease in the reflex or motor nerve; while, on the other hand, the trismus, with the affection of the abdominal muscles and legs are reflected, resulting from injury to an incident or excitor nerve. Had the spasm been a reflected action, we should have had the opposite extremity affected in a similar manner; and it would not have occurred till later in the disease. I merely mention this as being a curious and interesting circumstance, showing that the injury to a reflex nerve is more persistent, and less easily influenced by remedies, than an injury to an incident nerve.

3. The treatment of traumatic tetanus.—It is needless to say what a formidable and intractable disease it has always been found; but I believe that the ill success has in some measure resulted from not acting upon proper principles in the treatment. Look over the melancholy records of this affection, and what has been the treatment? Venesection, narcotics, anti-spasmodics, mercury, cold bath, warm bath, and a hundred other plans—all given to affect the system generally; while the seat of irritation, the primum mobile of the disease, is en-
tirely passed over, or receives only a secondary share of attention.

I would suggest that such plan of treatment is most unphilosophical, and that the treatment should begin at the seat of irritation, to allay which should be our first and most strenuous effort.

In conclusion, I would remark that, in the treatment of the present case, all I claim is, that it is simple and rational. Is it not simple to apply a soothing remedy to an irritated part? Is it not rational, when a morbid stimulus is transmitted from one extremity of the spinal cord, to be reflected on the system at large, to transmit a sedative influence to the spinal cord at the opposite extremity; a morbid stimulus from the left hand, and a sedative influence from the right, meeting at the same portion of the cord.—[Medical Gazette.

Total removal of the Collar Bone. By A. J. Wedderburn, Prof. of Anatomy, in the University of Louisiana.

Michael Foggerty, age 21 years, a labourer, was admitted into the wards of the Charity Hospital on the 21st of January, 1852, with caries of the clavicle, so extensive as to require its entire removal, by disarticulation at both extremities. The operation was made whilst the subject was under the influence of chloroform.

Operation.—An incision was made down to the bone over its entire length, and sufficiently far beyond its articulating points, to enable the disarticulation to be effected. The soft parts attached to the upper surface and the anterior border of the bone, were separated—next the separation from the acromion effected—the dissection was then continued close to the bone beneath, whilst the parts were kept on the stretch, by elevating the bone from the point just indicated. During the dissection the bone broke, from its diseased condition, about one and a half inches from its sternal articulation, which rendered the dissection connected with this portion of the bone more tedious than it would have been, had there been a sufficient length of bone left to have given a purchase. For the removal of such a diseased part as this, there can be no established mode of operation. Circumstances must always govern. Caution and a thorough knowledge of the region, is all that is necessary to make such operations simple and easy. The result of this operation was perfectly successful—recovery was rapid, and the case was discharged cured, towards the last of April, in something less than three months after the operation. When the case left the hospital, the use of the arm was perfect, the
Case of Hermaphrodism.

shoulder occupied its natural position; it was neither depressed, projected forward, or drawn nearer the sternum, and no other evidence presented that a operation had been made, than the cicatrix. He was discharged on the 8th of April.

Treatment.—The cavity from which the bone was removed was filled with lint saturated with a solution of quinine, and kept in this condition for twenty-four hours. The next day the cut surface was brought together with adhesive plaster, over which was placed a compress of lint, wet with a solution of quinine, about 5 grains to the ounce of water. No other treatment was resorted to during the cure. The shock from the operation was so slight, that he was sitting up in twenty-four hours after the removal of the bone. The solution of quinine was chiefly used in this case for its prophylactic effects against erysipelas, which was prevailing in the hospital at the time.

The total removal of the collar-bone has been done but twice before in this country.—By Dr. Valentine Mott, in its successful removal for osteosarcoma of the left clavicle, in 1828, and also, by Dr. Warren, in 1833. In Europe, it has been made by Meyer and Roux, on account of caries; by Travers, "on a boy of ten years of age, who, in consequence of a fall probably broke the collar-bone, without rupturing the periosteum, had large effusions of blood within it, which formed a tumor, that by degrees involved and destroyed nearly the whole bone, except at its sternal end."—[New Orleans Med. Register.

Case of Hermaphrodism, involving the Operation of Castration and illustrating a new principle in Juridical Medicine.

By S. D. Gross, M. D., Professor of Surgery in the Medical Department of the University of Louisville.

The following case, which came under my observation in 1849, will, if I mistake not, prove both novel and interesting to my professional brethren. So far as my information extends, there is no account of any operation for a similar object upon record.

The subject of the case, at the time I first saw her, was three years of age, having been born on the 10th of July, 1846. She had always, up to this period, been regarded as a girl, and had been so pronounced at her birth by the accoucheur. At the age of two, however, she began to evince the tastes, disposition, and feelings of the other sex; she rejected dolls and similar articles of amusement, and became fond of boyish sports. She was well-grown, perfectly healthy, and quite fleshy. Her hair was dark and long, the eyes black, and the whole expression most agreeable. A careful examination of the external geni-
tals disclosed the following circumstances:—There was neither a penis nor a vagina; but, instead of the former, there was a small clitoris, and, instead of the latter, a superficial depression, or cul-de-sac, covered with mucous membrane, and devoid of everything like an aperture, or inlet. The urethra occupied the usual situation, and appeared to be entirely natural; the nymphæ were remarkably diminutive; but the labia were all developed, and contained each a well formed testis, quite as large and consistent as this organ generally is at the same age in boys. Her hips and chest, thighs and superior extremities, were perfect.

It being apparent, from the facts of the case, that it was one of malformation of the genital organs usually denominated hermaphrodism, the question occurred whether any thing could or ought to be done to deprive the poor child of that portion of the genital apparatus which, if permitted to remain until the age of puberty, would be sure to be followed by sexual desire, and which might thus conduce to the establishment of a monial connection. Such an alliance, it was evident, could eventuate only in chagrin and disappointment, if not in disgrace, ruin of character, or even loss of life. Certainly, impregnation could never occur, and even copulation could not be performed, except in the most imperfect manner.

I need not say that I gave the subject all the consideration and reflection that I was capable of bestowing upon it. I was deeply sensible of the responsibility of my position. A new question involving the rights and happiness of my little patient, and the dearest interests of her parents, was presented to me. I examined the case in all its bearings and relations—moral, physical, and juridical; I appealed to the records of my profession for a precedent, and I sought the counsel of medical friends. The parents were anxious for an operation; they were intelligent, kind, and tender-hearted, and were willing to sacrifice everything for the welfare of their child. Their only object was to save it from future suffering and misfortune. My own mind was made up; but, before I proceeded to take any further steps, I determined to consult my excellent friend and colleague, Professor Miller, in whose judgment and integrity every one who knows him has the utmost confidence. He saw the child and examined her. He viewed the case, as I had previously, in every possible aspect, and his conclusion was, that excision of the testes was not only justifiable but eminently proper under the circumstances; that it would be an act of kindness and of humanity to the poor child, standing as she did towards society in the relation, not of a boy or a girl, but of a neuter, to deprive her of an appendage of so useless a nature; one which might, if
allowed to proceed in its development, ultimately lead to the ruin of her character and peace of mind.

Backed by such authority, I no longer hesitated what course to pursue. I performed the operation of castration on the 20th of July, 1849, aided by my pupils, Dr. D. D. Thompson, of this city, Dr. Greenburg R. Henry, of Burlington, Iowa, and Dr. William H. Cobb, formerly of Louisville, now of Cincinnati. The little patient being put under the influence of Chloroform, I made a perpendicular incision, about two inches in length, into each labium down to the testis, which was then carefully separated from the surrounding structures, and detached by dividing the lower part of the spermatic cord. The arteries of the cord being secured with ligatures, the edges of the wound were brought together with twisted sutures, and the child put to bed. Hardly any blood was lost during the operation. About two hours after, the left labium became greatly distended and discolored; and, upon removing the sutures, the source of the mischief was found to be a small artery, which was immediately drawn out and tied. No unpleasant symptom of any kind ensued after this, and in a week the little patient was able to be up, being quite well and happy.

The testes were carefully examined after removal, and were found to be perfectly formed in every respect. The spermatic cords were natural.

I have seen this child repeatedly since the operation, as her parents live only a few squares from my office, and have carefully watched her mental and physical development. Her disposition and habits have materially changed, and are now those of a girl; she takes great delight in sewing and housework, and she no longer indulges in riding sticks and other boyish exercises. Her person is well developed, and her mind uncommonly active for a child of her years.

I would fain present this example as a precedent in similar cases. The reasons which induced me to recommend and perform this operation in the instance before me have been already mentioned, and now, after a lapse of three years, I have no cause to regret the undertaking, or to think that I acted harshly and inconsiderately. If the records of surgery and medical jurisprudence are silent upon the subject; if the learned doctors of the Sorbonne, the fathers of the Royal Academy of Paris, and the Fellows of the Royal College of London have left us no precepts; and if the experience of the present day furnishes no examples; all this, and much more, does not prove that the practice here recommended is not perfectly just and proper, and vindicated upon every principle of science and humanity.
A defective organization of the external genitals is one of the most dreadful misfortunes that can possibly befall any human being. There is nothing that exerts so baneful an influence over his moral and social feelings, which carries with it such a sense of self-abasement and mental degradation, or which so thoroughly "maketh the heart sick," as the conviction of such an individual that he is forever debarred from the joys and pleasures of married life, an outcast from society, hated and despised, and reviled and persecuted by the world. Nothing but the most perfect resignation, and a well-founded confidence in the mercy and justice of the Creator, can render the lot of such a being at all supportable.—[Amer. Journ. of Med. Sci.

We doubt that many of our readers will agree with the distinguished Professor in the validity of the reasons assigned for the above operation. This will certainly not obviate the evils so forcibly set forth in the last paragraph by the author.

[Ed. s. m. & s. J.

Extract of Belladonna in Hooping Cough.

Dr. H. Corson, of Pennsylvania, recommends (Am. Journ. Med. Sc.) very highly the use of Belladonna in Pertussis, and states that he rarely fails to arrest the disease in from one to three weeks. This remedy was proposed nearly 20 years ago by Dr. Jackson of Northumberland, and has since that been occasionally referred to in the periodicals. We have frequently tried it alone, and in combination with camphor and carbonate of iron, but have seldom succeeded in arresting the cough, except in cases which had already existed several weeks, and which, had therefore nearly run their usual course. Dr. Jackson prescribed it in doses of 1 gr. to a child 2 years of age; but Dr. Corson thinks this too much, and gives, of a solution of 8 grs. in 1 oz. water, to those under one year of age 9 drops every 2 hours until the pupils are dilated, the face flushed, the mouth dry, and vision confused. The dose to be increased or diminished according to effects—but to be given daily. [Ed. s. m. & s. J.

Nitric Acid in Rain-Water.

M. Barral has lately found, after very careful and well-conducted experiments, which stretched over more than six months, that the rain-water collected at Paris contains appre-
ciable quantities of nitric acid. This discovery has been confirmed by a committee appointed by the Academy of Sciences, and composed of Messrs. Dumas, Boussingault, Gasparin, Regnalt, and Arago. It is supposed that the presence of nitric acid in rain-water will explain certain hitherto ill-understood telluric phenomena, and lead to some practical applications. It is due to Dr. Bence Jones, of St. George's Hospital, to say, that he had already pointed out the fact, in the Philosophical Transactions of 1851, as to the rain-water collected at Kingston (Surrey), Melburg (Dorset), the neighborhood of Cork, and in London. Dr. Bence Jones was herein in opposition with Liebig, who has denied that rain-water contained appreciable quantities of nitric acid.—[Lancet.

Yeast in the treatment of Boils.

Mr. Mosse, in a communication in the Lancet, July 31, 1852, states that, "During a period of eight years and more, being in practice in the West of England, where these annoyances rather raged, and were known by the name of 'pinswills,' I was induced to try the efficacy of common yeast (having failed to give relief in general modes of treatment), in doses of a tablespoonful with some water three times a day, for an adult, and smaller doses for children.

"I have now practised in this town nearly six years, and have had frequent opportunities also here of witnessing the good effect of yeast in these troublesome affections, easily consummating a rapid and complete cure without further recurrence, and by a most simple remedy, within reach of all."

[L. Medical News.

Lateral Hermaphroditism.

Dr. Banon brought before the notice of the Surgical Society of Ireland (May 1, 1852) a very remarkable instance of lateral hermaphroditism—a fusion of the generative organs of both sexes. The subject of it had died of phthisis. Dr. B. had not become acquainted with the sexual peculiarities of this individual until shortly before death. Dr. B. ascertained, however, that at the birth of the individual there was considerable doubt as to the predominant sex, but that at length it was pronounced to be a female, and baptized by the name of "Anne." In a year subsequently, however, the organ representing the penis had so increased in size that a different conclusion was arrived at, and the name changed to "Andrew," since which period he had been always treated and looked on as a male;
and as he grew up, even excelled in many of the manly exercises. His predilections were, according to his own statement, for females, and it was ascertained that he had never menstruated.

Dr. Banon gave a full and minute description of the external and internal organs of generation which were present in this individual, by which it appeared that he possessed a penis of the usual size in the male adult, and provided with glans and prepuce, but that it was imperforate, a rudimentary opening only existing in the site of the orifice of the urethra. The individual had himself stated that it was, during life, subject to erections. On raising up the penis, Dr. Banon observed that the female external organs were present in a nearly perfect condition. The labia were well marked, but terminated behind rather abruptly, the fourchette being absent. Within these the nymphæ were seen occupying their usual situation, and between them there was a longitudinal opening which led directly to the bladder. Behind this urethral opening was observed one of a more circular form leading to a canal in the direction of the uterus, and separated from the bladder in front and the rectum behind by distinct septa. This orifice was so small as to admit only of a No. 8 catheter, and was surrounded posteriorly by a distinct hymen. The mons veneris was not developed, which might have been owing to the great emaciation present. Many of the secondary characters of the male were observed. The hair, arms, hands, lower limbs and feet, the larynx, all partook of the male character. The voice, during life, was decidedly masculine.

On the other hand, there was a feminine character in the features of the upper part of the face, and the pelvis and skull were decidedly those of the female. The occipital regions of the latter were unequally developed on each side, which point was dwelt upon by Dr. Banon as illustrating, in this instance, the interesting physiological fact, that the development of the reproductive organs is influenced by this portion of the brain, these organs being, as he afterwards pointed out, situated principally on the side of the body opposite that of the increased development in the posterior lobes of the cerebrum and cerebellum.

On dissection, the penis was found to be composed of crura, uniting in the usual manner to form the body. A substance similar to the corpus spongiosum urethrae, could be traced anteriorly to the glans, and behind becoming bifurcated to inclose the longitudinal opening leading to the bladder. The prostate and Cowper's glands were absent. The spermatic cord on the right side was large. On the left, it rather deserved the name of the round ligament of the female.
On dissecting the parts within the pelvis, a well-formed but small uterus was found in its normal position between the bladder and rectum. It was supplied with but one Fallopian tube, which passed from its left cornu backwards and inwards, between the rectum and uterus, to the right side of the latter, where it terminated in a well-marked "corpus fimbriatum," being permeable throughout its whole course.

The corpus fimbriatum rested on an ovary which, as well as the Fallopian tube, was single, no trace of a second being visible. Not far removed, however, from the ovary already mentioned, was observed a testis, pendulous into the true pelvis, in front of the right sacro-iliac synchondrosis, and immediately behind the internal iliac artery, as it descends into the pelvis. Applied to its anterior surface was seen the epididymis in a partially unravelled state, and the spermatic artery and vein were traced into close connection with it. The vas deferens was plainly seen emerging from the epydidymis, and taking a remarkable course—at first, forwards and outwards, in the direction of the right internal abdominal ring, to which it had reached about half way, when it turned back, forming a loop, with the convexity towards the ring; it then took its course inwards and somewhat backwards in the direction of the uterus, to which it was finally conducted by the broad ligament of the right side. It could be traced into the substance of the uterus, into the cavity of which Dr. Banon proved that it opened by pressing mercury gently through it. Dr. Banon could not find any trace of vesiculæ seminales, nor of a second testicle. Dr. Banon here gave a minute description of his dissection of the different organs, and of the appearances of some of them under the microscope, which enabled him to speak with confidence of their identity. He then entered at some length into the discussion of the means of discriminating between the spurious forms of hermaphroditism and those which are entitled to be considered as a real blending together of the reproductive organs of both sexes, or the "true hermaphroditism," and cited some remarkable cases, both in the human subject and the lower classes of animals, in which both forms had been observed. In the present instance, he came to the conclusion that it should be placed under the division of "true hermaphroditism," termed "lateral," by Professor Simpson. Dr. Banon also alluded to some of the most interesting of the physiological changes which take place in the earlier development of the embryo, and explained how an error of function at this period in the corpora Wolffiana, by which both the male and female reproductive organs, the testes and ovaries, are originally formed, would be likely to cause subsequent abnormalities and malformations to
appear. He also entered into the question—How far the conditions necessary for self-impregnation were present in the case of Andrew R.? And although he was obliged to admit that were the testis by any means so excited as to cause its secretion to pass through the vas deferens into the uterus, there was nothing to prevent the semen from proceeding farther, through the Fallopian tube, to the ovary; still, from the absence of the procreative elements (the spermatozoa) in the seminal fluid, as proved by the microscope, and also of the germinating elements of the ovary, self-impregnation in this instance could not have occurred. Dr. Banon concluded a highly interesting paper by stating that it was his intention to publish it in full, and bring it before the profession in a form rendered complete by the addition of lithographic plates of the drawings and casts which he had now the pleasure of exhibiting to the Society.—[Dublin Medical Press.

Miscellany.

A Case of Doubtful Paternity.

By W. L. Sutton, M. D., Pres't. of the Med. Society of Kentucky.

What distinguishes a child of pure White blood, from one tainted with that of the Negro? About a fortnight ago, a child was brought to Georgetown by its reputed father, accompanied by his physician, a gentleman of some forty-five or fifty years, for examination by the physicians of the town, partly with a view of ascertaining whether any course could be suggested which would insure the continuance of its life, and partly to silence some neighborhood talk which had arisen on account of its color. The physician believed that the color of the child was occasioned by the foramen ovale remaining open; in proof of this, he alleged that when the child cried he became much darker—decidedly blue—and thought that the imperfect aeration of the blood consequent upon the patent condition of the foramen, was sufficient to account for the permanent dark color of the skin. Another physician who had seen the child at two months old, believed then that he labor- ed under inflammation of the brain, and, from some cause, suspected the foramen ovale was open. Among other things he suggested a trial of the advice of Prof. Meigs, respecting position.

The moral testimony in the case was, that up to the birth of the child, the mother had been entirely above suspicion. In fact, she was considered a very modest woman. She was said to have fair complexion, light hair, and blue eyes. The husband, who accompanied the child, had nothing remarkable as to complexion; hair of the ordinary brownish color. His mother reported to be very dark, with black hair.

The child is a boy of four months, with black, straight hair, the
fine hair on the forehead black; rounded forehead, broad nose, particularly expanded at the alæ, skin dark, yet not darker than purely white children are sometimes seen. Near the extremity of the coccyx, and rather to one side, was a spot, oval in shape, about three-fourths of an inch long, decidedly dark. No other dark spot perceived. There is a popular notion that when a child is tainted with African blood, the scrotum and a streak down the back are always dark. Nothing of that kind existed.

Three physicians (the one who had seen the child at two months, among them,) were unanimous that the color did not depend on cyanosis, and that there were appearances about the child of very suspicious tendency; but declined any expression as to admixture of blood, without a better acquaintance with the relatives of the husband and wife. One, however, could not believe that two parents of the temperament of the husband and wife, could produce a child of that color. Another thought it possible that with a grandmother decidedly dark, a child might be even that dark; but could see no good reason why a child purely white should have such a nose. The third thought that although the appearances were suspicious, they were not enough so to give an opinion unfavorable to a woman as free from suspicion as the mother had been.

The family physician, who had unshaken faith in the chastity of the woman, expressed his unfeigned astonishment that any hesitation should be felt in giving an opinion tending to exculpate the mother from all suspicion. Not satisfied with the result of this consultation, he procured the attendance of some five or six others at the residence of the parties. These last, I understand, took very much the same view of the case that had been taken in the consultation.

Subsequently it is reported that the woman acknowledged that she had had occasional connection with two negro men in the neighborhood.

As this is a point which has been but little investigated, (some little discussion in Beck's Medical Jurisprudence being all that I am aware of,) it may not be amiss to make a few comments. Many persons think nothing would be easier than to "tell a white child from a black one;" but like a great many other things, the more it is studied, the more difficulties start up. From the nature of things, our European brethren give us no authority upon this point. Beck, vol. 1, p. 485, gives us a case which occurred in New York. In this case, a mulatto woman swore a child to a black man. On trial, when the child was one year and seven months old, it appeared in evidence "that the child was somewhat dark, but lighter than the generality of mulattoes; and that its hair was straight, and had none of the peculiarities of the negro race. Many of the most eminent members of the medical profession were examined, and they all, with the exception of Dr. Mitchill, declared that its appearance contradicted the idea that it was the child of a black man. Dr. Mitchill, for various reasons, placed great faith in the oath of the female, and persisted in his belief of its paternity, although he allowed its appearance was an anomaly. The Mayor
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(Hon De-Witt Clinton) and the Court decided in favor of Whistelo," i. e. that the child was by a white man.

Dunglison ridicules the opinion of Dr. Mitchell. But Mitchell was altogether as respectable in the profession, and probably as cautious as Dunglison. Beck comments upon the above case as follows: "It will not do, however, to extend this rule too positively with what may be called *mixed breed."

Parsons gives an account in the Philosophical Transactions of a black man married to an English woman, of whom the offspring was quite black. In a similar case, the child resembled its mother in fineness of features, and indeed the whole skin was white, except some spots on the thigh, which were as black as the father.

White, in his work on the *Gradation of Man*, mentions a negress who had twins by an Englishman. One was perfectly black, its hair short, woolly, and curled; the other was white, with hair resembling that of an European.

So, also, Dr. Winterbottom knew a family of six persons, one-half of which were almost as light colored as mulattoes, while the other was jet black. The father was a deep black, the mother a mulatto.

"The offspring of a black and white," says Lawrence, "may be either black or white, instead of being mixed, and in some rare cases it has been spotted."

I have made the above extensive extract from Beck, (which is all he says on the subject,) because of the liability of such cases to arise in this community, where we have not only the white and black races, but every conceivable degree of mixture. In a note to the above extract, Beck advert to the fact that, "At birth [the new-born black infant] cannot be always distinguished from the white; its hair has not yet its peculiar make, and we can only notice the tendency to dark on some parts of the body. In a few days, however, the change commences on the countenance, and gradually extends over the body." This is rather too positive. In many cases, a child of purely black parents is so white at birth as to exhibit no "tendency to dark" on any part of the body; and like other changes, this sometimes takes place much more slowly than in others.

There is much truth in the extracts made by Beck above, as careful examination of our mulattoes will shew. In this town there is a family—the father half white, the mother three-fourths—whose children vary very much in color. Some being pretty good samples of the negro, and others, at five or six years old, not only as white as most white children, but having straight and light-colored hair.

The spots spoken of in the above extracts are certainly rare; nor do I know to how much consideration they are entitled. There was one on the child which gives rise to these remarks. On the other hand, without being able at this time to refer to any particular case, I am certainly under the impression that I have seen persons, entirely free from suspicion of admixture, who had a dark spot on some part of the body. I, some time since, owned a negress who clearly had no white blood in her, yet she had a large spot on the forehead and temples greatly darker than her skin in other parts.
The hair, although a very important feature, is not conclusive in determining our judgment. It does not necessarily begin to assume its distinctive character in a few days, as we might infer from the expression of Beck. In half-breeds, generally, it is only curly, and not knappy, as in the negro; frequently it is no more curly than occurs occasionally in persons purely white; whilst again it is as knappy as in the negro.

It seems that no reliance can be placed upon the popular notion that the scrotum and skin over the spine are dark in children having an admixture of African blood. I have examined several children of six to eight years old without finding it in any of them; they were however, more than half white—some two-thirds, some three-fourths.

We must pay some attention to what is called moral testimony, but that like other considerations, must be watched. The above case shows how guilty a woman may be, and yet escape suspicion.

In stating facts, I have gone upon the presumption that they were really as they appeared. For instance, in the family referred to as living in this town. Some of the children may be by fathers purely white, and others by those wholly black. I can only say that no suspicion attaches.

The case cited in which an Englishman impregnated a negress, one child being white and the other black, may be as reported, yet we have a case reported of a woman in Virginia having connexion with her husband, and very soon afterwards with a negro man, and becoming impregnated by both.

There is, perhaps, no subject connected with our profession which presents more knotty points than this. For this reason—and because no one knows when he may be consulted upon such a case, and further as we have so little authority on this point, and because the country South of Mason & Dixon's line could and ought to furnish the facts and authority upon this subject—I have thrown together the above facts and suggestions, in hope that they may be a means of drawing others out on the same subject.—[Western Med. and Sur. Journal.

Report on Variola and Vaccination.

[The following Report relates to a subject of so much interest both to the profession and the community, that we think we shall be performing a useful service by giving it an insertion. The facts therein set forth should be extensively circulated.]—Med. News & Library.

The Committee appointed at the last meeting of the Medical Society of the State of Pennsylvania, to investigate the accuracy of certain views relative to smallpox and vaccination, recently put forth by Drs. Gregory, of London, and Cazenave, of Paris, and referred to in a communication made to the Society at its last session, Report:

That, considering the high authority heretofore attached to the names mentioned, the opinions in question, if erroneous, are calculated to unsettle the views of physicians, and shake the confidence of the
public in regard to the protective powers of vaccination, more than any promulgated since its adoption. The Committee think these grounds sufficient to justify them in treating the subject with particular attention.

The principal points and questions calling for consideration, are:—

1. Whether persons vaccinated, lose, through lapse of time, any of the protective power once afforded against smallpox?

2. Whether the prophylactic powers of vaccination performed during infancy, are restricted to the first fifteen years of life, and of no avail afterwards?

3. Whether the accumulated evidence of the present day is calculated to sustain Dr. Gregory in his belief, that the efficacy of cowpox as a protection against smallpox has diminished, and a large increase of smallpox resulted from the extension of vaccination?

4. Whether, as asserted by Drs. Gregory and Cazenave, inoculation after the fifteenth year of age, of persons previously vaccinated, produces a specific papular eruptive disease of a non-contagious character, unattended with danger, and giving protection in after life against smallpox?

5. Whether circumstances exist which render it most advantageous to substitute inoculation for vaccination, after the fifteenth year of age, as proposed by Dr. Gregory?

The morbid miasm, or agent productive of smallpox, seemed for a long while kept in check by the prophylactic power of vaccination, which, indeed, at one time, promised the complete extermination of variola. But it cannot be disputed, that of late years variolous attacks have been common among those hitherto considered as completely protected. A new form of disease has, in fact, become known, designated "varioloïd," from its resemblance to variola, or smallpox, of which it is generally regarded a milder form, as if modified and rendered less formidable, through some remaining prophylactic influence. This, of course, long before Dr. Gregory promulgated his peculiar views, furnished grounds for believing that the protection once relied upon from vaccination, was diminished by lapse of time, or that the potency of the smallpox miasm had increased.

Dr. Gregory's views, when first promulgated in England, were well calculated to rouse the attention of the medical profession, and elicit inquiry. The Epidemiological Society of London, appointed a special committee to investigate the important subjects of vaccination and smallpox, and this committee has recently collected and placed before the public, some highly important facts, through its chairman, Mr. Grainger. As the information thus derived is so highly valuable, and directly calculated to meet the points started by Dr. Gregory, the committee think they cannot do better than give a short abstract from Mr. Grainger's statements.

In the evidence brought forward by the committee of the Epidemiological Society, we have the results of the experience of a large number of medical practitioners in different parts of England; and it is interesting to find that, out of 430 replies to questions issued by the
Society, one, only, expresses any doubt of the protective power of smallpox vaccination; and this one doubt simply amounts to this: that having been inoculated during infancy, this gentleman felt himself more secure than if he had been vaccinated.

With regard to opinions founded upon observations prosecuted in hospital practice, the committee would remark, that the results are so often influenced by the existence, here and there, of modifying circumstances, that an appeal to the experience of any single one would certainly afford most incorrect data, on which to found important conclusions, as these should always rest upon multiplied facts, and observations extended through long periods.

In a table presented by Dr. Gregory and published in his paper, given in the London Medical Times, for 1849, we find the following statement of the results exhibited in the Smallpox Hospital, over which he presided:

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<th>Percentage of Deaths.</th>
<th>Total.</th>
<th>Deaths.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unprotected cases</td>
<td>254</td>
<td>103</td>
</tr>
<tr>
<td>Vaccinated with cicatrices</td>
<td>365</td>
<td>38</td>
</tr>
<tr>
<td>Vaccinated, without cicatrices</td>
<td>63</td>
<td>25</td>
</tr>
<tr>
<td>Total vaccinated</td>
<td>428</td>
<td>63</td>
</tr>
<tr>
<td>Previously inoculated</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

Now the rate of mortality here presented is so much greater than that generally met with in other institutions, or in common practice, as to leave little doubt that the patients had been subjected to some of those malign influences, such as defective ventilation, &c., which have so often operated most injuriously in rendering mild cases severe, and originally severe ones almost inevitably fatal. If we compare the results exhibited in Dr. Gregory's Hospital practice, with those presented in 30 returns received from medical practitioners, by the London Epidemiological Society, taken without selection, we shall find the contrast most striking:

<table>
<thead>
<tr>
<th>Percentage of Deaths.</th>
<th>Total.</th>
<th>Deaths.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural smallpox in the unprotected</td>
<td>1756</td>
<td>361</td>
</tr>
<tr>
<td>Smallpox after vaccination</td>
<td>927</td>
<td>32</td>
</tr>
</tbody>
</table>

Previous to the introduction of vaccination, the annual mortality from smallpox amounted to 40,000 per annum, in the British Islands alone, being about 1.10th of all the deaths from every source. The average number of deaths per annum in London from smallpox, a century ago, namely, during a decennial period ending in 1750, was 2036; which presents a proportion strongly contrasted with the annual average of a decennial period ending in 1850, which is 408. This shows a mortality four times greater during a period when the population was not a fourth of what it was at the time last named.

Dr. Casper, of Berlin, shows in his statistics that the deaths from smallpox, in Berlin, during the eight years, from 1814 to 1822, were 535 out of a general mortality of 51,389, being only one death from
smallpox in 1000 from all diseases. This exhibits either an almost total absence of epidemic influence, or a very general diffusion of protective means. It is stated in a publication containing the regulations for medical and other officers, issued in Berlin in October, 1803, that smallpox caused, on an average, 40,000 deaths a year in Prussia, in a population of about 10,000,000, during a period when inoculation was the only protection relied upon. In 1849, when the population had increased to more than 16,000,000, the average mortality from smallpox was 1760; showing that during the first period, when inoculation was the sole reliance, the proportional mortality from smallpox was 37 times greater than when vaccination became generally diffused. These striking facts are, we think, very far from sustaining Dr. Gregory's opinion that an extension of vaccination has resulted in an increase of smallpox; nor do they offer any encouragement to those who would restore the former practice of inoculation.

The frequent occurrence, of late years, of smallpox after vaccination, with instances of mortality, have been much commented on, and occasioned no small alarm. Hence, the great value of such accurate information as the following, furnished in 356 replies sent by physicians to the Epidemiological Society.

Of these, 152 state, expressly, that they have never seen a death from smallpox after vaccination.

44 state their experience in numbers, and give an aggregate of 70 deaths.

127 give no statements of their experience.

From the same source we gather the results of the experience of thirty physicians on the respective degrees of mortality of natural smallpox, smallpox after smallpox, and smallpox after vaccination.

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Natural Smallpox</td>
<td>1731</td>
<td>361</td>
</tr>
<tr>
<td>Smallpox after smallpox</td>
<td>58</td>
<td>22</td>
</tr>
<tr>
<td>Smallpox after vaccination</td>
<td>929</td>
<td>32</td>
</tr>
</tbody>
</table>

It is remarked, in reference to the 32 deaths reported after vaccination, that in 7 cases the evidences of vaccination were not satisfactory, whilst in six other cases the deaths were owing to superadded diseases. Deducting the 13 deaths, the ratio of fatal cases occurring after vaccination would be scarcely 2 per cent., whereas that of smallpox after smallpox is nearly 38 per cent.

To these statements of results of very extensive experience abroad, we are glad to have it in our power to subjoin evidence equally conclusive as to the protective power of vaccination, obtained among our own practitioners. In the report on varioloid, the protective power of vaccination, &c., presented to the College of Physicians of Philadelphia, in Nov. 1846, replies to interrogatories of the committee were received from 51 practising physicians of the city and districts, who reported 776 cases of varioloid as having occurred in their practice during the epidemic of that period. Forty of these cases occur-
red after inoculation or a previous attack of smallpox in the natural way, and the remaining 736 after a reputed vaccination. Of the whole number of 776 cases, but 12 deaths occurred, or less than 2 per cent., and of these cases several were attended with serious complications. These cases all occurred in private practice, except two, which took place at the Smallpox Hospital at Bush Hill.

It is worth noticing, among the evidence from abroad upon this subject, that Mr. Marsden, resident physician of the London Smallpox Hospital, has, within the last sixteen years, vaccinated no less than 40,000 persons, not one of whom had returned to the hospital with smallpox. Had there been any considerable number of the vaccinated attacked subsequently with smallpox, there is reason to believe that very many would have found their way to an institution which receives multitudes of patients from the same ranks in which the vaccination took place.

Statements made by Dr. Grainger, prepared from official returns received from all parts of England to the Poor-law Board, show a greater neglect of vaccination than could be well imagined to exist among civilized people. In London, 13 unions, exhibiting 21,598 births, report the number vaccinated at only 4641, or 21 per cent.; whilst 31 unions in the country give only 9.2 per cent. of vaccinations under the first year of life. In many others, the proportion of infants vaccinated in the first year of life is much less, being occasionally as low as 1 per cent. Whilst such is the sad case in the country boasting a national vaccine institution, and acts of Parliament for the promotion of vaccination, things seem to be even worse in Ireland. In a very valuable report, made by Mr. Wilson, of Dublin, contained in the report of the census of Ireland for 1841, it is stated that, of the 56,000 deaths from smallpox which occurred in that country in the decennial period from 1831 to 1841, no fewer than 79 per cent., or 45,924 were of children under 5 years of age. Dr. Gregory gives results for England very nearly the same. He states that of 9762 persons who died of smallpox in that country during the years 1837-38, the deaths under 5 years were 7340, or about 75 per cent. of the whole. If, as Dr. Gregory asserts, in his valuable lectures on eruptive fevers, the protective power of cowpox may, for all practical purposes, be considered as complete, at least till the eighth year of life, the frightful infantile mortality here exhibited from smallpox, proves a neglect of vaccination almost equal to that which prevails to such a lamentable extent in Ireland.

In Prussia, Sweden, and some other countries, legislative authority has been brought into play with considerable efficiency in promoting the general extension of vaccination. But still, in despite of every precaution and exertion yet made, it would seem there are everywhere to be found thousands of unprotected persons, among the improvident, ready to become victims to smallpox whenever this may be introduced through epidemic or contagious influences.

In estimating the protective powers of vaccination, the public mind often seizes upon individual and isolated cases of death occurring after
vaccination performed in childhood, without forming, at the same time, a just estimate of the vast number of individuals who are thereby enjoying immunity from the ravages of variola. Persons are not given to reflect that such deaths constitute the exception to the general law of exemption, and that they happen only among a very few individuals, peculiarly susceptible to the variolous poison. It is also highly probable that the limited class upon whom vaccination appears to exert little or no protective power, are rendered no more safe by inoculation or an attack of smallpox, as we find occasional instances of death from a second attack of genuine smallpox, even in persons who have had the disease so severely as to be extensively pitted.

As to the new form of eruptive disease asserted, by Drs. Gregory and Cazenave, to be developed by inoculation performed upon those vaccinated previous to the fifteenth year, the Committee has been prevented from testing its verity by actual experiments, penal laws existing against inoculating within the city and adjoining districts, embraced within the limits of the Board of Health. A few experiments have, however, been made during the past year, by Dr. D. F. Condie, of Philadelphia, on persons situated beyond the jurisdiction referred to, the results of which were by no means calculated to sustain the views of Drs. Gregory and Cazenave. Although such limited experience cannot be regarded as furnishing evidence sufficiently conclusive upon the subject, we think it proper to place the results before the Society.

Ten cases were experimented on by inserting variolous matter in the arms of individuals, six of whom had been previously successfully vaccinated by Dr. Condie, and of the successful vaccination of the other four he had the most unquestionable evidence.

In three of the cases, between seven and eight years had elapsed since the period of the vaccination.

In five, between thirteen and fourteen years.

In two, between fifteen and sixteen years.

In one case, a local variolous pock appeared upon the arm at the place of inoculation—attended, between the eighth and ninth days, with a pretty smart fever. The scab separated on the twentieth day, leaving a decided cicatrix. The remaining portion of surface was entirely free from any form of eruption. This individual had undergone successful vaccination seven years and two months previously.

In four cases, the local disease was attended with a general eruption of acuminated pocks—with hard base and slight areola—sparsely disseminated over the surface. In different cases, from twenty to one hundred pocks appeared. In these cases, the pustules on the arm and over the body were attended with a very slight fever about the fifth day—after this period they desiccated very rapidly, forming small, light brown conical scabs, which commenced failing off on the eighth day, leaving no cicatrix. The periods which had elapsed since vaccination in these cases were, thirteen years in two, fifteen in one, and fifteen years seven months in another.

In five cases a local inflammation, but no pustule, occurred at the
part where the matter was inserted, which disappeared within four or six days, leaving no cicatrix. These cases were unattended with fever, or any form of cutaneous eruption. These patients had undergone vaccination seven years and five months, seven years and nine months, thirteen years and six months, and in two between fourteen and fifteen years.

These experiments were performed without the jurisdiction of the Board of Health of Philadelphia, with the consent of the parties and their friends, and with due precautions to prevent the individuals operated on from becoming foci of contagion.

It certainly appears strange that the poison of smallpox, which, when taken the natural way by persons previously vaccinated, produces the disease in its regular, pustular, and contagious form, should when introduced by inoculation into the systems of persons similarly situated, develop an entirely different form of disease, such as that described by Dr. Gregory as a specific papular eruptive affection of a non-contagious character, unattended with danger, and giving the most perfect protection in after-life against smallpox. Even supposing the result to be as stated by Dr. Gregory, the production of such a mild and benignant train of symptoms as those he describes from the introduction of the smallpox virus, affords one of the strongest evidences of the inestimable protective power exerted by cowpox.

In regard to the fifth and last point of inquiry, your Committee have no hesitation in expressing it as their belief, that no circumstances exist to justify the general substitution of inoculation after the fifteenth year of age, as proposed by Dr. Gregory. And they regret that, at the present time, whilst strenuous efforts are making through individual exertion, occasionally helped forward by judicious legislation, statements calculated to lessen confidence in the protecting power of vaccination, should have been promulgated. Happily, however, abundant evidence exists to show that although the hopes of complete exemption from smallpox, once fondly indulged, have not been fully realized, vaccination still offers the only dependence for protection against a disease, the fearful ravages of which have tended so much to darken the pages of history previous to the precious discovery made by Jenner.

As the neglect of vaccination, especially among the poor and improvident, may, we think, be regarded as the principal cause operating to promote the extension and mortality of smallpox, the Committee would urge it upon the State Medical Society to continue their efforts to obtain from the legislature the passage of a law providing for the gratuitous vaccination of the poor, and calculated to secure, as far as practicable, the fullest extension of vaccination in every portion of the commonwealth.

G. EMERSON,
SAMUEL JACKSON,
JOSEPH WARRINGTON,
ISAAC PARRISH,
JOHN D. GRISCOM.
Ice as a Local Anaesthetic. By W. A. Berry, M.D. Washington, D. C.—I propose to make known to the many readers of your valuable Journal the application of a new local anaesthetic agent, which probably is not familiar to a large majority of them. This agent is applicable to but a very limited part of the frame, but its efficacy is such as to cause its use in all like cases. I refer to the local anaesthetic effect of ice in the removal of the nails of the toes or fingers. This most painful operation is disarmed of all its terrors by this simple means, and the patient witnesses it with as much composure as his operator. The agent was first made use of in the wards of M. Velpeau, during the past summer, in Paris, by one of his internees, and afterwards successfully applied by himself in a number of cases. The ice is powdered finely, and mixed with a sufficient quantity of salt; next enveloped in a thin cloth, and the two phalanges of the great toe or thumb enveloped in it; the application should not be continued over five or six minutes, this time being sufficient to produce the most perfect anaesthesia. M. Velpeau proceeds with the operation in the following manner: Immediately upon removing the ice, the nail is divided in its length with a common sized bistoury from its free extremity to the root, then seizing each half successively with a strong forceps, it is removed with a moderate jerk. The frequent necessity for the performance of this operation, and the great pain attending it when removed under other circumstances, is sufficient to cause its universal application by the profession. M. Velpeau directs the application of compresses of cold water to the part during the first twenty-four hours; and the simple cerate dressing for a few days is all that is required.

It may be objected that the reaction under the application is such as to prevent its use; I will simply say that of the six patients that I saw operated upon by M. Velpeau, no such accident occurred to any one of them; and to the one case in which we applied it but a few days since, (and which has suggested this communication,) we have reason to believe that the agent is free from any unhappy results.

The simplicity and efficacy of this piece of minor surgery, and the so frequent necessity of some surgical interference in these cases, has induced me to send you this communication.—[Medical Examiner.

New mode of applying Leeches.—Dr. Sloan, of Ayr, says, that by covering leeches with a cupping-glass and exhausting the air moderately by means of an air-pump, they suck much more rapidly, and soon become fully distended and fall off. A sufficient quantity of blood may be obtained by continuing the exhausting process afterwards. The erysipelatous appearance which usually follows leechbites, is thus prevented.—[Monthly Journ. of Med. Sciences.

Mineral Springs.—Doctor John Bell, (Philadelphia,) who is preparing a work on mineral springs, more especially on those of the United States, is desirous of procuring, at an early day, all accessible information on the subject. With this view, he requests his profes-
sional brethren to transmit to him all the facts in their possession, which may throw light on the chemical composition and curative powers of the waters of the springs, in their respective neighborhoods.

Proprietors of these waters, would oblige by sending to Dr. Bell authentic accounts, on these points; and also, of the topography of the springs, and the roads by which they are approached.—[Medical News and Library.

Medical Classes.—It would seem that the classes in some of the Northern Institutions are unusually small this year, and that the circumstance has been attributed to the emigration of young men to California in search of more profitable employment. We are happy to say that the youth of "these diggins" have been more considerate, and that they have preferred to remain at home. The class in attendance at the Medical College of Georgia this session is unusually large.

Death of Daniel Drake.—The Profession of our country will learn, with profound regret, the demise of Professor Daniel Drake. An accomplished physician, scholar and gentleman, Dr. Drake was an honor to his profession and to his country. We hope that his biography will be written by an able hand, and that the queen city of the West will erect a suitable monument to the memory of her most gifted and patriotic citizen.

A new Syringe.—Dr. Mattson, of Boston, has made improvements to the syringe so as to adapt it to various purposes. It is represented as much better than those in common use.

BIBLIOGRAPHICAL.


The writer of the work before us has been favorably known as the author of a Treatise on Diseases of the Skin, and of other interesting papers. We believe that his reputation will not suffer in the present instance, and that his contribution to the study of so important a class of affections as the Syphilitic, will tend to the elucidation of points already too long within the domain of controversy. The work is divided into eight chapters, comprehending The syphilitic poison, Primary syphilis, Secondary or constitutional syphilis, Evolution of the syphilitic poison by the skin, Local affections of syphilis, Congenital syphilis, Hereditary syphilis, and the Treatment of syphilis—
the whole judiciously interspersed with cases illustrative of his conclusions.

We would recommend the book to the attentive perusal of general practitioners.


Diseases of the skin are so little understood, that we ought not to hesitate to read anything that may be published upon the subject by so judicious an author as Dr. Neligan—especially when he tells us that his object is to simplify their study and treatment. The work is small, concise and well written, and will doubtless amply compensate for a more minute inspection than we have as yet been able to give it.

General Pathology, as conducive to the establishment of rational principles for the diagnosis and treatment of disease; a course of Lectures delivered at St. Thomas's Hospital in 1850. By John Simon, F. R. S., one of the surgical staff of that hospital, &c. Philadelphia: Blanchard & Lea. 1852. Pp. 211.

These Lectures were originally published in the London Lancet, and met with much favor. The profound attainments of Mr. Simon have enabled him to comprehend in a comparatively brief volume much of most valuable matter, especially in reference to the morbid conditions and products of the blood, Tumours, Scrofula, Nervous diseases, and morbid poisons. The author is one of the ablest pathologists of the age, and his writings should be studied by all who wish to practice medicine with proper discernment.

A practical treatise on Dental Medicine, being a compendium of Medical Science, as connected with the study of Dental Surgery; to which is appended an inquiry into the use of Chloroform and other anaesthetic agents—second edition, revised, corrected and enlarged. By Thomas E. Bond, A. M., M. D., Professor of Special Pathology and Therapeutics in the Baltimore College of Dental Surgery. Philadelphia: Lindsay & Blakiston. 1852. Pp. 366.

Professor Bond's work is deservedly popular with the Dental Profession, and has already reached its second edition in less than two years. It is an excellent book, both as regards manner and matter.

To Correspondents.—We are compelled, for want of space, to defer until our next issue the publication of several valuable papers—among which is one from the pen of Dr. Charles T. Jackson, of Boston, upon Anaesthetic agents.