In appearing as the advocate of Female Medical Education, we feel conscious that we may subject ourselves to the reproaches and animadversions of some worthy members of our profession. But believing as we do, that the education of females in certain branches of Medicine, is one of the greatest wants of our age and country; and entertaining the idea also that a measure fraught with such important consequences to society, has been too little considered or too hastily condemned by physicians, we are perfectly willing to incur the censures of the selfish and unreflecting, while we are cheered by the hope of eliciting the attention and co-operation of those who consider their own private interests as secondary to the advancement of the noble science of Medicine, and the promotion of the general good of mankind. Now, whether we are entitled to the honor of being considered one of the latter class or not, we can say in all truth and sincerity that we do most ardently desire the elevation of our profession, and the general diffusion of its benefits among all classes. As one of the means for the accomplishment of the former end—the elevation of the profession—
we have advocated the excommunication of all nostrum vend-
ers and quack procurers: for the accomplishment of the latter—
the general diffusion of its benefits—we suggest the education
of female physicians, who will thus become the channels through
which the blessings of scientific medicine may reach the fairest
and best portion of the community; many of whom, in the
present state of things, are not only deprived of these, but are
subjected to numerous positive evils of the most grievous char-
acters. But we proceed, without further preface, to invite
attention, to other, and more specific reasons why we advocate
female medical education. We will then consider now and
where they should obtain it. And lastly, we will briefly indi-
cate some of the obstacles that may interfere.

Why then do we contend for the medical education of fe-
males?

1st. Because we think that their mental capacities are not
only sufficient for the successful practice of certain departments
of the healing art; but that their sexual idiosyncracies would
afford material aid in the diagnosis, and perhaps, in the treat-
ment, of certain sexual diseases. We do not design entering
into a discussion as to the mental equality of the two sexes, in
every branch of science, or pursuit in life: we will simply de-
clare our conviction that no such equality exists; but, on the
contrary, that the mental, physical and psycological peculiar-
ities of each sex, give to each peculiar advantages, in certain
pursuits, when these are adapted to the characteristic differences
indicated. Now, we assume the position that the practice of
Obstetrics, and perhaps the treatment of some morbid sexual
disorders, are eminently congenial to the mental, physical and
psycologic peculiarities of the female sex: and we make this
assumption with a full appreciation of the difficulties of this
most important department of our science; for we have been
painfully convinced of these by sad experience; still we think
it will be admitted by all, that tact, acumen and promptitude,
combined with manual dexterity, are more needed in the prac-
tice of obstetrics, than the higher reasoning powers which are
generally conceded to our own sex. This being admitted, then,
the conclusion is inevitable that this branch of medicine is par-
ticularly suited to the female mind; for it is a well-established
fact, that the distinguishing mental characteristics of the sex are—quickness of perception, and a mental tact which give to them a comprehension almost intuitive. The moral or psycologic adaptation of woman needs no proof: all, who have been so fortunate as to receive the kind ministrations of mother, sister or wife, in sickness and distress, will respond with a warm heart to the simple self-evident declaration that woman is peculiarly qualified by nature for the relief of the afflicted of her own sex, by touching the tender chords of sympathy in a sister heart which vibrates responsive to her own. Having now demonstrated, as we hope, the mental and moral fitness of females for the practice of certain departments of medicine, we proceed to notice their physical adaptation; and under this head we will endeavor to explain what we mean by the sexual idiosyncracy as an aid in diagnosis and therapeutics. This phrase may not express our precise meaning—still it is the best we can find; and we hope to be able to make it intelligible by the introduction of a homely illustration. If we mistake not, there is an old saw which runs thus: "Seeing is believing, but feeling is knowing." Now, while this may not be received as axiomatic in every case, we think it is not devoid of truth when applied to the subject under consideration; for who will say that a woman is not more competent than the opposite sex, to comprehend the diagnostic value of certain symptoms and sensations originating in the sexual constitution, when she has felt many of those sensations, physiological and pathological, normal and abnormal, which characterize the protean derangements of her sex, and render them so difficult of comprehension, especially by one who only has a theoretical knowledge of them? This question may serve to indicate, in very general terms, what we mean by the adaptation of woman, in her "sexual idiosyncracy." We leave its further illustration, and special application, to others. But this is only part of the physical adaptation of woman, for the practice of some departments of medicine, for the smallness of her hand, and the delicacy of her touch, fit her peculiarly for those manipulations so often required in parturition, many of which are extremely painful, and even impracticable, when performed by the clumsy hand of a male.

2nd. We advocate female medical education, not only be-
cause woman is mentally, morally and physically worthy of its reception, but also because her natural qualifications, which have just been mentioned, give her a natural right to practice certain departments of medicine, at least. Shall the cry of the widow and the orphan, then, be unheeded by us? And shall we unjustly close the portals of the temple of Medicine against them, when they have a natural and inalienable right to enter? Many of this class need employment; and though this consideration alone may not be deemed sufficient, this, together with the reasons already given, and others, yet to be adduced, should entitle them to the privilege of engaging in a pursuit so honorable, lucrative and useful as the practice of Obstetrics, if not of other branches of medicine.

3rd. The medical education of females would relieve the physician from the practice of one of the most disagreeable and irksome branches of his profession—a branch which is (in a letter to the writer) denounced as "a real drudgery for a man of science, in most cases"—a branch which we believe would be readily given up, by the better part of our profession, if they could be convinced that the community would sustain no injury.

4th. We favor the medical education of females, not only for the reasons already given, but the greatest and last reason is this, viz: Because—we are convinced that the safety and happiness, of a large portion, of the most refined and lovely women, (in the South particularly,) demand it.

Modesty is universally admired as the brightest gem in the beauteous diadem of female loveliness. And while we deplore the sad consequences of the morbid sensitiveness of females, in concealing those sexual secrets, which pertain to their nature, at the expense of health, and even life itself, we can but admire while we condemn and deplore; and we would fain devise some means which would secure the virtuous of the sex in the possession of those sacred treasures, without the payment of such a dreadful penalty. This can be accomplished only by qualifying females to administer to the necessities of their own sex, by bestowing upon them a proper medical education: this plan, and this only, will secure females from exposure, on the one hand, and the malpractice of ignorant midwives on the other.
It is needless to enlarge upon the evils to which women are exposed, more especially in the South, in the present state of things; for every physician who has a practice of any extent, sees, almost daily, cases which have become incurable, on account of the reluctance of females to submit to the use of the speculum; and every one knows what disadvantages he frequently encounters in the treatment of uterine and other diseases, for the want of a proper examination. And we venture the assertion, that there is no physician who has practiced medicine for five years, who has not had cases which brought reproach upon himself and upon his profession, because he, in compliance with the natural aversion of females, failed to avail himself of the speculum and other means involving exposure, even when convinced of their almost indispensable necessity; and of the extreme uncertainty of being able to institute a successful plan of treatment without them. Again: we believe that three-fourths, or more, of the cases of leucorrhœa, dysmenorrhœa, menorrhagia, lumbago, &c., which linger along under an inefficient or palliative treatment—the opprobria of medicine and the curse of the whole menstrual life of many females—could be relieved by one or two local applications, were it not for the almost insuperable objections of the fair sufferers, to the inevitable exposure of their sexual secrets, to a male physician. But we can only hint at some of the most prominent of the fearful evils to which they are exposed in the absence of female physicians; one of these—the malpractice of uneducated midwives—has already been alluded to, and is of too great magnitude to be passed without further consideration. The extent to which this class is patronized, is one of the strongest evidences of that horror of exposure, to which we have adverted; while the injuries inflicted on children and parturient females, by their mismanagement and gross ignorance, are the most potent arguments that could possibly be adduced in favor of educated female physicians. Who has not seen mothers rendered miserable for life, by prolapsus and inversion of the uterus; rupture of the perineum; rectal and vaginal fistulae, &c., &c.; all of which have been occasioned by the ignorance and unskilfulness of the "old grannies," to whom females are almost compelled to submit their lives, in the present state of things? Who has
not been shocked by seeing tender infants, not an hour old, gorged with fat bacon, with the view of purging off the "me-
conemy," to say nothing of the thousand and one other foolish
and destructive errors so rife among this ignorant class?
To recapitulate, then, \textit{why} we favor female medical educa-
tion. 1st. Because females are mentally, morally and physically
adapted to the practice of certain departments of medicine, and
more especially those pertaining to their own sex. 2d. Be-
cause many females need employment; and possessing a natural
right, as a consequence of demonstrated natural qualifications,
it is a wrong on our part, for us to refuse them admittance into
the profession. 3d. Because physicians would be relieved, \&c.
4th. Because the salvation of females, from exposure on the one
hand, and from irremediable diseases and malpractice on the
other, \textit{demands} it.

The next thing which will engage our attention, \textit{is, "how,"}
or to what extent females should be educated. It has already
been seen that we have advocated their education for certain
departments of medicine only. It is hardly necessary for us to
say, then, that we are opposed to the Northern plan, lately
introduced, of granting the Doctorate to females. This we
consider a great error, and one well calculated to retard the
progress of female medical education, for the following reasons:
1st. Because woman is \textit{naturally} incapacitated for the \textit{general}
practice of medicine. And 2d. If she is qualified by nature and
education for the practice of one or two departments only, it is
manifestly a falsehood to say that she is worthy of the "Degree,"
\textit{"et esse honoratum gradu medicinae doctoris."}  Now, we would
not have any one to entertain the idea for a moment, that we
really suppose, that the above phrase, taken from a medical
diploma, means all that it implies; and that \textit{all} are considered
\textit{justly} entitled to the honor, who receive a diploma with the
"esse honoratum," "dignus," "probasset," and other flattering
words, which look so pretty in fancy type: still there is some
\textit{appearance}, of propriety at least, in this, when it is applied to
a male who has given some attention to all the branches of
medicine, and who may become a proficient in them at some
future time. We believe, then, that females should be educa-
ted, in certain branches only; and therefore that it would be
absurd to confer on them the comprehensive degree of Doctor of Medicine. But it may be said, that the human system is so complete, and all its organs and functions are so intimately associated, that one branch of medicine cannot be practiced successfully, without a knowledge of the whole. While we are willing to admit the truth of this assertion to some extent, we still think it should be received with some qualification; for no one will pretend to say that a knowledge of Physiology, Chemistry, Surgery, Materia Medica, Practice, and Medical Jurisprudence, is essential to the successful practice of Obstetrics proper; but, on the contrary, all will admit that a thorough understanding of the anatomy of the parts concerned in parturition, together with a full comprehension of the mechanism of this process, is all that is really necessary. Still, while we thus restrict the absolutely indispensable obstetric knowledge to two points, we would not be understood as underrating the value of more extensive attainments; for we can readily imagine cases in which an acquaintance with Medical Jurisprudence and the diseases of the puerperal state would be very desirable, if not indispensable. Taking it for granted, then, that females should be educated for the practice of Midwifery, the important question arises, as to whether they should be confined strictly to this branch; or whether their education should comprehend the diseases, general or special, pertaining to the sex.

This part of our subject is environed with difficulties not easily surmounted; for the peculiar sexual diseases of females—to say nothing of those to which they are subject in common with males—are so obscure, so complicated, and so obstinate, as to render extensive attainments in the various branches of the healing art essential to the successful treatment of the former. This being admitted, then, the question recurs in this form: Should the education of females be sufficiently comprehensive to enable them to treat all the purely sexual diseases of women? To this, we must answer in the affirmative, for the following reasons: 1st. Because diversified acquirements would be desirable, if not indispensable, in the practice of obstetrics alone; for instance, a knowledge of the symptomatology of threatened convulsions, phlegmasia dolens, puerperal fever, and other diseases of child-bed, might be of immense advantage, by
giving the patient the benefit of *timely* medical aid. But the 2nd, and great reason, why we think the education of females should embrace the diseases peculiar to their sex, is this: Because, without this, the natural modesty of females would still leave them exposed to all the evils of incurable disease, or malpractice, to which we alluded, while advocating obstetric education. And we must be allowed to declare our candid conviction, that the evils to which females are exposed, from neglected diseases of the genitalia, are far greater than those to which they are subjected in parturition—even in ignorant hands; for the latter is a physiological act, and it *will* terminate favorably, in the vast majority of cases, if only *let alone*; while most of the female diseases referred to are progressive, and their end is irremediable disorganization and a lingering death. Again: it is a fact, which is generally known to the profession, that females are less averse to male attention in parturition, than to the use of the speculum and other diagnostic and therapeutic measures which are necessary in the treatment of their diseases; because, in the former case, the mind is wholly occupied by the anxieties of the present, while this state of mind does no exist in the latter: we have, then, in this case, not only a negative state of mind, which is very unfavorable to passive submission, but conjoined with this, the unavoidable exposure is much greater than it would be in simple manual assistance.

Having now, in a brief and imperfect manner, indicated the reasons why we favor the extension of female education—while we at the same time oppose the granting of the Doctorate—it remains for us to reconcile the apparent inconsistency, by showing that females can be qualified to treat all the "*purely sexual*" diseases, without giving their attention to every department of medicine. It has already been seen that we consider "extensive attainments" necessary to the successful management of this class of diseases:—the fundamental branches of female medical education, then—the branches which we deem essential, and at the same time *sufficient*, for the accomplishment of all the objects indicated in this article, should, in our opinion, be these: 1st. Anatomy (excluding surgical and pathological anatomy); 2d. Human Physiology; 3d. Medical Chemistry; 4th. Materia Medica; and 5th. Obstetrics, and the
Diseases peculiar to Females. We would give females five branches, then, as the basis of a medical education—enough, we think, if well learned, to enable them to treat "purely sexual" diseases with success: at the same time we would exclude from their course of study the two most important branches—Surgery and the general Practice of Medicine; and also the minor ones—Medical Jurisprudence and Pathological Anatomy—enough to deprive them of any just or well founded claim to the degree of "Doctor of Medicine." We admit that this plan is obnoxious to objections; some of which will be noticed, in conclusion, under the head of "obstacles that may interfere."

The next thing for consideration in the division made by us, is—where females shall be educated in medicine.

It is our decided opinion, that all of our Medical Colleges should have professors for the instruction of a class of females, in obstetrics and its collateral branches, at least, if not in all for which we have contended. It being once decided, that females should be educated, the advantages of the plan suggested are so obvious as to require but little attention; we will therefore only mention some of the most prominent of these. In the first place, the great expense of erecting new college buildings and purchasing materials for a museum, library, &c., would be saved; for the lectures to the female class could be delivered in the intervals between the lectures to the males: and we would suggest, en passant, that this arrangement might serve as a salutary check upon those Colleges which have adopted the injurious plan of giving two courses of lectures in the same year, each of which counts towards a degree! For it is fair to presume that those who have the control of such institutions, being influenced by a desire for gain, might be sustained by the "consideration" of a paying female class, although the interest and respectability of the outraged profession to which they belong, have failed to influence them. In the second place, we would have the comfortable assurance that females would thus receive an orthodox education—an education untainted by the heteroclitical errors which are likely to creep into those independent institutions that are too much surrounded by the external forces of Bloomerism and Woman's Rights. In the third and last place, the plan suggested would place a medical education in the reach
of Southern and Western females, without subjecting them to the necessity of making a trip to Yankeedom—an advantage which should certainly not be disregarded, especially by the former class; for to say nothing of the distance, they might find it very inconvenient, to keep a negro servant, in that "higher-lower" land. Before concluding this part of our subject, we would add that it would be necessary, and highly proper, to substitute for some of our present professorial corps, one or two female lecturers.

Having now considered "why"—"how"—and "where" females should be educated, the next and last division is the "obstacles that may interfere." &c.

The first we meet on the list, is—the opposition of the medical profession. But although this is first in order, we do most sincerely hope that it is not first in magnitude; and animated by this hope, therefore, we will boldly meet the objections that may suggest themselves as likely to originate in this quarter. It cannot be denied, that female physicians would divide the practice, and consequently render it less lucrative than it is now; but admitting that the profits would be diminished, there would be a corresponding diminution of labor, which would give the male practitioner more time for study and reflection, and thus enable him to cultivate more successfully the vast field of Medicine committed to his special care and guardianship. But granting that no personal or professional advantage could arise that would afford an adequate compensation for the pecuniary loss referred to, we would still contend that the claims of suffering humanity, and the good of our race, ought to be sufficient to banish all mercenary influences from the ranks of the noble and philanthropic profession to which we belong. And we would add, that the profession would, by taking the initiative in female medical education, regardless of all selfish considerations, re-establish its ancient renown, and win for itself benedictions, more grateful to every pure and generous heart, than all the gold of Ophir.

Assuming, then, that a conviction of the necessity of female medical education is all that is necessary to dispel all opposition, on pecuniary grounds; we proceed to notice another adversary which is likely to emerge from our ranks. This is professional
pride; and this we regard as a much more formidable enemy than the other, for being more laudable than avarice, it may be made a sort of scape-goat for opposition arising from all kinds of impure and unworthy motives. We consider it more formidable again, because all men have inherited a kind of hereditary sexual pride, which revolts at the idea of being placed on a level with a woman; while to this, is superadded, among physicians professional pride which constitutes the only real bond of union between them. Therefore it is to be dreaded, because it is laudable—because it is deep-rooted, and because it is universal. But it is only commendable when it prompts to noble deeds, and restrains from every thing which is mean, and derogatory to the character of a learned and liberal profession. Thus far it is legitimate—worthy of all praise; and the greatest safeguard of which we can boast. But when the noble principle of which we are speaking, is perverted from noble ends, and degenerates into that pitiful self-conceit and supercilious scorn which would refuse a female admission into the temple of Medicine when she is proved to be worthy of the honor, and when it is demonstrated that the welfare of the race demands it; it then becomes a damnable* evil, and a disgrace to the profession. Ashamed to acknowledge fraternity with a woman, indeed!—Is not this supremely ridiculous, when we recognize as brothers, grog-shop Thompsonians,† half educated, and wholly uneducated Licentiates of one-man Medical Boards; newspaper publishers; cross-road posters; patent medicine venders, and certifiers and prescribers—et id omne genus? For though some of us may deny the "soft impeachment," and disown our relationship to this swarm, we are all placed on the same platform by the laws, and often by public opinion. Let others indulge this false professional pride, then, if they wish; but as for us, give us well-educated, virtuous, honorable and orthodox females, in preference to the legion of empirics to whom reference has been made.

But we must pass on to another objection that may originate in the medical profession—viz: The difficulty of confining female physicians to their own proper sphere of practice, provided

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* No swearing. From "damno," I condemn.
the extension is allowed for which we have contended. We candidly admit that this is a difficulty of some importance; still we think that it could be obviated, by specifying in the license or diploma, all the diseases which they might be authorized to treat; and by reserving the power to revoke the license or diploma, in case the prescribed limits should be transcended. As a protection to the community, we would suggest also that all the disorders embraced within the range of female practice be distinctly enumerated at the public Commencement, and in the public prints. The necessity of having the female medical classes attached to our regular colleges, will be readily recognized as an important feature in securing the success of the above plan. Without dwelling more on professional objections, which we hope, after all, are more imaginary than real, we will notice, lastly, and very briefly, some of the difficulties that may originate among females themselves. The most prominent of these is the natural timidity of the sex, and the fear of incurring public odium.

Now, it is too true, that the proverbial ignorance and want of refinement, which characterize the midwives of our country, have had a tendency to bring female practitioners into disrepute. And we may add, that the natural aversion of the refined and sensitive females of the South to public display has been fostered by the ultra and radical Woman’s Rights movements of some of our Northern states. We would answer these objections by saying, that the reproach of ignorance and coarseness would be removed, by the substitution of refined and educated female physicians, and the only cause of public odium be thus dispelled. While females confined themselves, then, to the honorable and useful sphere conceded to them by the medical profession, and required by the wants of the community, they would have nothing to fear, either direct or incidental; but, on the contrary, they would be animated and encouraged by the fraternal smiles of physicians, and the applause and patronage of a grateful people. The last difficulty to be noticed, and we think the most important, is the social and domestic relations of females. It is generally conceded, that the natural and conventional circumstances by which woman is surrounded, conspire to render home her most appropriate sphere; and it
cannot be denied, that there is a direct antagonism between domestic and public pursuits. This being the case, then, the practice of medicine, by a married woman, would certainly interfere often with the darning of stockings, and all the numberless duties of good housewifery in general. But this difficulty could be obviated by the employment of a housekeeper—an expense which would hardly be felt by a female in extensive practice. Again: those who chose to remain free from matrimonial bonds, would of course avoid the difficulty; and we think that they would be amply compensated, for a life of celibacy, by the increased honors and profits that would accrue to them, in giving their individual attention to the science of medicine. Other difficulties might be met under this head, but we fear that we have already protracted this article to an unwarrantable length; and, besides this, we think it useless—for we believe that all obstacles, whether of a social or domestic nature, will be readily surmounted by females, if they receive sufficient encouragement.

In conclusion, we would add that we have submitted our views on female medical education with some diffidence, and without dogmatism: if we are wrong, we are willing to be convinced of our error; and we therefore solicit the opinions of others on this important subject; and should any one see fit to oppose us, we hope it will be done in a spirit of lenity and toleration, and with a sincere desire for truth.

ARTICLE II.

Chloroform in Delirium Tremens. By E. W. Booth, M. D., of Carrollville, Miss.

William D., aged about 43, tall and rather spare, a confirmed drunkard, was taken on the 25th inst. with the usual symptoms of the above disease, after a debauch of some two weeks duration. I was called to see him the day after the onset of the attack, and found him laboring under delirium tremens, and suffering all the horrors of the “demon damned.” I put him on the use of morphine, in grain doses, and directed that the medicine should be continued till sleep was induced. I was sum-
Booth's *Case of Delirium Tremens.* [January,

moned at 3 o'clock the next morning to see him, as he was said to be growing worse; I found him raving about imaginary beings who were annoying him greatly. He had taken 10 grains of morphine, which appeared to exert very little influence on the disease. I determined to try the internal exhibition of chloroform, and immediately gave him about half a drachm of that article, mixed with a little water, and after the expiration of ten minutes repeated the dose. He, soon after the last dose was administered, fell into a profound apoplectic stupor: his breathing was not oftener than once in a minute; his eyes turned upwards; his pulse about one hundred, full and regular; his respiration was loud and stertorous, and at each inspiration he started as if he had received a powerful shock; his extremities were cold, and he could be aroused by powerful shaking for a few seconds, to relapse again into his former state of deep insensibility. I sat by his bed, watch in hand, counting his respirations, and must say that my feelings were anything but pleasant. I had him aroused every three or four minutes for some time. hoping that this unpleasant state would subside, but finding no improvement, I then ordered a quantity of water to be drawn from a well, and poured it on his head, with occasional intermissions, for several hours. I also gave him an emetic of mustard and ipecac, which operated well; and had his legs enveloped in sinapisms. He slept profoundly during the application of the water, and seemed to be almost unconscious of the operation of the emetic.

After treating the case as above related for several hours, he gradually improved till he became quite conscious, and the mental hallucinations had left him. Without further treatment, except camphor and whiskey, he slept soundly the next night, and in the morning was fairly convalescent. He progressed favorably, and is now well.

[The above case is quite interesting, as illustrating the influence of chloroform upon a nervous system affected with mania a potu and insensible to the action of large doses of morphine. Cases of mania a potu successfully treated by the internal administration of chloroform have been repeatedly reported during the last year or two, but we do not recollect any in which the
chloroform has so manifestly brought the system under the influence of the previously taken narcotic. In the present instance it is evident that the alarming condition of the patient, after taking the chloroform, was attributable to narcosis induced by bringing the system in such a state as to take cognizance, if we may use the expression, of the anodyne to which it was before insensible. It is well known that huge quantities of opium may be taken with almost impunity by those affected with delirium tremens—but it would seem from the example under consideration, that it is not altogether safe to follow these large doses by the use of an agent which so promptly annihilates this tolerance of narcotics. It is singular that an article which so effectually blunts the nervous sensibilities as chloroform, should be at the same time possessed of the property of making the system amenable to the impressions of opiates which it did not before seem to feel.

The facts recall to mind a case of tetanus in which the patient took a grain of morphine every hour during a whole day, and was at the same time made to inhale chloroform very freely. He died evidently narcotized.—Editor S. M. & S. J.]

ARTICLE III.

Mammary Abscess, treated with Iodide of Potassium. By J. Y. Carithers, of Hendricksville, Ala.

Mrs. S., on the fifth day after being delivered of her second child, complained of pain in her left breast, which suppurated, in despite of the efforts made to prevent it. The abscess was opened and a large quantity of pus discharged; but this gave relief only for a short time, after which other portions of the gland became indurated and proceeded to suppurate, requiring to be punctured. The usual antiphlogistic treatment was tried with only partial relief, when the following treatment was adopted: Three grains of iodide of potassium to be taken in solution morning and night, and to use as a local application the ung. iodini; her diet to consist of nothing but rice. In a few days relief was evident. This treatment was continued for twenty days, when all signs of soreness disappeared. The lady is now suckling her child with no inconvenience, four months having elapsed since the accident.
Letters upon Syphilis. Addressed to the Editor of L'Union Médicale, by M. Ph. Ricord. Translated from the French, by W. P. Lattimore, M. D.

TWENTY-THIRD LETTER.

[Continued from Vol. ix, Page 672.]

My dear Friend—I promised to call your attention to-day to the cauterization of chancre.

This remedial measure, which I have so ardently sought to maintain in therapeutics, has not yet been generally adopted. It has even been expressly condemned by some practitioners; and I am sorry to add that a very unfavorable opinion of it was given by the Academy of Medicine, before I had the honor of being a member of that honorable body.

You will recollect that one of the members of this learned society treated cauterization with so little favor as to disdainfully return the remedy to the corporal's guard, with whom he said, it ought ever to have remained. The author of this apostrophe, in his character of military surgeon, should, at least, have informed us as to the effect of the measure in the corporal's guard; for it is important to be satisfied with respect to its efficaciousness. If the means be good, the source whence it originated is a matter of indifference; and we make this remark without reflecting in any degree whatever on the corporal's guard.

The cauterization of chancre did not originate with me; but I am a firm supporter of its value as a remedial measure; and in this capacity, you know, my opponents have not failed to attack me. It is, therefore, my purpose to defend the principles which I advocate.

Let us first invoke analogy, in illustration of the question.

We cauterize the bites of the viper and of the mad dog, as well as anatomical wounds, anthrax, malignant pustule, and often with success, when our services are timely invoked. No one would be inattentive to a puncture made with an instrument soiled with the pus of fancy or glanders. The surgeon who would fail to cauterize in these cases would be highly culpable. And yet the very men whose hand in all such cases is armed with iron and with fire, pause when the disease happens to be chancre! Why? Because they either cease to reason, or cease to reason with effect.

Let us prove our statement.

Does chancre, whatever may be its variety, always produce accidents at a distance? Does it always infect the economy?

With respect to this question, you know there are three parties, with distinct opinions:—

One party, which appears to believe in nothing that is not
incredible—a party which is still numerous—is convinced that chancre is not a primitive accident, in the strict acceptance of the term; but that it simply constitutes the first manifestation of the general infection, or, as I have already stated, a primitive secondary, or a secondary primitive accident.

Another party, which already begins to have a glimpse of the truth—and the school of Hunter must be ranged in this category—admit chancre to be at first a local accident; but thinks that it must inevitably infect the economy unless specific medication is employed in time.

Finally, the most rational party—that which has observation, experience and the evidence of facts on its side—affirms that chancre is always, *at the commencement*, a local affection which art can arrest, and which even without the intervention of art, may remain local in certain well-determined circumstances, whatever may be the extent of the chancre with respect to its surface or depth. The last observers maintain—and this is one of the consoling points of the doctrines which I profess—that, even when the chancre is about to infect the economy, this result does not take place instantaneously, but only after the lapse of an interval sufficiently complete to enable us to destroy it.

I say nothing with respect to the physiologists whom I have elsewhere opposed; and who do not admit a general infection, either before or during or after exposure to the cause. This doctrine is now duly interred; and, what is very singular, some of its advocates have since become more virulent than myself. I could cite instances of some who, from unbelievers that they were in regard to the virulence of the disease, have ended by believing in everything, even in homœopathy.

I do not rest here to enter upon the discussion of when and how buboes are produced: of the time at which the constitutional infection occurs and of its mechanism, we will speak hereafter. I only wish to recall the reasons which have caused the rejection of cauterization as an abortive or curative method of treatment of chancre, together with those which have led me to adopt it.

What do we wish to accomplish by cauterizing chancres?
1. To prevent constitutional infection.
2. To hinder the production of buboes.
3. To retard the progress of the primitive accident, which occasions greater or less deformity, and sometimes the loss of important organs.
4. Finally, to destroy a focus of contagion.

Those who believe that the constitutional infection always precedes chancre, not only state that it is useless to cauterize
the accident, since the disease which we seek to prevent already exists; but they further add, that it would be dangerous so to do, inasmuch as the chancre is an _emunctory_ by which the economy frees itself from the virus. If this opinion were well founded, it would follow that it is not only imprudent to destroy the chancre, but that, on the contrary, it is necessary to preserve and extend it, in order to furnish the virus with numerous and easy doors of exit. This is a logical sequence. But you know, my dear friend, that these logicians do not act in this way; and we must admit that it is very fortunate for their patients that their practice is inconsistent with their professions.

The difference is not great between this school and that which, as I have already told you, believes that chancre, at first local, inevitably produces general infection. The disciples of this school tell us that the activity of the infection is proportional to the number, the extent, and the duration of the primitive accidents. But, alas! after the statement of these fine doctrines, there comes a contrary element, which leads to the direst practical nonsense. In fact, what do they prescribe? Listen to them, and they tell you: Avoid destroying the chancre; do not seek its rapid cure, for thus you throw back the virus into the economy, inclose the wolf in the sheepfold, and finally render the infection more active.

Do you not admire the manner in which all this is deduced and linked together!

We throw back, we repercuss the virus by drying up the virulent source! The wolf in the sheepfold is so much the more dangerous since it is dead! The infection becomes more active when we have destroyed the elements which must increase it!

My intelligence cannot scale the sublime heights of this reasoning: are you more fortunate than I, my dear friend?

This is not all; the partisans of this doctrine further say to you: Respect the chancre, for it tells the actual condition of the patient, and also what will occur later.

They add:

_Do not cure the primitive ulcer too soon, for it serves you as a guide in the general treatment, and forces the patient to follow this._

What do you now think of these precepts? What is the satisfaction, in fact, from knowing each day, beyond a doubt, that your patient really has a chancre, and from being assured that it was this which determined the other accidents which you have subsequently to combat?

The primitive accident, they say, serves to direct your de-
puratory treatment; but you, as well as I, know that not one of those professing these doctrines suspends the general treatment as soon as the chancre is cured, even by their method. Their treatment is nearly the same in all cases: it is a fixed dose of mercury administered during a given time, whatever be the nature of the primitive accident, whatever may have been its duration. And then what do you say of allowing a chancre to progress in such a way as to amputate the penis, for the sake of inducing the patient to follow the treatment? this is truly admirable, and one could not be more prudent.

Cauterization has been reproached with being a frequent cause of bubo; and in support of this assertion the meagre statistics of Bell have been cited, statistics which a single visit to the Venereal Hospital of Paris would reduce to naught.

The law, which you can verify when you like, is this: there are more buboes without a previous cauterization of the chancre than otherwise. Cauterization does not always prevent the production of buboes; it never determines specific ones; it may often prevent them.

It may often prevent the constitutional infection, it never favors it.

I am well aware that many observations have been cited in support of the heresy which I combat; but they are all of about the same weight as the observation somewhere to be found in Van Swieten. In this case the patient had had a chancre for more than a month, and, after a cauterization, was affected with secondary ulcerations of the throat, as a consequence of the pretended repercussion! Oh, pox! when wilt thou be understood?

M. Lagneau, who is opposed to cauterization, because, among other inconveniences, it destroys the primitive accident too quickly, cites against it an instance in which it had a wonderful result. But, to judge of it the better, let us allow M. Lagneau to speak. Here is his observation:

"In 1807, an officer of high rank, called for a short time to the imperial headquarters at Varsovia, exposed himself to venereal contagion. Shortly afterwards two chancres appeared at the base of the glans. Before appropriate treatment was commenced, the army was unfortunately commanded to march. The patient was unwilling to leave his regiment at a period when everything indicated the occurrence of great events in which he was anxious to participate. Being attached to a cavalry corps of the advanced guard, his duties were exceedingly arduous on account of the extreme severity of the cold. I was therefore unable to resort to the usual treatment in such cases. For many reasons, such as the irregular administra-
tion of the remedies at my disposal, I could not hope to be able to prevent the developement of accidents, when so many powerful causes capable of producing them were in operation. I yielded then, to the reiterated demands of this officer, and touched his ulcers with the nitrate of silver, forewarning him however, of what he might expect in the future. *The chancres cicatrized very promptly and the patient finished the campaign without experiencing the slightest inconvenience from them.* Shortly after the battle of Eylau, the army having taken cantonments upon the Pasargo, he informed me, according to agreement, of his condition; and I engaged to prevent, by a methodical treatment, the results of a general infection. He followed my advice, and has not since experienced the slightest venereal symptoms."

After so conclusive an illustration in favor of cauterization, you will not, I trust, expect me to adudge the thousands of similar facts which I have been enabled to collect during the practice of twenty years. This one seems to me sufficient.

In order now to clearly explain to you my views on cauterization you will allow me, in my next letter, to present to your notice some important propositions.—*[N. Y. Med. Times.*

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**Chloroform—its External and Internal Uses. By R. L. Madison, M. D., Petersburg, Va.**

The use of this powerful anaesthetic has become widely popular with the medical profession, and richly does it deserve its popularity. Having passed the ordeal of rigid experiment and enlarged experience, it now ranks *first* among those remedies which science, with lavish hand, has kindly furnished for our relief, while millions are ready, with willing lips, to testify to its delightful and lethean influence, and to herald its praises as a mighty boon to suffering humanity. If to afford immunity from pain, to impart relief to agonized human nature, be *one* among many of the glorious objects of the physician's mission upon earth, surely the possession of this remedial agent alone were sufficient to yield the blessings of comparative comfort to half the "ills that flesh is heir to."

It is not my purpose, in the present article, to speak of the anaesthetic virtues of chloroform, because they are too well known and appreciated by the profession to need further commendation or support, but simply, through the medium of your valuable journal, to invite attention more directly to some other uses to which it can be, and has been, applied with the same success, and with equal certainty, as by inhalation.
I allude to its external application and internal administration in cases of exalted or perverted nervous action, inducing spasm whether tonic or clonic, as exemplified in traumatic or idiopathic tetanus, delirium tremens, spasmodic colic, &c., &c.

Without further preface I will proceed, by way of illustration, to recite a few cases of recent occurrence, and let them speak for themselves.

Case I. A little negro about two years of age, belonging to Mr. R—, of Dinwiddie county, was bitten on the heel whilst asleep, by a rat. This attracted very little attention until the afternoon of the third or fourth day, when the child was seized with a violent convulsion, followed, after an interval of an hour, by another of still greater violence. Being on a visit to the neighboring house, I was called in before the termination of the second spasm. He had been immersed in warm water, and an emetic administered, which relieved his stomach of some well-digested food. On enquiry whether he had received any external injury, his mother replied, "nothing except the bite of a rat." An examination of the heel revealed a punctured wound, swollen and tender to the touch, the inflammation extending some distance up the limb. The constitutional disturbance, however, was not sufficiently great to develop much fever. I expressed my fears to Mr. R—, of the tetanic nature of the convulsions, and explained the danger to be apprehended from them.

Treatment.—Hot bath as often as the spasms should recur. Ley poultice to the heel, to be changed every hour or two, and the following liniment: B. Chloroform and ol. olivæ, aa 3 iij; spts. ammoniæ fort. 3 ss. M. To be rubbed well on the whole length of the spine every half hour until bedtime. Its use to be resumed during the night, if necessary.

October 4, 10 o'clock A. M.—One spasm had occurred, accompanied by violent rigidity of the muscles of the forearm and those of mastication, soon after the rubbing commenced. There were occasional nervous twitchings during the night, but otherwise slept composedly. Has no fever; pain and inflammation in the heel diminished. Continued the poultice, with spinal frictions every two hours during the day, and prescribed: B. Hyd. chlorid. mit., grs. iv.; pulv. ipecac., gr. i. M.

October 5, 10½ A. M.—Has had no more spasms; medicine acted once; appears quite lively. Ordered the liniment to be continued three times a day. The punctured wound rapidly healed, and the child has since remained in excellent health.

Case II. J. C., a young man, æt. 28. Sanguine tempera-
ment and plethoric habit; had been sick with bilious colic for three or four days, and was convalescing; was suddenly seized (Oct. 15, 1 o'clock P. M.) with a severe convulsion of delirium tremens consequent upon excesses of the previous week and the antiphlogistic treatment resorted to in his case. The convulsion left him in a partially comatose condition, with some heat about the head; pulse 120, small and irritable. Twenty minutes afterwards he had another spasm. I did not like to employ the usual remedies in this case, not only on account of the pre-existing biliary derangement, but also because of the cephalic symptoms. I therefore determined to use chloroform externally. With this view a liniment was ordered, composed of equal parts of chloroform and sweet oil, which was directed to be rubbed well upon the whole length of the spine every half hour. About 3 o'clock Mr. C. had another spasm of short duration. After this his pulse gradually diminished in frequency, and increased in volume and softness. From 5 to 6 o'clock had a refreshing nap, and awoke with a clear intellect.

Oct. 16, 9 o'clock A. M.—Slept but little; is now very nervous and restless; mind inclined to wander; muscles tremulous. Ordered an aperient of calomel and bicarbonate of soda, with a continuation of the spinal frictions, which by evening entirely allayed all the abnormal symptoms.

Oct. 17.—Dismissed as not requiring further medical aid. No anodynes were given internally.

These cases are interesting as illustrative of the sedative and anodyne effects of chloroform where endemically applied, unattended with any possible dangerous results, and consequently obnoxious to no objections. These effects are further proven by the benefit derivable from the external use of chloroform in cases of simple neuralgia, muscular rheumatism, cramp, &c., in many instances relief being immediate.

Case III. J. T., æt. 25. Laboring under mania a potu.

Oct. 23.—Delirium constant, though of a low and muttering character; morbidly timid; pulse feeble and rapid; great enlargement of the liver, which is tender on pressure and percussion; tongue red and dry; complete anorexia and insomnia; extremities cold. He has been intemperate for years.

Treatment.—Sinapisms to the right hypochondrium and inferior extremities, and the following pill: B. Quinæ sulph., g. camphoræ aa., grs. xii; hydr. chlorid. mit., grs. x; pulv. cpii, grs. xij. M. Syp. qs. F. in pil. No. xxiv. S. Two every two hours until bedtime.

Oct. 24, 9 A. M.—A little better. Had rise of fever towards evening, with active delirium nearly all night. Has still con-
siderable thirst, and complains much of his liver. Tongue covered with a dark fur, but moister than yesterday. Pulse 98 and feeble. Directed the pills to be continued once every three hours until 4 o'clock P. M., when he took the following draught: B. Quinæ sulph., grs. xv.; aq. camph., 3 iss.; acid sulph. aromat., gtt. iii; syp., 3 ss.; elix. opii, 5 iss. M.

Oct. 25, 9½ A. M.—Rested something better; delirium less active during the night; mind clear at intervals; gums a little tender; skin moist; pulse about 90, and more developed; anorexia and jactitation continue.

I ordered an ounce of castor oil; and at 5 o'clock P. M. he took B. Chloroform, 5 i.; aq. camph., 3 iss. M.

Oct. 25, 10 A. M.—Says he feels a great deal better; slept well for the first time in a week; feels hungry; pulse full and soft; skin and tongue moist; the oil has acted twice.

After this he remained calm and rational, but I doubt whether his health will ever be fully restored, his system being completely shattered by long continued dissipation.

Case IV. R. H. W., wt. about 30. Has had several attacks of arthritic rheumatism within the last eighteen months. Is suffering now (Oct. 26) from rheumatism attacking the muscular coat of the small intestines. Complains of great and incessant pain, constipation, considerable fever, furred tongue, loss of appetite, &c.

Treatment.—Hot emolient cataplasms to the abdomen; v. s. 3 xvi.; and B. Hyd. chlorid. mit., grs. x.; morphiæ muriat, gr. ½; syp. qs. F. in pil. No. i.

October 27, 9 A. M.—No better; did not sleep at all; pain at times intense, aggravated by large collections of wind in the ascending and transverse colon; urine very high colored; pulse jerking. Ordered a stimulating enema, continued the poultices to the abdomen, and gave: B. Ammoniæ phosphat. 3 iij.; aq. font. 3 v.; syp. aurant., cost. spts. ammonia aromat., aa. 3 ss. M. S. Tablespoonful every three hours in half a glass of water.

October 28, 10 A. M.—Slept very little last night; pain still continues; enema acted well; no appetite, yet the tongue is clean and moist, the urine clear, and the pulse nearly natural. The continued character of the pain and the inability to sleep induced me to prescribe chloroform internally. Accordingly, at 7 P. M. he took B. Chloroform, 3 iij.; aq. camph., 3 iij. M. This draught produced sound and refreshing sleep for four or five hours, after which he was wakeful but free from pain. This morning (October 29) says he feels almost entirely well; convalescence rapid.
There are very many cases in which it is desirable to administer an anodyne, and equally desirable not to produce constipation, or to suspend the peristaltic action of the intestines. In such cases chloroform, in my experience, is an admirable remedy, not only calming the nervous system and promptly inducing sleep, but creating no inertia of the digestive organs, and causing no vascular determination to the brain. There are persons also, in every community, who cannot take opium, or any of its preparations. These, I should think, might take chloroform with impunity, although I have had no opportunity as yet for testing the experiment.—[Stethoscope and Virginia Med. Gaz.]

Gelseminum Sempervirens, or Yellow Jessamine. By H. M. Nash, M. D., Norfolk, Va.

This plant, no part of which is officinal in the United States Pharmacopœia, the Bignonia Sempervirens of Linnaeus, and the Gelseminum Nitidum of Michaux and Puroh, belongs to Sex. Syst. Pentandria Digynia; Nat Ord. Apocynaceæ. It has a smooth twining glabrous stem, with leaves dark green above, paler beneath, entire lanceolate, perennial and apposite, and short petioles, bearing flowers in March and April. It flourishes throughout the Southern states, where its value, in the treatment of the various fevers incident to the country and climate, has so recently been discovered, and introduced to the notice of the medical profession; and nowhere is it produced more abundantly than in the forests and by the road sides of our own immediate vicinity, making known its presence in flowering season, at considerable distances, by its most fragrant, but rather narcotic odor.

The tincture of the root is the preparation used in experiments. It has a characteristic odor, and may be given in doses, for adults, of from ten to fifty drops, in a little water; and even one to two teaspoonsful have been administered, as it varies in strength, there being no fixed standard. It will be found sufficient for all practical purposes, though the whole plant, doubtless, possesses valuable medicinal virtues.

Jessamine appears to be narcotic, antispasmodic and sedative, seemingly spending its influence chiefly upon the sensory ganglia, spinal cord, and voluntary muscles, leaving unaffected the intellectual faculties. It reduces the circulation, and promotes perspiration and the secretions generally, without causing nausea, vomiting or purging, and has been given in every stage of febrile disorder.

Its physiological effects are dimness of vision, doublesighted-
ness, inability to open the eyelids, stiffness of the jaws, general muscular debility, and complete prostration. These soon pass off, however, upon withholding its use, leaving the patient comfortable and refreshed. I have used the article in every case of idiopathic fever that has fallen under my treatment within the last six months, with perfect impunity, and with the most desirable results, age or sex not effecting its exhibition; but not having relied solely upon it in all cases, especially in those of higher grade, I am not prepared to pronounce it, as others farther South have perhaps too rashly done, a specific (a term rather to be avoided in medicine) in the above diseases.

Accompanied by a gentle purgative, it has been my custom to give it in appropriate doses, repeated at intervals of one or two hours, until some of its prominent physiological effects are produced, as dimness of vision, &c., when it may be suspended, its equalizing and quieting powers becoming apparent. In mild cases no other treatment is required, but generally from one to ten grains of quinine, according to the severity of the symptoms, should follow each dose of the jessamine, thereby effectually preventing a relapse, in a short time, from want of tone, resulting from the relaxing effects of the remedy.

In two instances, I have, by the above course, succeeded in relieving patients within twenty-four hours, whose cases presented all the primary symptoms of veritable typhoid fever, and have seen a full dose of the tincture, with five grains of quinine added, stop almost immediately a severe chill, no fever supervening at all.

In the case of a child two years old, under my charge, complete prostration, with seeming paralysis of the muscles of deglutition, induced by the carelessness of the nurse in giving an over dose, was relieved by repeated injections of a strong solution of quinine, in a very short time. This would prove effectual in any such case accidentally happening, but with cautious use no fears may be entertained.

In the course of experiment I have used it in several other affections, as rheumatism, hemoptysis, &c., with evident advantage, though not sufficient to predicate its success in such cases.

The medicinal actions and uses of jessamine deserve fully to be investigated by all medical men. Of its future extensive use in the South, where it abounds (a provision not to be looked upon as purely accidental) as a febrifuge, I have little doubt; and if its reputation becomes not what I would venture to predict, a coefficient with quinine in treatment of the diseases indicated, it is that my enthusiasm in its favor obscures my humble judgment.—[Ibid.
On the Composition of Human Milk in Health and Disease.
By MM. Vernois and A. Becquerel.

[The results of these investigations are important in the inquiry as to how far the milk in different conditions may affect the chemical structure of the teeth of children and thus modify their susceptibility to disease. It will be seen that they invalidate some of the inferences built upon former analyses, but although affording more correct data, they at the same time suggest the uncertainty of chemical analyses in the present state of the art, as bases for positive conclusions.]

"Looking at the contradictory reports of various analyses of milk, MM. Vernois and A. Becquerel have entered into an elaborate investigation of the entire subject. They have especially chosen 80 uniform and complete analyses to deduce certain deductions from. The following is their account of the composition of this fluid:

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<tr>
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<tbody>
<tr>
<td>Water,</td>
<td>889,08</td>
<td>884,91</td>
<td>885,50</td>
</tr>
<tr>
<td>Solid parts,</td>
<td>110,92</td>
<td>115,09</td>
<td>114,50</td>
</tr>
<tr>
<td>Sugar,</td>
<td>43,64</td>
<td>33,10</td>
<td>43,37</td>
</tr>
<tr>
<td>Caseum and extractive</td>
<td>39,24</td>
<td>50,40</td>
<td>37,66</td>
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<tr>
<td>Butter,</td>
<td>26,66</td>
<td>29,86</td>
<td>32,57</td>
</tr>
<tr>
<td>Salts (by incineration)</td>
<td>1,38</td>
<td>1,73</td>
<td>1,50</td>
</tr>
<tr>
<td>Density,</td>
<td>1032,67</td>
<td>1031,20</td>
<td>1031,47</td>
</tr>
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"There are more solid parts in the milk of nurses aged from 15 to 20, than in those from 35 to 40. The quantity of butter is notably increased during the colostral period. Gestation does not produce alteration in the composition of the milk at first, but at a later period it increases the proportion of the solid parts. Menstruation diminishes the density, the weight of the water and of the sugar. It increases the weight of the solid portions, especially the caseum. Insufficient aliment renders the milk too watery, the effect falling especially on the butter and caseum. An excess of butter and caseum always accompanies an ill state of health of the nursling. There are certain women whose milk, independently of any special cause, always contains an excess of butter or caseum.

"In both acute and chronic disease, the water diminishes and the solid parts increase; but there the analogy between these two classes ceases. In acute disease, the sugar considerably diminishes while the three other elements are increased, the caseum alone nearly repairing what is lost by the sugar. In chronic disease, the butter and salts are increased, the sugar remains stationary, and the caseum diminishes. Thus in acute diseases, we have loss on a respiratory element, and excess in
a nutritive element; and in the chronic, loss on the nutritive element, and increase of the respiratory element. In phthisis, without diarrhea or emaciation, there is little sensible modification; but these being present, there is considerable diminution in the weight of butter. In syphilis the density is extraordinarily raised; the butter diminishes, and the salts disproportionately increase.—[Gazette Medicale. Southern Journal of Med. and Physical Sciences.

On some of the Signs of Incipient Pulmonary Phthisis. By M. Bourdon.

It is known with what difficulty the presence of pulmonary tubercles is diagnosticated when the disease is in its incipiency, and how insufficient the stethoscopic signs are. The latter may be wanting when the lungs contain a large quantity of tubercles; they may exist when the lungs contain none; and they may be masked by different sounds. The general symptoms are not a sure means of detecting the disease; a simple catarrh may be attended with very grave symptoms, while a true phthisis may affect the general system very slightly. It is at the commencement of the disease that the diagnosis is most important, because this is the only time that there is a chance of treating it with any success. M. Bourdon has sought to elucidate this obscure point. Attracted for a long time by the frequency of certain symptoms in phthisical patients, he has studied them with care, in order to establish their value as signs. These symptoms are arranged under many heads, according to the organs in which they show themselves:—

1. gastric symptoms; 2. hepatic symptoms; 3. thoracic pain. The gastric symptoms are not to be confounded with the morbid phenomena observed in almost all diseases. Those which coincide with the incipiency of phthisis are nauseas, vomitings, epigastric pains, dyspepsia. You must not wait to find these symptoms in every case; nevertheless, they are extremely frequent, since M. Bourdon found them in more than two-thirds of his subjects. Some phthisical patients suffer from one of these symptoms; others, on the contrary, have them all combined. Nausea and vomiting are most common; and it is generally after the cough that they exhibit themselves. It must be observed, however, that their frequency or intensity are not at all proportioned to the cough; they occur when the stomach is empty as well as after a repast. Generally the vomitings consist of mucous matter, rarely of bile. Still, while they show themselves with a large number of the tuberculous, they do so in a positive manner with very few. Another very
common symptom is the epigastric pain. In the largest number of cases, it is accompanied with nausea and vomiting; nevertheless it occurs alone sometimes. With the largest number of patients it is only manifested upon pressure, or is so slight as not to be noticed by the patient until their attention is attracted to it; in a smaller number of patients it manifests itself spontaneously. Although it shows itself both before and after eating, it is yet most commonly observed after the ingestion of food. Long continued dyspepsia, without nausea or vomiting, is frequently observed. Frequently the gastric symptoms precede the thoracic; but often also they show themselves at the same time or subsequently. Do they imply a lesion of the stomach? is a question which has occupied the author. Sometimes he found the stomach healthy; most frequently it presented some lesion, which was oftenest a papillated state of the mucous membrane. The author thinks the pressure of the tumefied bronchial glands upon the pneumo-gastric might contribute to the disorders of the stomach.

2. The liver sometimes presents remarkable peculiarities. In half the patients examined by M. Bourdon there was an increase of volume, frequently attended with pain. The increase of volume seemed to be particularly observable in the right lobe; the consistence of the organ seeming to undergo no change. The changes of sensibility are less frequent than the changes of volume. Spontaneous pains are rare; they only manifest themselves under pressure, or under some sudden and straining movement. In some rare cases this change of sensibility is observed without change of volume. As to the change the liver undergoes, the autopsies prove that in more than half of the cases it is due to fatty degeneration more or less advanced. The bile is generally of greater density and more highly colored.

3. The largest number of phthisical patients suffer from pain between the shoulders and in the sides of the chest: but, besides these spontaneous pains, there are others to which M. Bourdon calls the attention of physicians, and which are only recognized through the medium of percussion. The points where these pains are discovered are numerous, but they are most often seated below the clavicles, and only on the side affected with tubercles. If both sides are affected the pain is on the side most affected. As to the cause of this pain, M. Bourdon, like M. Beau, is inclined to ascribe it to intercostal neuralgia.

The conclusions drawn by M. Bourdon from his researches are as follows: When prolonged dyspepsia, nausea, and vomitings are observed, without any assignable cause; when the
liver is abnormally developed, without there being hepatitis or disease of the heart; when these phenomena are exhibited independent of any other affection, or in the course of chlorosis, or after measles or typhoid fever; the physician should turn his attention to tuberculosis, examine the patient with great care, and even when there is doubt of the reality of the pulmonary affection, he ought to act as if convinced, or at least he should take his precautions.—[Archives Gén. Virginia Med. and Surg. Journal.

A Case of Acute Rheumatism treated with full doses of Quinine.

By W. M. Houston, M. D., of Urbana, Ohio.

On Wednesday afternoon I was called to visit Miss G——, eight miles north-east of this place. On my arrival I obtained the following history of the case. The patient (sixteen years of age) was attacked on the previous Saturday with acute rheumatism of a very severe character. On Sunday, Dr. Johnson was called in, and for three days applied the usual remedies for rheumatism, viz: Bleeding, mercurial purgatives, opium, tartar emetic and colchicum, without any good effect; in fact the patient grew worse from day to day, until I first saw her, when she was unable to move hand or foot; as the least motion caused extreme suffering. Her pulse was one hundred, full and strong; joints somewhat swollen and slightly red.

What course to pursue with a prospect of affording relief, after the failure of nearly all the anti-rheumatic remedies, was a question in regard to which physicians might well be excused for differing in their opinions. Dr. J. was in favor of further venesection, and, taking the pulse as a guide, this measure seemed not only warranted but positively indicated. As, however, she had already been bled twice, I was fearful metastasis might result from the further loss of blood. I suggested the following treatment, (which, although seemingly empirical, was acceded to by Dr. J., as the usual remedies had most signally failed,) viz: 8 grs. quinine, 2 grs. opium, and 2 grs. ipecac, every third hour, unless symptoms of narcotism should supervene; chloroform liniment to be applied to the joints; lemonade to be drank freely. I agreed to see the patient the next day, but being called in the night to attend an obstetrical case (eight miles from town, in another direction), which proved to be a very tedious labor, I did not see her again until Saturday morning, when I learned that in the course of the first twelve hours she took 40 grs. quinine, 10 grs. opium, and 10 grs. ipecac; used 1 oz. of liniment to the joints, but did not use the lemons. She rested well through the night, and in the
morning felt greatly relieved. During Thursday and Friday she took about 20 grs. more of quinine, and enough colchicum to open the bowels. When I saw her on Saturday morning she was able to walk about the room—was entirely free from pain; pulse reduced to 70, of moderate force, and with the exception of a slight stiffness of the joints there was no evidence that the patient had ever had an attack of rheumatism.

[Western Lancet.]

On Intermittent Diabetes, and on the Diabetes of Old Age.
By H. B. Jones, F.R.S., Physician to St. George's Hospital.

The author's object in this communication was to point out some phenomena connected with diabetes, which he had not found mentioned by other writers. Preliminary to the record of the cases, the author offered some observations on the incorrect results obtained by calculating the amount of sugar present in the urine from the specific gravity. If diabetic urines were solutions of nothing but sugar in distilled water, the tables by Dr. Henry, and the amount of sugar calculated from the specific gravity, would give all the information required; but a multitude of other substances were present besides sugar, each of which was variable, and each of which might cause the specific gravity to vary, whilst the quantity of sugar might remain constant. To be accurate, therefore, the amount of sugar should always be determined by direct experiment, and never calculated from the specific gravity. Results were given, exhibiting the specific gravity, the amount of sugar calculated from solid apparatus, and the absolute amount of sugar obtained by direct analysis. On the subject of intermittent diabetes, the author observed that there could be but little doubt that our knowledge of the nature of this disorder might be extended by means of accurate determination of the varieties in the amount of sugar in the urine passed at different periods of the day, and under different circumstances. His object in relation to this form of the disease was to record some cases in which, either from the medical treatment, or the regimen, or the natural course of the complaint, the variation in the amount of sugar was not from much to little, but from highly saccharine urine to total absence of sugar. The state of the urine a few hours after the sugar had disappeared, and an hour or two before it reappeared, was most especially worthy of attention, inasmuch as it might lead to a truer knowledge of the state of the system which preceded the commencement of diabetes. In intermittent diabetes the disease might be seen beginning and ending, and the explanation of
the state of the urine which preceded the appearance of the sugar and followed its disappearance, must be included in the true theory of diabetes. Moreover, a better knowledge of the antecedent phenomena might enable us to ward off the disease, if not to treat it with more success. The records of seven cases of the intermitting form of the disease were given, and very minute particulars in several, illustrated the amount of sugar present in the urine at stated intervals in the twenty-four hours, as well as the influence of particular forms of diet on the proportion of sugar excreted. In these cases the state of the urine just after the sugar had disappeared was worthy of attention. A remarkable excess of urea was constantly found before and after the sugar disappeared; and although this might be attributed to the animal diet, yet the occurrence of free uric acid and oxalate of lime in the urine, pointed most clearly to a state of indigestion which was every day to be found without any sugar appearing in the urine. The author offered the following theoretical contrast between ordinary and saccharine indigestion: Ordinary indigestion showed itself in a want of action on the sugar and starch taken as food, in consequence of which excessive acidity was produced—that is, the changes in the non-nitrogenous food were imperfect. Imperfect changes also occurred in the nitrogenous food; this was made evident by an excess of urates and urea in the urine, and perhaps also by the formation of oxalate of lime. In diabetic indigestion the effect might be traced also on the two great classes of food. At first from the non-nitrogenous food sugar was formed instead of acid. Ultimately, if not simultaneously, sometimes the arrest of healthy changes extended to the albuminous food, and, instead of an excess of urates and urea, other products were formed, one of which was sugar. It was possible that some of these products might be found in the urine. Possibly benzoic acid, which is present in some cases of diabetes, in variable quantities, might be one of the new products. Whether this theory were true or not, it was of practical importance to remark the tendency to acidity in these cases of intermitting diabetes. In such cases, animal diet alone, or with alkales, might stop the formation of sugar. It followed also, that, when oxalate of lime, uric acid, and excess of urea, were found in the urine, it was probable that the diabetes might be temporarily, if not permanently, removed. The occurrence or absence of these substances in the urine might lead to the recognition of the stage of the disease, and they might thus guide us in our prognosis and treatment. The second part of the communication related to the frequency of diabetes in old age. Reference is made to a paper, by M. Dechambre, on this
subject, who concluded, from observations made on the urine of old people at the Salpetriere, that sugar was habitually present in the urine of old people. The author gave the particulars of nine cases of diabetes in elderly people, and thought that the occurrence of this affection at the latter periods of life pointed also to the theory of diabetes as an indigestion resulting from an arrest of healthy changes in the food. The cases mentioned in this communication were, in the opinion of the author opposed to the view of diabetes depending upon an affection of the nerves, or of the liver; and his daily observation led him rather to the view taken by Dr. Prout, that diabetes was an indigestion, and that it first affected the non-nitrogenous, and afterwards the nitrogenous, constituents of our food. As regarded treatment, whatever was beneficial for excessive acidity, was found equally serviceable in diabetes. Alkalis were used in all the cases with benefit. Small meals, free from sugar and acid, and the substances that could give rise to sugar and acids, constituted the best diet. He found, also, that vegetable acids and alkalis were occasionally useful. In a footnote, the author mentioned some experiments he had not yet published, determining the quantity of sugar in several kinds of beer and wine. Porter contained from 27 to 57 grains of sugar in each ounce of liquid; ale from 43 to 50 grains; beer 25 to 40 grains; port-wine 8.5 to 11 grains; sherry 2 to 4.7 grains; claret none. The absence of all sugar, and the presence of a little alcohol, caused claret to taste highly acid, while the quantity absolutely present was not more, sometimes less, than in other wines which have no acid taste, as, for example, most port wine.—[Med. Times and Gazette.

On Spasmodic Asthma. By Professor Eben Watson, M. D.

We find the following conclusions appended to a paper by Dr. Watson, in the April number of the "Glasgow Medical Journal:"

"I shall now recapitulate in brief terms the chief propositions sought to be established in the preceding pages.

"1st. That very many cases of bronchial asthma have their origin in laryngeal disease; that some remain for a variable period, as a spasmodic affection of the glottidean muscles, and that in all cases of the disease in question, although the bronchi have long been affected, the chief contraction still occurs in the larynx.

"2. That if this contraction at the glottis be in any way overcome, that of the smaller bronchi either simultaneously or speedily relaxes."
"3d. That the usual remedies employed in cases of spasmodic asthma are either such as are directed against the complications of the disease, and not against its proximate cause, or such as have been found in practice incapable of accomplishing its removal. The latter are therefore useless, and the former unfit to fulfil the indication referred to above.

"4th. But this indication may be answered more or less perfectly in different cases, by the application of a solution of caustic of moderate strength (gr. xv., or one scruple to one ounce) to the glottis, which is the organ chiefly affected.

"5th. Cardiac asthma, as it is called, does not usually depend proximately on simple spasmodic contraction of the bronchial tubes, but rather on vesicular emphysema. Cases of this kind are therefore unfit for topical treatment.

"6th., and lastly, electricity passed in gentle currents, as much as possible along the bronchial tubes, may be found to diminish their contractility; and repeated small doses of strychnia may likewise co-operate with the other means of treatment, probably by withdrawing the nervous energy to other parts, at a distance from the affected air tubes."—[N. Y. Med. Jour.

Case of Suffocation. Reported by G. R. B. Horner, M. D., Surgeon U. S. Navy.

Sunday, June 10th, in the morning, Mary Berry, a girl about seven years old, residing in the south-eastern part of Philadelphia, put the top of a broken glass decanter-stopper into her mouth. The top was globular, and about two inches around. From some unknown cause she took a long inspiration, and, as she says, sucked it down her throat. It lodged at the entrance of the oesophagus, and so obstructed that or the glottis, that she immediately became strangled. Her mother and others about her in vain endeavored to relieve her; an apothecary was sent for, and could not do so. Luckily, Mr. Isaac Hugg, an ingenious, long, slender-fingered tailor, living opposite, in Second-street, heard the alarm, ran to the poor child's relief, and understanding what had happened, thrust his fingers into her throat, but at first could not feel the stopper. He tried a second time: after raising her feet upwards, her head downwards, and over his knees, and after getting a finger under a projecting point of the broken surface of the stopper, succeeded in throwing it upon the floor. By this time the child was insensible, but on the introduction of his fingers, gagged, assisted his efforts, and was resuscitated, though pronounced dead by the druggist, deceived perhaps by the lividity of her face, and other fatal signs. Of the above facts I was informed while

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passing her residence at the time of the accident, and by subsequent enquiry.—[Medical Examiner.

Of Acute Peritonitis and its Diagnosis in Infants at the Breast.
By Dr. Isadore Henriett, Physician to to the Foundling Hospital of Brussels.

The great frequency of affections of the system of serous membranes in infants at the breast, is a subject worthy of the deepest consideration of those who devote special attention to the study and treatment of the diseases of children. The peritoneum, the pericardium, the pleura, the meninges, far more frequently than is believed, present pathological alterations which prove the peculiar tendency of these exhalent organs to become affected in children of early years. With the exception of meningitis, the symptomatologic manifestations of which are usually striking, these diseases are diagnosed with difficulty. We do not mean to say that pleurisy, pericarditis, and inflammation of the peritoneum can only be recognized after death, but that the functional disturbances which they create are frequently so slight as to require on the part of the physician the greatest attention.

We shall attempt to extricate the latter disease from the obscurities which surround it, by coordinating the elements of its diagnosis which have been furnished by authors, and describing what we have observed ourselves. We shall establish, finally, its differential diagnosis from enterico-colitis, a frequent disease of infancy which may be readily confounded with peritonitis.

In the first place, if we seek for the cause of idiopathic peritonitis in young children we are quickly at a loss. Its sudden development is not the least strange peculiarity of this affection. We know that in the adult spontaneous peritonitis is rarely observed, and that it is ordinarily encountered only in those peculiar conditions which are produced by the puerperal state, by traumatic lesions, and by perforations of the digestive tube. Its etiology, then, is most uncertain. In the two cases which have occurred in our service, without having recourse to suppositions and hypotheses, no cause could be inferred; it is important to mention that there was nothing abnormal in the umbilical cicatrix.

In the adult, the symptoms of peritonitis are well marked; it is difficult to mistake them: the symptomatology is so plain, that without a want of experience that can only be admitted in young persons upon their entrance upon the profession, it is impossible to avoid a rigorous diagnosis.

Is it so in Infants? No. Here we are destitute of the infor-
mation afforded by the patient; here the disease is not reflected; as in the adult, by the contracted face, the small, corded, peritoneal pulse. Pain upon pressure exists, indeed, and meteorism; but these two morbid manifestations occur also in affections of the intestinal tube, and yet in a great measure the diagnosis must be based upon them. It is therefore well to define accurately their conditions, their intensity and progress in peritonitis of young infants, as distinguished from entero-colitis.

The onset of peritonitis in infants is rapid; we cannot say whether it is preceded by shivering as in adults, but we can assert that it is not announced by any prodromes. The patients that we have observed, enjoyed a satisfactory state of health until the very onset of the peritonitis. As far as we could perceive, until then they presented no unusual symptoms.

Entero-colitis commences less suddenly; at first the child refuses the breast, or suckles with indifference for two or three days before the attack; then borborygmus occurs, and the evacuations soon manifest derangement.

In Peritonitis.

The abdominal sensibility is greater than in any disease of the abdominal organs: the child cries upon the slightest pressure.

Meteorism occurs with the greatest rapidity. At the very commencement of peritonitis the abdomen becomes tympanitic almost while we are looking at it, while, at the same time dullness is established over the inferior or pubic region.

Vomiting is rare, and usually occurs only at the outset; the matters ejected are unmixed, very green, and stain a linen cloth.

Constipation was a marked symptom in the two cases we observed.

The countenance is little changed; the eyes are more fixed than usual, perhaps; the plumpness of form is unaltered.

The child is motionless, and cries when it is moved.

The respiration is entirely thoracic, and is greatly accelerated; the inspirations are short and incomplete.

In Enterocolitis.

The abdominal sensibility is less acute; slight pressure does not cause the child to complain.

Meteorism occurs less rapidly, and always bears a relation to the intensity of the abdominal lesion.

Vomiting is frequent; the matters ejected are almost always mixed, and of a yellowish-green color.

Diarrhoea is an almost constant phenomenon.

The countenance is rapidly altered; the eyes and mouth are surrounded by bluish rings; emaciation is rapid.

The child frequently flexes its limbs upon the abdomen.

The same symptoms occur but much less strikingly. The diaphragm does not remain motionless and passive as in peritonitis.
Such are the most striking symptoms which we have observed. They differ in some respects, particularly in regard to the appearance of vomited matters and of the countenance, from those described by Billard, almost the only physician who has carefully studied peritonitis in children at the breast, or given a description of it at all complete. This is astonishing, for since this author wrote, infantile pathology has been very extensively explored, and several masterly treatises have been devoted to it. In these, however, this redoubtable affection receives only a passing notice. Some persons may complain of our omission of the signs of peritonitis furnished by the general symptoms and particularly by the pulse. We have not mentioned them because they are identical with those observed in other febrile affections.

**Case I. Acute Peritonitis; death.**—A male child, forty-two days old, entered the hospital on the 25th of May, 1850. The lower limbs were covered by a papulous syphilitic eruption; a sero-purulent, sometimes sanguinolent, discharge oozed from its nostrils. In consequence of the obstruction of the nose, respiration was laborsious and lactation difficult.

The child was placed upon mercurial preparations, and confined to a healthy nurse, and soon became fat and hearty. Towards the end of June the eruptions had disappeared, but the ozaena was not cured. The nurse having conceived a great affection for the child consented to take the bi-chloride of mercury in order to cure it. The results of this treatment were soon manifested; the child improved most rapidly.

On November 8th, the child became obstinate all at once, uttered cries, refused to take the breast; the face was flushed, the eyes fixed; vomiting of bilious matter occurred. The abdomen became enormously distended; it was hot; it could not be touched without causing the child to cry and to shed tears. Constipation; hurried thoracic respiration; high fever. (Two leeches near the umbilicus, emollient catapultas; laxative enema; diet.)

The child cried all night, lying motionless in its crib.

On the 9th, more vomiting; one consistent dejection. The abdomen was very tense and painful. (Protracted warm bath; four leeches to abdomen; emollients.)

The child died in the conrse of the day.

Autopsy twenty-four hours after death. Noemaciation. The peritoneal cavity was filled with a flocculent sero-purulent liquid; there were various intestinal adhesions. The peritoneum was highly injected; there was little or no redness of the intestines, the mucous membrane was healthy; the liver was
covered by a purulent layer; the intestines were greatly dis-
tended by gas. No other organs presented the slightest al-
teration, except the nasal bones, which were thickened from
periostitis. The umbilical cicatrix was complete, and without
redness.

Case II. Acute Peritonitis: death.—A new-born child was
brought to the hospital, Nov. 17th, 1852. It was a female, very
small and feeble. The eyes were invaded by a grave purulent
ophthalmia. It was put under treatment for this affection, and
for a stomatitis (muguet) which supervened shortly after, and,
at the commencement of January, all of its functions were well
performed, it had gained flesh, and would have left the hospital
but for the inclemency of the season.

On the 14th of January, the child became cross, and cried
when it was moved, and showed no inclination to nurse. The
left lower extremity was oedematous, and was covered by
erisipelatous patches. (Hygienic precautions.)

Jan. 16th. The erysipelas disappeared from the left limb, but
invaded the opposite limb.

Jan. 18th. The inflammation abandoned the inferior ex-
tremities, and attacked the left side of the trunk and the
lower part of the arm. In the evening there was bilious vom-
miting.

Jan. 19th. The abdomen became enormously distended; the
child no longer vomited; the belly was hot, and excessively
painful. The slightest touch made the little patient cry. There
was dullness at the inferior portion of the abdomen, but fluctua-
tion could not be perceived; the face was flushed, the eyes
fixed, the inferior extremities motionless, the respiration incom-
plete, thoracic; one consistent dejection; fever. The erysipelas
was still manifest on the arm. (Four leeches to the abdomen;
emollients; laxatives; diet.)

The child died in the afternoon.

Autopsy.—Liver enormous, fatty, yellow. Sero-purulent
liquid in peritoneal cavity; recent false membranes and adhe-
sions of the intestines; a slight amount of purulent serosity in
the left pleural cavity. The lungs, spleen, and intestines pre-
sented no pathological alteration. The cellular tissue of the
left leg and arm was infiltrated by serum. There was nothing
abnormal in the articulations.

In this case the peritonitis was discovered during life. The
case which preceded it had taught us a useful lesson.

We shall say nothing of the treatment of this disease,
except that it is our intention, having derived so little bene-
fit from antiphlogistics and emollients, to combine the mercurial preparations with these, when the occasion presents itself.

We are not, however, very sanguine as to the eventual result of this combined treatment, for death arrives so promptly in this disease, that we can hardly believe that constitutional therapeutical agents can have time to act.

Case III. *Acute peritonitis*; *volvulus*; *death.*—Since we recorded the preceding observations, we have met with a third case of peritonitis in a new-born child, complicated with volvulus. This is its history:

A female child, born at the Maternity, was brought to the hospice on the 22d of March, 1853, the seventh day after his birth. It was a large infant, of good constitution. Its body was covered by psoriasis guttata. Suspecting a specific cause, although we could not detect the opaline border which Biett regards as the pathognomonic sign of the venereal affection, we confided the child to a nurse who was already taking mercurial preparations for the cure of a syphilitic child whom she was nursing.

Until the sixth day after her admission, we observed nothing in the little patient; she nursed well, slept well, her functions were well performed, the eruption did not progress; but, on the 28th, we found a radical and menacing change in her situation.

The abdomen was tense; there was considerable meteorism, exquisite sensibility, dullness above the pubes, short and hurried respiration; the countenance was anxious; the eyes were fixed; the limbs were motionless; the child cried when she was moved; she had not urinated since the preceding evening; no vomiting; constipation; feverish pulse; cold extremities; the eruption had faded.

The catheter was passed, but it did not evacuate a single drop of urine. The child was placed in a hot bath, with the hope of bringing back the eruption; the abdomen was fomented, emollient injections were administered, and a table-spoonful of the syrup of manna.

In the afternoon of the 28th, the patient vomited yellowish matters resembling fæces to the eye, but inodorous. The psoriasis had completely disappeared. The little patient was expiring.

A catheter introduced into the bladder and also into the rectum brought away neither urine or fæces. The diagnosis had been written over the patient's cradle:— *Acute peritonitis* and *volvulus.*
The child died, then, on the day upon which the disease commenced.

Autopsy.—Several of our colleagues and resident students of St. John's hospital were present at the post-mortem examination.

The bladder was contracted, it contained not a drop of urine; the peritoneum was highly injected, and contained a turbid flocculent serum; the intestines were glued together by a greyish, semi-liquid substance: the small bowels were strangulated by bands of lymph; the ileum was invaginated; the rectum was empty, whilst the portion of intestine above the obstacle was filled with yellowish liquid. The convex surface of the liver was covered by false membranes; the spleen was enlarged. The lungs, kidneys, encephalon, heart, and other organs, were normal.

This observation (case?) is interesting in several particulars. It confirms, in the first place, the description we have already given of the symptoms and progress of this disease; and it was accompanied by a phenomenon which is not mentioned by any of the physicians who have written upon the diseases of infancy, a complete suppression of the urinary secretion. As to the causes of this symptom, we can only speculate upon them. There is another important question in connection with this case. Can it be regarded as an example of spontaneous, idiopathic peritonitis. Many physicians deny such a disease altogether, but a careful examination of the above case seems to demonstrate its existence. In fact, the first symptom which appeared was the rapid distension of the abdomen, accompanied by the ordinary symptoms of peritonitis in children, with dullness above the pubes, whilst the psoriasis still preserved all its distinctiveness, and showed no tendency to disappear. A metastasis could have been inferred if the abdominal symptoms had followed the disappearance of the cutaneous eruption, but this was not the case.

We shall conclude these brief and incomplete remarks by insisting upon a capital fact, which we noticed in each of our three patients: the rapidity with which effusion and the organization of false membranes occurred. As soon as pain and meteorism were discovered, percussion indicated that effusion and purulent agglutination had also taken place. We have not spoken of fluctuation, because we were unwilling to resort to the manoeuvres necessary to detect it, in consequence of the extreme pain which they would produce.—[Journal de Médecine de Bruxelles. Virginia Med. and Surg. Journ.]

Cancerous growths have long defied the investigations of knife and microscope, of retort and crucible, to disclose the conditions of their malignancy. Probably bolder sweeps must be made by the wing of Science before we shall see the unlocking of this mystery. The scope of investigation, however, at present leads us to hope that we may yet succeed in forming artificial tissues, and learn from them the conditions of their growth and means of their extermination.

Dr. Johnson, one of the enterprising editors of the N. W. Medical Journal, has given this subject an examination. He remarks (vol. 1, p. 1, new series,) that the anatomical cause of the malignancy of cancer is the continual and irrepressible growth and reproduction of cells. He next shows, by chemical analysis, that there is in these growths a remarkable predominance of inorganic salts, and also remarks upon the fact that malignant growths are most frequently found where cell growths predominate, as in glands and mucous membranes, but most frequently of all in those glands to which there is a special determination of these salts, as the testes and the mamme. The experiments of Beneke and others have even shown that these salts, particularly those of lime, soda and potash, may actually be made to generate bodies resembling cells, out of the body. Dr. Johnson repeated and varied these experiments, with a view to ascertain whether these salts might not have such a cell-producing power as to account for the inordinate cell growth of cancer. His notes are as follows:

"Exp. No. 1. Albumen, fat and water, intimately mingled together. Exposed to a uniform temperature of 104° F. Examined after nine hours—contains oil globules, granules, and a few imperfect celluloid bodies. After twenty-two hours no perceptible change noticed.

"Exp. No. 2. Albumen, oil, water and phosphate of lime. At the expiration of ten hours, contains granules and bodies resembling the cells found in pus and mucus. After twenty-two hours, granules previously noticed very abundant—bodies resembling pus or mucus globules, with masses of matter very similar to those sometimes found in the urine, and composed of epithelial scales. After seventy hours fewer of the granules and a large number of the celluloid bodies. Upon the addition of acetic acid, dark spots are seen having all the appearance of nuclei; each globule seems to have a perfect cell wall.

"Exp. Nos. 3, 4, 5 and 6 were variations of Nos. 1 and 2, by subjecting to pressure during the process, and by adding to
the preparation a small quantity of super. carb. soda in solution. The results were similar to those previously noticed.

"Exp. No. 7. Oil. phosphorus and water enclosed in a piece of bladder, and placed in a cup containing albumen. After thirty-six hours the albumen in the cup contains granules and celluloid bodies, as in previous experiments—the bladder is nearly empty with the exception of gas which is distended. In the drop of fluid remaining there is found an abundance of the phos. lime, oil globules and the celluloid bodies. Acetic acid affects them precisely as it does organic cells. Ether renders the walls more opaque.

"Exp. No. 8. Repetition of No. 7, with like results.

"Exp. No. 9. Albumen, water, and super carb. soda in a glass tube, closed by clean fresh membrane, and immersed in a cup containing oil, water and phos. lime held in solution by acetic acid. After twenty hours the fluid in the cup contains granules, celluloid bodies, and triangular prismatic crystals, almost exactly like those of the triple phosphate found in the urine. In the tube are granules and a few celluloid bodies.

"Exp. No. 10. Albumen, water, phosphate of lime, slightly acidulated with acetic acid, in a tube closed by membrane, and placed in a cup containing oil, super carb. soda, and water. After twenty hours the fluid has all passed out of the tube into the cup, which contains bodies like those already described, and others of greater size, more irregular outline, and containing large distinct nuclei.

"Exp. No. 13. Oil, phos. lime, and water slightly acidulated, in a tube closed by membrane and placed in a cup containing albumen, water and carb. potass. After twenty-four hours the cup and tube both contained celluloid bodies of small size and very regular outline."

From these experiments he concludes that the inorganic salts favor cell development, and that the presence of these salts in excess is the cause of that ungovernable growth and reproduction of cells which is the element of destruction in every cancer. He derives from these facts two indications of treatment. First, to prevent the receiving of the salts into the system. This he would accomplish by making the diet as purely vegetable as the patient will bear, vegetable food containing less of the obnoxious substances than animal. The second indication is to remove from the system as much as may be the salts that accumulate in it. To this end he would make free use of the organic acids, particularly the lactic, because these acids readily dissolve the calcareous and other salts, and these keep them in a condition to be eliminated by the proper excretory organs. This subject of the formation of artificial tissues is still under
investigation in Europe. The British and Foreign Medico-Chirurgical Review for April speaks of artificial cells formed by M. Panum, from the serum of blood, resembling milk corpuscles. He first obtained from the serum a substance resembling the caseine of common cheese; this substance he dissolved by adding phosphate of soda, and then added butter and sugar in the proper proportions for milk. The whole being shaken up and then allowed to cool, had the white color and very much the taste of real milk. Under the microscope, corpuscles like milk corpuscles were observed, and also bodies like nuclei of cells with nucleoli in them. Animals readily drank and digested this artificial milk, but it differed from the natural product in not being capable of perfect coagulation.

M. Melsens has been experimenting with artificial fibrous tissue and membrane. He makes a saturated solution of albumen and some salt, and then exposes it to a violent shaking. In consequence of the agitation the clear solution becomes turbid with fibres, which when allowed to come to rest and settle in one stratum, form a sort of membrane. These fibres under the microscope, have a clean outline and look like perfectly organized bodies, resembling the yellow fibrous tissue. These experiments are interesting, as tending to bring all the resources of science to settle the question whether art can originate organized tissues. The above experiments, plausible as they seem, are not perfectly satisfactory; for although we can understand that a globule of oil floating in a saline albuminous solution, might by chemical action, form a solid covering or sack around itself, it is not clear that it would be any thing more than a chemical precipitate on the surface of the oil. It is not fairly proved yet whether these artificial cells can or cannot perform the vital functions of secretion, reproduction and nutrition. A similar remark may be made of the fibres spoken of. The form resembles that of known organized fibre, but whether they are possessed of any property of life is not known. The fibrous form is not decisive as to vitality, because we can easily conceive that the curling eddies in the agitated fluid might draw the forming albuminous precipitate into fibres and shreds without a particle of living tissue being in existence. Yet it is gratifying to find that investigators are going on in the attempt to form living tissue, for if they succeed they will shed a flood of light on obscure diseases, and if they ultimately fail, it will be almost as valuable as a negative result, as success would be for a positive one. It will be a great point gained when we know whether organic synthesis is or is not possible to the chemist.—[Peninsular Journ. of Med.]
On the Modus Operandi of Fecundation. By Waldo I. Burnett, M. D.

With every inquiring mind there is a deep interest connected with the development of animal life. To watch the origin and rise of new forms, to trace the successive phases through which they pass, as the ideas on which they are based become more and more definitely expressed, until finally the perfect animal is produced,—these have been favorite studies from the earliest times with some of the most genial minds, and over which they were accustomed to dwell with increasing delight. But more interesting still, because more wonderful, is the study of those necessary preliminaries of all individual development—the mysterious conditions of fecundation. To observe, after nature has prepared the material, how she puts up a new structure, and to trace the adaptive idea in the laying of each part, require but opportunity united with careful diligence and patience. But to lift the veil beneath which lie hidden the more than mysterious relations of individuality, this is to tread on the confines which separate the material from the immaterial world.

There is no question in physiology so difficult and at the same time so interesting as—How is a new individuality started by the conjugation of the sexes; and where so little could be observed, there has been more scope for speculation.

In modern times, however, with certainly better instruments if not better opportunities, we have looked for less talk and more knowledge; and in this respect, it may be justly said that we have approached pretty near that boundary, which, as it is the limitation of that which can be perceived by the senses, is the real confine between the known and the unknown in physical science.

As it would be profitless to notice the labors of those numerous men, who, in this department have written upon what they really knew nothing, yet speculated much, we shall attempt to show the state of our real knowledge on this ultimatissimum of physiology—the modus operandi of fecundation.

Modern histological studies, have, we think, pretty definitely settled two fundamental and important points: 1st. That the ovum is, morphologically, only a nucleolated cell; and 2nd. That the sperm cell is the true homologue of the ovum.

The ovum (fecundated) produces the embryo; the sperm-cell the spermatic particle. The embryo and the spermatic particle are the correlative representatives of the female and the male sex. One is the metamorphosed nucleus (vitellus) of the one; the other the metamorphosed nucleus (nucleus of the daughter cell) of the other. In both, the ovum and the sperm
cell, the process of segmentation seems a necessary preliminary to the evolution of the new being.*

The strict correllation between the essential products of the sexes is as wonderful as it is beautifully suggestive of the unity and simplicity of plan by which nature proceeds. This point, so seductive in all its relations, might be dwelt upon in detail, but we will continue with main and general facts. The ovum, as a nucleated or nucleolated cell, continues to grow, and whatever size it may attain to by the endogenous formation within its capsule of new cells, yet, when complete, it is, (even though belonging to the Ostrich or Eptornis,) morphologically, only a great compound nucleated or nucleolated cell. All these conditions of origin, growth, and maturity, can be satisfactorily studied in the lower animals, and we would especially recommend the compound Ascidiae for this purpose. The ovum, thus complete, is ready for fecundation.

We have already said that the sperm cell is the analogue, or more properly homologue, of the ovum; its origin and development, as we have traced them in all their details, are precisely the same as those of the ovum. The sperm cell increases to a definite size, its nucleus (vitellus) then regularly segments, 2, 4, 8, 16, &c., and the results of this segmentation, are daughter-cells. The condition of the sperm-cell at this moment is like that of the ovum produced by the same process of segmentation. I mean the mulberry-like condition. But at this point there is a digression, for with the sperm-cell the nucleus of each of the daughter-cells is changed into a spermatic particle, while with the ovum, the whole mass is metamorphosed into the new being by a process of substitution.

The spermatic particle, then, is only a metamorphosed nucleus of a cell, and, perhaps, were the analogy carried out completely, each daughter-cell would be the representative of a miniature ovum.

Physiologically, the phenomena we have thus briefly described, obtain equally in the vegetable kingdom; for, as recent discoveries have shown, even in the simplest cellular plants there is a conjugation of two kinds of cells; the product of which terminates in a new generation; in the other plants, the superior cryptogamia, and the phanerogamia, there are parts which in a developmental as well as morphological point of view, correspond to the essential male and female products of animals.†

* See Researches on the origin, mode of development, and nature of the spermatic particles among the four classes of the Vertebrata.—Mem. Amer. Acad., N.S., v, pt., i, 1853.
† We would refer to a profoundly physiological memoir by Robin, titled: "Ovum, its existence as well in the male as in the female of plants and animals," &c. Comp. Rend., 1849.
Throughout the organized world, therefore, the conditions which wait upon the true generative process are the same—the combination of the representative products of two distinct sexes—and these products, whatever may be said of their form, are always physiologically the same; they are cells or cell-products.

Here we would make a general statement which embodies a great deal of physiology on this subject: A true generation must be regarded as resulting only from the conjugation of two opposite sexes, from a sexual process in which the potential representatives of two individuals are united for the elimination of one germ. The germ power thus produced may be extended by gemmation or by fission, but it can be formed only by the act of generation, and its play of extension and prolongation by budding or by division must always be within a certain cycle, and this cycle is recommenced by the act of the new conjugation of the sexes.

In this discussion, we have satisfactorily reached this point that the ovum and the spermatic particle are the potential representatives of the sexes to which they respectively belong. From their union results the condition of fecundation; the grand question now is, what is the *modus operandi* of this fecundating act? Bischoff's view, based upon speculative probabilities rather than upon observation, is, that contact alone of the spermatic particle with the ovum being sufficient for fecundation, impregnation consists in a kind of catalysis which has its exemplification in chemical conditions as enunciated by Liebig, (see loc. cit., p. 425.) But if catalysis embodies conditions in the organic like those of its relations in the inorganic world, it fails very far short of affording the requisite explanation of these phenomena, as we hope soon to show. This field of probabilities and possibilities we shall enter upon again.

Newport's contributions upon the physical phenomena of this subject are far the most complete that we have, and being the results of a most trustworthy observer, they deserve our special attention.

Newport's experiments and observations show, in brief, that contact alone of the spermatic particles with the ovum is requisite for fecundation, that each ovum requires several particles; and that there must be *duration* of this contact. Here is a limit to observation of physical facts, and we regard these important data worthy of full trust, considering the source from which they come. This author discusses briefly the question of the impregnative power, and from the fact that the spermatic particles are sometimes seen to disappear on the surface of the
egg-envelopes, he thinks it may be fair to conclude that the agency of this body is material in its operation; on the other hand, the fact of a mere *momentary contact* producing changes in the ovum, suggests in his mind the so-called catalytic power of certain known bodies. But he thinks that neither this last, nor endosmosis, are sufficient to account for the phenomena of this grand act.

The view of Keber, has at least the merit of being unique if nothing more. As long ago as 1838, Martin Barry* announced that he had observed spermatic particles without the ovum. It should be mentioned however, that long previous to this, Prevost and Dumas† in their researches found these particles within the envelopes of the eggs of frogs. But Keber’s alleged discovery is, that the introduction of the spermatic particles within the ovum, takes place through a special opening, a kind of micropyle, or an infundibuliform passage. This discovery was made upon the eggs of muscles (*Unio* and *Anodonta*).

The announcement of the presence of such a structure on the ovum is indeed wonderful, and more especially so since other observers, whose attention has been particularly directed to the embryological study of these animals, have failed to notice it, although one would suppose that an apparatus of this kind must be very visible. Keber affirms that he has observed a like structure in the ova of some other animals which he has examined. But, however well fortified he has sought to make his observations, they certainly need more than the usual confirmation, and we cannot but regard it as far from being a settled fact in embryology, that the ovum has a direct structural communication externally for the ingress of spermatic particles to its interior.

After all this discussion of facts, we revert to the primary question, what is the nature of the fecundating act? We have seen that its physical phenomena consist in the contact of active vital spermatic particles with the mature ovum; that this mature ovum, thus affected, experiences peculiar changes which terminate finally in the evolution of a new being possessing the characteristics of the male as well as the female parent. It is true that, as was observed by Prevost and Dumas, and as has since been confirmed by Barry, Newport, and others, the spermatic particles may force their way through the envelopes of the egg some distance into its interior, but we regard this as an unessential condition of the fecundatory act; adhering by their heads to the envelopes of the egg, the incessant action of the tails of these bodies would obviously tend to force them inwards.

and especially through such homogeneous, soft tissues as the egg-envelopes.

By referring to the resultant phenomena of this fecundating process, we may perhaps gain some insight into the conditional if not the real nature of its agency. We have already said that the spermatic particle is the potential representative of the male; what signification is to be attached to its mere physical form, that is, whether it is conical, globular, &c., we know not; and this seems the more hidden from our perceptions, from the fact that exactly similar forms and sizes,—in fact, physical relations apparently identical,—belong to spermatic particles of animals as widely dissimilar as could be. This fact alone, of the correctness of which we are well assured from our own observations, should be sufficient to convince us that we have here to deal with no very simple relations or properties. But let us pursue the subject a little further. I scarcely need remark, that the offspring partakes equally of the physical peculiarities of both parents. It will at once be perceived, that in no way can the child receive those of the father except through the medium of the spermatic particles. And so, however strange it may appear at first, yet the conclusion is irresistible that spermatic particles must contain, concealed within them, in fact must be the vehicles of, not only the general peculiarities of the father as an animal, but mental dispositions also, and as is too often true of our own species, morbid taints superadded to all. It is wholly insufficient to say with Bischoff, that these anomalous conditions belong to the catalytic action; or with Newport, that they may be the exemplification of a force, peculiar and sui generis. For there is something above and beyond the wakening of latent forces, of one particle that is positive with another that is negative. The grand fact is, that the act of fecundation includes—whatever may be said of its also vitalizing the ovum—the communication or the transmission of the individuality of the male parent to the ovum; and the material organ of this transmission is, exclusively, the spermatic particle. We cannot see that these phenomena have an adequate explanation in any chemical relations of matter yet known, and what is more, we cannot conceive the possibility of this ever being the case, unless, indeed, chemistry gets beyond the domain of physics. Not but that chemistry involves points which are equally obscure, such as affinity, isomorphism, &c., but then the conditions of vitality, and especially the grand manifestation of it in question, certainly seem to us to include relations which have no correlation whatever with those pertaining to inorganic matter. To us the relations and conditions of cells, which are the primordial forms
of organization, demand the teleological view of organic life.* Individuality is the distinguishing feature of organization, and we recognize in it something more than a mere collocation of physical conditions; we regard it as an Idea which exists before organization, which last is only the language in which the Idea is expressed. The conditions of this process of secundation which we have just reviewed, will accept no other explanation, say what physiologists may about the unphysical character of such a view; we must have something beyond mere combination, which lies with physics; this we have in development, which lies with life.

In conclusion, we may say, that as the domain of science lies with demonstrable phenomena, so its legitimate study is with the sensible and tangible. The conditions of immaterial agencies, and their relations with material forms, must be accepted as pure phenomena incapable of the analysis of ordinary scientific facts. But after all, how much more of an enigma is the process of secundation than the essence, the primordial cause of every thing connected with both the inorganic and organic world about us. Science should put out her long, tentacular arms in all directions, laying hold of the tangible and the sensible, but it should be remembered that the supersensible is beyond her pale, and that "multa esse constant in corpore quorum vim rationemque perspicere nemo nisi Qui fecit potest."—[Silliman's Journal.

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Hemorrhage from the Throat, produced by Cod-Liver Oil.
By Professor Gamberini.

Many pathologists have accused cod-liver oil of causing hæmoptysis, but as this symptom is so common in those suffering from pulmonary tubercles, it is difficult to determine whether it is due to the remedy, or to the ordinary effects of the disease itself. In order to obtain a positive solution of this problem, it is necessary to study the phenomenon in question in individuals using the remedy, who are exempt from any disease of the respiratory organs. It is upon such data that Dr. Gamberini has endeavored to discover the truth.

Every physician who prescribes cod-liver oil is accustomed to hear his patients complain of a sense of heat and burning in the throat, which varies in duration and intensity, and sometimes makes it necessary to suspend the use of the remedy. If the fauces are then examined, a deep redness will be observed, extending over the whole of the superior portion of the pharynx,

* See The Relations of Cells to the Physical and Teleological views of Organization, in Silliman's Journal, xv., 87, Jan., 1853.
over the palatine arch, and the tonsils. The capillaries appear engorged; sometimes the epithelium is apparently removed.

When this condition occurs, a transudation of blood often supervenes, to the patient's great alarm, and the no small embarrassment of the physician. The blood sometimes scarcely colors the saliva, and sometimes forms considerable coagula. The hæmorrhage is often preceded by pruritus and cough. If the remedy is persevered in, notwithstanding these symptoms, the hæmorrhage increases. On the contrary it ceases promptly when the medicine is suspended.

Auscultation excludes the idea of an alteration of the bronchial mucous membrane, or of the pulmonary tissue, a negative proof, which, when combined with direct inspection, is sufficient to enable us to assign to this hæmorrhage its true seat and cause.

The researches of Dr. Gamberini will doubtless, as a first result, inform practitioners of the possibility of this accident, and the change of prescription which it indicates. Pereira and Cartoni teach that cod-liver oil should be rejected in the treatment of phthisis, because it favors the recurrence of hæmoptysis. Is it not very probable, if the foregoing explanations are correct, that these authors have been deceived in regard to the phenomenon, and have mistaken a staphylorrhagia for the hæmorrhage caused by the softening of tubercles? This question acquires great importance from the fact that cod-liver oil is probably the best remedy for certain forms of phthisis, and that, consequently, it would be most unfortunate to attribute to it dangers which it does not possess, and to deprive ourselves of a precious resource against true hæmoptysis, in consequence of chimerical apprehensions.—[Bulletino della Scienze Mediehe. Gaz. Méd. Paris. St. Louis M. & S. Jour.

By a singular coincidence the following two very remarkable cases are reported in the same number of the American Journal of the Medical Sciences, (Oct., 1853.)

Impalement upon a Pitchfork-handle, entering per Vaginum: Recovery.

Dr. Sargent, of Worcester, reported (to the Boston Society for Medical Improvement) the case, which had occurred in his practice nearly two years ago. A lady, of about 37 years of age, who had borne several children, the last about three years previous to the injury about to be mentioned, and whose last menstrual period had been about a week before, her bowels also being in good lax condition, in sliding down from a hayloft,
Impaled herself upon the handle of a pitchfork, which passed in at her vagina to the length of twenty-two inches, when her feet struck the ground. The handle was immediately withdrawn, the patient carried into the house, and Dr. S. sent for. He found the patient, half an hour after the injury, lying on her back, with the thighs flexed, and the skin cool, pale, and moist (as if from fright), and the pulse not much accelerated. There was no external injury, and no physical evidence of effusion into abdomen or thorax, and no urine nor feces on the garments, nor about the person, nor on the field of the accident, nor on the handle of the fork. There was some blood flowing from the vagina. Patient passed water during the visit, and it was not stained with blood. She complained most of pain in the left thorax, on a line with the scapula. Dr. S. saw the handle of the fork, which was rounded, a little larger at the end than otherwhere, perfectly smooth, two inches in diameter, and showed distinctly the stain of blood up to an abrupt line, twenty-two inches from the end.

Dr. S. theorized, in this case, that the instrument must have perforated the vagina at its upper part to the left, and gone between the uterus and rectum. [If it had gone to the right, it would have perforated the cæcum.] The form of the instrument would make it much easier for it to pass between than to perforate organs, and Dr. S. supposed that it passed in front of the kidney, behind the spleen and between the diaphragm and false ribs, peeling up the costal pleura till it reached the scaleni muscles. The subsequent history of the case, which showed a fracture of the first rib, while, also, there was at no time any effusion into the chest, proved this diagnosis correct. Supposing that the greatest safety of the patient was in what might be called forced rest, Dr. S. gave her one grain of morphia (by estimate), and bound her chest firmly with a broad bandage of new flannel, placing a towel, wet in cold water, between this and the skin. The morphia was repeated in an hour, and one-third of a grain three hours after. Patient passed water repeatedly in first twenty-four hours, without trouble and without blood, and passed coagula from the vagina. The day following, there was emphysema above left clavicle; and, the day following, crepitus in left axilla high up, as if from fracture of bone. There was at no time any evidence of pneumonia or pleurisy, though there was deficiency of respiratory murmur in left chest from the pain in its expansion, the percussion remaining good.

The pulse stood at 120 for several days, and the opiates were continued about as long.

The injury was inflicted the 7th of August, 1851, and Dr. S.
was in daily attendance for nine days; and, occasionally, afterwards, for three weeks. The recovery was entirely favorable, the patient being left only with an ill-united fracture of the first rib, over which there was some painful swelling for several weeks, which ultimately subsided, leaving an osseous prominence in the supra-clavicular region, in intimate relations with the scaleni muscles.

Extensive Laceration and Contusion: Recovery. By G. S. Bryant, M. D., of Aberdeen, Mi. (Communicated by Prof. C. D. Meigs.)

During my residence in Amherst county, Va., in 1850, I was called, on the 25th of April, at about 3 P. M., to see Phoebe, a slave, aet. 25. black, smooth skin, small stature, and the mother of three healthy children.

On arrival, learned that, at about 2 P. M., patient had leaped from the height of ten feet, and alighted upon a tobacco-stick, which had been driven firmly in the ground and was concealed by some loose fodder. The stick was four and a half feet long, and one inch square. The vagina was entered without doing much injury to the vulva; the stick passed up the canal, and perforated its walls on the right side of the os uteri, entered the cavity of the abdomen, and passed in an oblique direction upwards, and finally lodged against the twelfth and eleventh ribs of the right side.

4 P. M. Hemorrhage quite subsided, but at the time of the accident it was very profuse from vagina; pulse 120, and very small; extremities cold; countenance anxious; pain in abdomen distressing; nausea and frequent vomiting; mind clear.

Treatment.—R. Tinct. opii. 3 j.; brandy 3 j. To be given at once, and repeated every hour or two until reaction, or relief was obtained; warm applications to the extremities, and a poultice to the entire abdomen, constituted the principal treatment.

26th, 4 P. M. Slept during the latter part of last night, and has been sleeping occasionally during the morning, but is not altogether free from pain. Reaction took place about 12 o’clock last night; pulse now 110, quick and hard; abdomen much swollen, hard, and tender to the touch; complains a good deal of the side, about the point where the stick lodged, and the lower region of the liver. The swelling and contusion externally are considerable, and she cannot bear the part to be handled; vulva very much inflamed; passes water with much pain and difficulty.

Dover’s powders, grs. x., at bedtime, to be repeated during
the night if necessary; effervescent draught every two hours; continue poultries.

27th, 10 A. M. Rested pretty well last night; pulse 112, hard; skin dry; abdomen very much distended and painful to touch; eyes very red; has vomited some bilious matter; passes her water still with difficulty; bowels have not been moved since accident. B. Hyd. chlor. mit. grs. vj.; rhei, grs. x. Make iv. pills; to be given at once, and followed by an enema of soap and water in six or eight hours, if no action is had by this time; anodynes and poultries continued; vulva to be frequently cleansed with Castile soap and warm water.

28th, 11 A. M. Pulse 100 and softer; has had several bilious discharges; some discharge of pus from vagina; no other material change. B. Blue mass, grs. xvi.; Dover's powder, grs. xi. Make into viij. pills. One to be given every six hours. Continue effervescent draught, poultries, &c.

29th, 10 A. M. Abdomen enormously distended, dull on percussion and painful on pressure; bowels have been moved twice; discharges of bilious character; pulse 118, small and quick; rested badly last night; skin dry, tongue coated over with a brown fur. Continue treatment.

30th, 10 A. M. Had, about 2 o'clock last night, a copious discharge of grumous blood from the bowels, which discharge continued to occur every hour or two until 9 A. M. this morning; could not ascertain the exact quantity, nurse supposed it to be from seven to eight quarts; this is no doubt a too liberal estimate. Abdomen has gone down very much; pulse 130, small and feeble; skin dry and cool; she seems quite exhausted; vaginal discharge continues. Ordered half a grain of sulph. morphia at once; infusion of serpentaria ½ j, to be given at intervals of two hours. Continue pills and poultries, but discontinue draught.

May 2, 9 A. M. Abdomen much flattened; had two bilious discharges yesterday, free of blood; pulse 112, small and soft; vaginal discharge more profuse; passes her water freely; skin dry, has some appetite. Continue treatment.

4th, 10 A. M. Has done well since last visit, until last night. Nurse thinks she was alarmed by a conversation which took place in the room upon the subject of death and her probable recovery. After an hour or two she was better, and again expressed her belief that she would get well, never before having any doubt about her recovery. Bowels have been moved once this morning; biliary secretions improving; skin continues dry; pulse 108; appetite better. Continue treatment; is allowed a more nutritious diet.

6th, 10 A. M. Pulse 108, soft; skin moist; bowels in good
condition; appetite good; vaginal discharge diminishing; complains of little else than soreness in the right side.

Ordered tonics and better diet; mercury discontinued; no appearance whatever of its constitutional effects.

8th, 12 M. Convalescing. Continue tonics.

11th, 11 A. M. Convalescing rapidly.

Recovered fully by the middle of June following.

**On the Nature and Treatment of Diabetes Mellitus, or Glucosuria.** By M. Bouchardat.

[The following abstract upon this subject is taken from the review of an article in the memoirs of the French Academy, 1852.]

By the plan which M. Bouchardat now recommends to our notice, in its full detail, he declares that he can cure the majority of cases of diabetes—his test of cures being not only present removal of the sugar from the urine, but the ability of the patient to employ feculent aliment, without its reproduction. He, however, requires the intelligent co-operation of his patient, and, above all, the frequent testing of the urine, by the patient himself, as a means of ascertaining progress and guarding against relapse. The means chiefly to be relied upon are those of hygienic character; and at all events the power of these should be exclusively ascertained at first, before resorting to any medical agents.

1. **Diet**—As long as the urine exhibit sugar, all feculent and saccharine aliments must be entirely excluded; but the patient need not be confined to what is called an exclusively flesh diet, although this, when not repugnant to him, is the best. Every description of meat, dressed with the usual sauces and seasonings (to the exclusion of flour, however) may be employed; and for those who can get over the prejudice against it, the flesh of carnivorous animals, M. Bouchardat says, is best. By proper management (and what cannot a French cook do?) that of the cat or fox becomes a highly relished viand. Several poor patients, who otherwise would have been unable to procure flesh diet, have resorted to this means with advantage. Fish, in all its numerous varieties, forms a valuable resource for both rich and poor, and may be eaten with an abundance of oil and a moderate quantity of vinegar. Eggs, again, so susceptible of various modes of preparation, are excellent; and although milk is forbidden, good fresh cream and all kinds of cheese are allowed. Except in extreme cases, green vegetables and salads, although they contain some sugar, starch or gum, may be taken in moderate quantities; but abundance of
oil, or the yolk of eggs, should be conjoined. For such patients who cannot well overcome their liking for bread and other feculents, M. Bouchardat has, during the last ten years, had prepared a bread of flour containing 70 per cent of gluten.

As the prohibited feculent and saccharine bodies belong to that respiratory group of alimentary substances, we have to choose others from the same group; and those best calculated to supply their places are fatty bodies and alcoholic drinks. Among the latter Bordeaux wine occupies a prominent place, as much as from one to two litres (from two to four pints) being admissible per diem, which, at ten per cent of alcohol, would supply about 150 grammes (2½ oz.) of this substance in the 24 hours. Fatty bodies must not be given too exclusively lest they excite disgust, but mingled with other aliments, from 150 to 200 grammes being required in addition to the alcohol. Beer is objectionable from containing dextrine. Coffee drunk without milk or sugar, and to which a little rum, cream or brandy may be added, is a good drink. To relieve thirst, Seltzer, Spa, Vichy, or soda water may be taken; but acid drinks, so keenly desired by the patients, are very objectionable. The patient should always eat and drink in moderate quantities, slowly masticating his food. This practice tends to the relief of the attendant dyspepsia, and to assist the distended stomach to return to its normal dimensions. A flannel bandage applied around the epigastrium contributes to the same end.

2. Clothing.—As chills operate very injuriously on these patients, warm flannel clothing forms a valuable protective agent, and beneficially excites the languishing function of the skin. Indeed some medicinal agents are of no avail unless aided by complete flannel clothing which maintains diaphoresis. General frictions are very useful, and a moist warmth of the feet should be maintained.

3. Exercise.—To recommend this indiscriminately would be injudicious, for many patients are too feeble to undertake it. But when their strength has become somewhat recruited by regimen, walking, gymnastics, agricultural labor, &c., much expedite the cure, and are found, as recovery is approaching, to enable the feculent aliments to become utilized by the system.

4. Pharmaceutical Agents.—M. Bouchardat entertains a high opinion of the utility of carbonate of ammonia (from 5 to 15 grammes—77 to 230 grs. in the 24 hours,) providing flannel clothing be worn. Other alkalis suffice for slighter cases, when the urine contains uric acid as well as glucose. Employed consentaneously with out-of-door exercise, they seem to exert great influence in preventing the reappearance of sugar.
in the urine, when feculent aliments are resumed. Opiates, if given alone, are mere palliatives; but when conjoined with other remedies, and in moderate doses, so as to act on the skin they are very valuable. M. Bouchardat sometimes prescribes Dover's powder, but prefers the old theriaca before all other preparations, without defending the absurd complexity of its composition.

In severe cases of glucosuria, then, diet, exercise, and flannel clothing constitute the basis of treatment, carbonate of ammonia and opitates best aid their action. Other remedies have their occasional uses, such as iron, tonics, chloride of sodium, and antiscorbutic plants. M. Bouchardat often employs emetics at the commencement, and endeavours to modify the disturbed functions of the liver by aperients, of which ox-gall with rhubarb is the best.

Circumstances influencing the effects of Treatment.—Foremost among the favourable indications in a case is the rapid return of the urine to a normal state, which may take place in from 24 to 48 hours after the feculents have been excluded. The recent date of the affection is another highly favorable circumstance; and because it is so, M. Bouchardat urges testing the urine whenever the slightest suspicion can be held, and for the detection of relapses, which are frequent and insidious. Other favorable circumstances are the retention of considerable embonpoint, the easy circumstances of the patient, and his being in possession of great perseverance.

The unfavorable circumstances are the reverse of the above; but negligence is still worse than poverty, as the poor man has some resources. The treatment of the case is usually ill managed in hospitals, owing to the vitiated air, the absence of exercise, the sameness of diet, and the insufficiency of the surveillance. The existence of a great appetite is a common and not unfavorable circumstance, requiring only moderation in its gratification, at meals not too far separated. Want of appetite is a far more unfavorable sign, which should be actively combated. M. Bouchardat has found small doses of rhubarb, and exercise in the open air, of advantage. Obstinate constipation, resisting the most varied purgatives, is a bad complication, indicating disease of long duration, which has produced important modifications in the condition of the alimentary canal. Fatty substances, combined with matters which leave residue, as spinach and gluten-bread with bran, are here indicated. Cold and damp air is unfavorable to diabetic patients; but M. Bouchardat has had patients from Algeria, and has not derived advantage from sending others to Italy. M. Bouchardat agrees with Dr. Prout in considering the appearance of al-
bumen in the urine, which is often met with, as an unfavorable occurrence. The prognosis of saccharine albuminuria is not so serious as is that of simple chronic albuminuria. The frequency of the occurrence of phthisis in cases of glucosuria is familiarly known. In all the autopsies the author has made, when the patient has not been cut off by an intercurrent affection, tubercles have been found in the lungs; and he feels convinced that many cases of phthisis have had their origin in a glucosuria that has been overlooked, and which might have been easily removed. In severe and old cases of glucosuria, vision is always found more or less enfeebled; but in most cases, when not of old date, as the condition of the patient has improved under appropriate regimen, this amaurosis has subsided. When indeed this is not the case, the prognosis of the glucosuria is serious; and it will often be found complicated with albuminuria. Impotence, more or less decided, is another effect of glucosuria; but in young subjects the generative functions resume their power when the original disease is rationally treated. Glucosuria may occur at any age, from infancy to senility; M. Bouchardat having met with most cases between the age of forty and fifty. He met with none between eighteen and twenty-five. Old age does not constitute an obstacle to cure; but so difficult is it to watch over children, that the author is not aware of a sustained cure prior to fifteen years of age. He has met with more male than female patients.

[British and For. Medico-Chirurgical Review.

A New Mode of Treatment for Prolapsus Uteri.

M. Desgranges, Surgeon to the Lyons Hospital, has laid before the Academy of Medicine of Paris, a new mode of remedying the uterine displacement. It consists in pinching up the mucous membrane of the vagina, after reduction, with little forceps, or "serres fines" of Vidal. The forceps produce ulceration, and fall off from the fifth to the tenth day; and M. Desgranges repeats this operation eight or ten times, taking care always to leave as many of the forceps as possible. At the commencement he introduces as many as nine; later, from six to four; and at last, towards the end, only one of the little instruments. The treatment lasts in general two months and a half, or three months.

It will be seen that this method rests on the fact that the narrowing of the passages may prevent any farther descent of the organ, the loss of substance and cicatrization being instrumental in the result.—[Lancet.
EDITORIAL AND MISCELLANY.

_Utero-abdominal Supporters, Braces, &c._—There are few, if any, of the modern devices for imposing upon the credulity of the afflicted which we feel more disposed to condemn than the contrivances vended under the various names of Utero-abdominal Supporters, Body Braces, &c. The fact that they have in many instances received the countenance of men of standing in the Profession, renders it imperative on the part of those who believe them injurious, to assign their reasons for such difference of opinion. It is unfortunately too true, that the love of notoriety and the prurient desire to see one’s name in print, may account for some of the signatures appended to the certificates heralded in the newspapers from one extreme to the other of our wide-extended country, and that some of our brothers have now earned for themselves the unenviable cognomen of “universal certifiers.” But there are unquestionably many who honestly believe these appliances useful, and accordingly feel no hesitation in lending the influence of their name to the patentees.

It matters not under what specific patent the articles are sold—they are all made for the accomplishment of the same mechanical purpose, and differ very little from each other. Those termed “Utero abdominal Supporters,” are contrived for the avowed purpose of supporting the abdominal contents, and of thus removing the superincumbent weight from the pelvic viscera, and the womb in particular. Whether the mere weight or pressure of the abdominal viscera ever operates as the direct cause of prolapsus uteri, or prevents the cure of this infirmity, is a mooted question which we do not wish to discuss at present. Our object is simply to determine whether the apparatus under consideration is adapted to the accomplishment of what is claimed for it—viz., to relieve the uterus from the pressure of the superimposed masses.

Nature has wisely provided that at the age at which the vaginal outlet of the pelvis is most apt to lose much of its resistance, to become relaxed, and consequently to favor the descent of the uterus, the abdominal walls also become more yielding and pendulous, so as to overhang the brim of the pelvis, and thus to throw the weight of the abdominal contents anteriorly to the axis of the pelvis, where it cannot be felt by the uterus. Now the “abdominal supporters” consist of a belt, more or less broad, with a strong plate in front, designed to draw the abdomen upwards at the same time that it is compressed by the belt; thus effectually bringing the weight of the viscera back to
the position from which nature has deviated it, and therefore over
the axis of the pelvis, into which the viscera are impelled in propor-
tion to the tightness with which the belt is applied. Is it not evident,
that any pressure exerted upon the abdominal contents by means of
corsets or belts of any kind must necessarily tend to force them up-
wards against the diaphragm and downwards into the pelvis? And
is it not equally manifest, that the addition to the belt of a plate or
supporter in front cannot alter this mechanical effect? It would re-
ally, in our humble opinion, be difficult to imagine a better contrivance
for the purpose of inducing prolapsus uteri, if it were desired to do so by
directing and applying the weight of the abdominal contents to this
purpose. How could you more effectually force the viscera into the
pelvis than by elevating the pendulous abdomen and forcibly com-
pressing its contents?

But, since the simplest reference to mechanical principles would
seem to forbid the use of these instruments, let us invoke the aid of
experience, and ask professional men of observation and of candor,
how many females they have ever known who could tolerate such
bandages for any length of time. We are free to testify that we have
never known one of these supporters to be worn without inconvenience
and detriment to the patient's condition. If any one else has been
more fortunate we are not aware of it. A few years ago a peripatetic
lecturer and patentee of the articles honored this city with a visit, and,
it was said, realized some two thousand dollars from the sale of his
"woman's relief." A number of our fair but frail friends patronized
the stranger, but with no other relief than that of the weight of their
purse.

The only kind of "supporter" that can be beneficial in pro-
lapsus uteri, is that in which the perineum is forced upwards by
means of a pad attached to a belt. The vaginal outlet is thus com-
pressed and the uterus prevented from descending; but in such
cases the belt should hang upon the pelvis or hips in such manner as
not to compress the abdomen materially. Otherwise, the downward
and upward pressure would neutralize each other.

With regard to body braces, shoulder braces, &c., destined to
aid or to supersede the action of the muscles, we cannot but look upon
them as ultimately injurious. The sedentary and delicate female
who is easily fatigued by exercise on foot, will doubtless feel relieved
for a while by such mechanical support; but it is at the expense of a
still greater increase of the existing muscular debility. There is no
principle in physiology better established than that the power of the
muscles will grow with use, and diminish by inactivity. Muscular debility must therefore be overcome by exercise of the muscles, and not by substituting braces in their stead. If shoulder braces be applied loosely, and for the mere purpose of apprising the wearer that he is stooping, so that he may by the action of his muscles correct his position, they may be thus far useful; but it is out of the question for them to do good by supplanting the muscles.

BIBLIOGRAPHICAL.

Lectures on Surgical Pathology, delivered at the Royal College of Surgeons of England. By JAMES PAGET, F. R. S., &c., &c. Philadelphia: Lindsay & Blakiston. 1854. 8vo., pp. 700. (For sale by McKinne & Hall. Price $3 50.)

These Lectures of the distinguished author treat specially of Hypertrophy, Atrophy, Repair, Inflammation, Mortification, Specific Diseases, and Tumors—all subjects of deep interest to the general practitioner as well as to the surgeon. Prof. Paget has very judiciously drawn largely upon the Pathological Museum of the Royal College for illustrations, and has been thus enabled to embody a most valuable collection of facts in confirmation of his views. We regard this volume as a valuable acquisition to Pathological literature.

A Text Book of Anatomy, a guide in Dissections, for the use of Students of Medicine and Dental Surgery By WASHINGTON R. HAN- dy, M. D., Professor of Anatomy and Physiology in the Baltimore College of Dental Surgery, &c., &c.; with 264 illustrations. Philadelphia: Lindsay & Blakiston. 1854. 8vo., pp. 810. (For sale by McKinne & Hall. Price $4 00.)

The object of the author, is to supply the wants of "the Dental as well as the Medical Student," by the preparation of an anatomical work "which directs special attention to the Mouth, showing step by step the important anatomical and physiological relations which it has with each and all the organs and functions of the general system."

"Dental students are slow to see and feel the necessity of a knowledge of any more of Anatomy than so far as the Teeth and their immediate connections in the mouth are concerned, and to go beyond this is thought rather a waste of time, and entirely foreign to the practice of the profession they design to pursue. . . . . To correct this false and dangerous sentiment and to demonstrate the necessity of anatomical knowledge to the scientific, skillful, and successful Dentist, equally with that of the Physician, forms the second and chief reason which has induced the author to write the present work."

These quotations from the Preface will serve not only to show the na-
tute of the work, but also the clumsy style of the author's diction. The wood-cuts are poor, but probably as good as could be furnished for the price. The author's intentions are praiseworthy, and we hope that this work may be productive of the desired reformation.

Chemistry and Metallurgy as applied to the study and practice of Dental Surgery. By A. Snowden Piggot, M. D., late Professor of Anatomy and Physiology in the Washington University of Baltimore. With numerous illustrations. Philadelphia: Lindsay & Blakiston. 1854. 8vo., pp 516. (For sale by H. McKinnie & Hall.)

This is really quite an interesting work, which cannot fail to meet with favor and to be eminently useful. It comprises a résumé of animal chemistry, and a full account of the chemical principles involved in the various organic changes originating in the mouth, together with their bearing upon the minerals used in operations upon the teeth. The Book upon the "Chemistry of the Mouth" is especially instructive. The latter half of the volume is devoted to the Chemistry and Metallurgy of the metals and earths used by the dentist; comprehending the different modes of applying heat; furnaces; auxiliary apparatus; and an account of the materials used in making incorruptible teeth. The work is got up in fine style, and is highly creditable to both author and publishers.

A Treatise on the Venereal Disease. By John Hunter, F. R. S.


The present edition of John Hunter's great and original work derives additional value by being associated in the present instance with the no less original views of Ricord—and, although these distinguished authors are found not unfrequently at variance with each other, the collision always throws additional light upon the question. The study of syphilitic disorders has been eminently progressive, and we are here furnished with the opportunity of seeing at a glance the advances made since the Hunterian era upon many points of this difficult subject. This work is justly entitled to the patronage of the profession.

The Medical Formulary: being a collection of Prescriptions, derived from the writings and practice of many of the most eminent physicians of America and Europe; together with the usual Dietetic Preparations and Antidotes for Poisons. To which is added an Appendix, on the Endermic use of Medicines, and on the use of
Ether and Chloroform. The whole accompanied with a few brief Pharmaceutical and Medical Observations. By Benjamin Ellis, M. D., late Professor of Materia Medica and Pharmacy in the Philadelphia College of Pharmacy. Tenth edition, revised and much extended. By Robert P. Thomas, M. D., Professor of Materia Medica in the Philadelphia College of Pharmacy. Philadelphia: Blanchard & Lea. 1854. 8vo. pp. 296. (For sale by T. Richards & Son.)

This Formulary is too well known to need any commendation at our hands. No work of the kind has ever been more popular with the profession, as the fact of this being the 10th edition abundantly testifies. This edition is "enlarged and revised up to 1854."

In addition to the above works, we have received the following:

An Inquiry into the Nature of Typhoid Fevers; based upon a consideration of their history and pathology. Presented to the American Medical Association at its session in May, 1853. By Henry F. Campbell, M. D., of Augusta, Ga.

Prize Essay; read before the State Medical Society, at its eighth annual meeting in Dayton, June, 1853. By Samuel G. Armor, M. D.

Hospital Hygiene—illustrated; read before the New York Academy of Medicine, June, 1853. By John H. Griscom, M. D.

New Views on Provisional Callus. By Frank H. Hamilton, A. M., M. D.

An Address to the Public in regard to the affairs of the Medical department of Hampden Sidney College. By several Physicians of the city of Richmond.

Also, several Introductory Addresses, &c.

We regret that we cannot notice these more at length at present.

Opium. The Opinions thereon of Shrappenkuttel Smelfungus, M. D.

"I acknowledge no procrustean creed, decapitating nonconformity!"

All is blue in the office of Smelfungus. He is blowing a cloud, and the room is filled with the aroma of tobacco, about the paternity of which there can be no doubt—it is genuine Connecticut, and no mistake.

"Longevity," he says, "cannot be considered a characteristic of the materia medica. From the earliest days of medicine, ephemerae have arisen, fluttered out their existence, and disappeared from the view. But other articles there are which possess inherent vitality, which have been for ages the main pillars of therapeutics; and which still stand firm in their stateliest proportions. And stateliest, with firmest shaft of these, is opium.

"Opium! mysterious drug, whose potency is felt not only in the body, but in the recesses of the mind: where is the link that connects the sleepy poppy with the grandest powers of our nature? By what
Miscellany.

[January,

deepl Hidden agency does it lull the racked nerve to quiet, and steal upon the mind with gorgeous dreams, extending time and space beyond conception? No man has yet returned from these close penetralia with power to tell their secrets. Used daily and hourly for many centuries, it is still unknown, misunderstood, abused, and underrated. De Quincy, wrapped in Elysian dreams by its still influence, quaffing by imperial pints his 'happiness in bottles,' with powers of utterance never equalled, 'speaking as never man spoke,' has lifted the silver veil, only to reveal behind it the blackness of darkness. He has called from out the depths: but his voice is choked with sorrow, and we hear sighs only—suspira de profundis. Oh, mighty agent! instrument by which the soul dips down to Acheron, and gazes through the portals of Tartarus: no power can interpret or destroy thee!"

"Now Smelfungus," I venture to insinuate, "you are on stilts as long as that euphonious baptismal name of yours, and allow me to suggest, you are gyrating rather awkwardly. How are you going to get down?"

Smelfungus looked grieved, holds silence for a moment, and then abruptly changes his style of address.

"Have you noticed, my friend, how all things work together for good to them that love physic? Have you seen how, out of this expectant humbug, have come goodly things—figs from thistles, grapes from thorns? Our otherwise Expectant must needs do something. His lazy theory was to wait for positive indications; and very naturally, one eternally recurring indication was the relief of pain. So our friend, Expectant, follows it out, and when you come to examine his treatment, you find here, there, everywhere, opium, and opium alone, prescribed in all the ills that flesh is heir to, from Abscess to Unknown. Of course, this was nonsense and error. Better and more scientific was old Dr. G.'s prescription for a 'singing in the head,' viz: a poultice of old music books applied to the coccygeal region, with the luminous idea of 'drawing the music down!' There's revulsive treatment for you! But after all, good cometh from every new thing. Some of Expectant's patients get well, and that without regard to old time depurative theories. And some of these were cases whereof Dame Nature had not the handling. Dame Nature is a botch‡ To relieve a pleuritic inflammation, she fills one side of the chest with water; a remedy from which the patient might well pray to be delivered. But Expectant coming to a case of incipient pleuritis, makes a homeopathic diagnosis, calls it 'pain in the side,' and gives it three or four grains of opium therefor. Patient gets well instanter. Well, Expectant comes to another patient, finds her with low typhoid symptoms, and abdominal tenderness, but not much else to complain of. In the absence of any decided indications, Expectant prescribes his eternal opium. By-and-by this patient, too, recovers, and Mr. Observer, standing by, beholds a case of puerperal peritonitis cured by opium.

"From all this, I, sir, sitting in philosophic judgment, derive the
great fact that we know nothing about opium. Tell us, old Monument, who have for forty years dealt out your opinions, what you know about it? Did you ever dream that it was a curative you were handling, and not a palliative merely? Man of the microscope and testing tube, read for us this deep, this Sphynx-like riddle! Are we yet —we staunch old regulars—to yield the field in this matter? Is opium the curative means, the efficient drug in our mixed prescriptions of calomel et opii.aa.grs.ij.? For, look you, country practitioner, dealing Schieffelin’s best powdered from the blunt point of your old jack-knife, you old Clysterpipe, who have not weighed a prescription these half-score years, your small doses of opium weigh three stout grains!

“Rest! This is the word. Here, in rest and sleep, ‘tired nature’s sweet restorer,’ lies the secret. One sensible thing that Dame Nature does, is to put her patients to bed—to so prostrate their lusty muscles, that the sturdy knees give way, and the recumbent posture becomes necessary. Here then is the great curative, and opium is a means thereto. ‘Old functional Harmony’ used to tell us, with extremest unction, that ‘uterine contraction was the remedy for uterine haemorrhage.’ Not lead, nor ergot, nor cold water, nor compression, nor the tampon, but any one or all of these, which could bring on uterine contraction. So here, in inflammation. Rest is our remedy—not calomel, nor antimony, nor blood-letting, nor opium, but any one or all, or none of these, so that you secure rest.

“There is a vague idea, derived from some exploded theories, that calomel has, jure divino, a certain control over inflammation—that the presence of calomel in the stomach, simultaneously with inflammation in the viscera, is incompatible. Now, good Sir Hunker! you know that I—Smelfungus—have the highest respect for you of the conservative school. You know that on every occasion I have ranked myself among you—have bowed to the existence of a liver—and scouted at the pretensions of these new comers, who bear that flaunting ‘banner, with the strange device,’ Young Physic. But, my dear sir, we must compromise or surrender. Let us come down a peg or two and we shall still be men of note. Let us use a little Twiggs’s hair dye and rejuvenate ourselves—gray hairs are at discount now-a-days. Look you! only a day or two since, a certain divine declared a decided preference for young physicians over old. He had the hardihood to intimate that one good theory, round and well established, was worth ten years’ experience. He was a Scotchman, and I said to him, that ‘it behoveth a Scotchman to be right, for if he be wrong, he be for ever and eternally wrong.’ Between you and I, my aged friend, it is about time to cave. Now I have a talent for compromises, and I can propose a satisfactory arrangement which shall govern this vexed question of Calomel vs. Opium. Let us hereafter say nothing about being ‘bilious.’ That’s all well enough at the bed-side, but it is ruled out of professional intercourse. Let us give our calomel, as we did of old, to all patients of firm fibrinous habits, whose blood has a tendency to plastic exudation. So much we claim for our side of
the house. Now we may as well, 'needs must when the devil drives,' concede to Young Physic, that calomel should be withheld in cases where this condition does not obtain, viz., in those manifold diseases where the blood has a tendency to fluidity. I fear that this will narrow down the amount of the drug used, but we must come to it. Don't you recollect feeding calomel, for a fortnight on a stretch, to that stramous little girl with dysentery last year? How fast she did gain, didn't she? And how nicely you could trace the curative influence of the calomel, couldn't you?" And Smelfungus puts his tongue to his cheek, and makes a mysterious gesture with his thumb over the left shoulder. And I can imagine Editor Flint perusing this back-sliding confession of Smelfungus with a quiet smile and a chuckle, which means 'I told you so!' But Smelfungus loves freedom of action; he cannot bear to be fastened by the green withes of tradition. Witness the in
to at the head of this article.

But touch him gently, Dr. Flint! or you may yet see Smelfungus astride his old bilious Rosinante, charging the windmills of natural medicine with the stern voiced war cry:—"Floret Colomelas—ruit caelum!"

"Salts, sir, in all his steps—manna in his eye—
In every gesture, calomel and rhubarb."

Smelfungus loves fun, and from no recent occurrence has he derived so many good horse-laugh as from the developments at Bellevue in re of opium in puerperal peritonitis.

"Dr. Clark would have made no great stir with his interesting ex-
periments in peritonitis, had he not been so severely criticised. Not but that Dr. Clark's treatment was a goodly instance of a priori rea-
soning applied to therapeutics—brilliant in its conception, and tri-
umphant in its success. But the fun of the matter lies in the criticism of the N. York Medical Gazette. 'This,' he says, 'comes of making hospital doctors of mere theorists. He tells us that we must look in the dead-house records for the results of such treatment. Of course the patients are dead. He stops not to enquire about it—they are dead de necessitate; and he sheds his tears over them as freely as a child in the measles. Smelfungus can see him; leading a lacrimose group of anxious inquirers beside the green shores and still waters of the East River. With solemn step and slow, he conducts them down the gravel walks of Bellevue, 'twixt cabbages and onion beds, and sadly points to the little dead-house, as filled with the mementoes of Dr. Clark's recklessness.

"But they look in vain—these women are not yet defunct, but still live to bend as best they may, with abdomen probulgent over their wash-tubs, the spared monuments of human folly."

"Oh, that mine enemy had written a book!"

If I were to tell you, gentle reader, all that Smelfungus says about the matter, I should detract from that solemnity which becomes the pages of a medical journal. A pompous dignity is the main-stay of our profession, and by a parity of reasoning, a medical monthly should indulge in no unseemly cachinnations. Vale.—[Buffalo Med. Jour.