The following Report was read at the annual meeting of the Medical Society of the State of Georgia, held in Savannah in April last, and is taken from the "Transactions" published by the Society:

On the Best Plan of Treating Fractures in Country Practice.  
By L. A. Dugas, M. D., &c.

The tenor of the question upon which it has been made my duty to report, would seem to presuppose the necessity of a plan for treating Fractures in the country, different from that usually pursued in cities and hospitals. If such necessity exist at all, it must arise rather from the different circumstances under which such cases are respectively managed in the country and in cities, than from any peculiarity in the accidents themselves.

Country practitioners reside at distances more or less considerable from their patients, and can therefore see them comparatively seldom. Hence the propriety of adopting methods of retention that will not be apt to incommode the patient so much as to require modification, that will not easily become displaced, and that may be readjusted by the ordinary attendants, if this should become necessary before the physician can be present.
Again: country practitioners are frequently called upon to set fractures when they cannot procure the more perfect and special apparatus usually kept in well organized hospitals, by city apothecaries, and by surgeons in extensive practice. They must therefore use such means as may be at their command, or such as they may obtain at any plantation or isolated dwelling.

As the object of this paper is purely practical, I will not stop to estimate the relative value of the many plans proposed, nor to quote authorities for or against what I may suggest; but will, as briefly as possible, present what I conceive to be, in the language of the question, "the best plan of treating fractures in country practice." In doing so, it would savour of presumption were I to expect, for a moment, that all will agree with me as to the propriety of the procedures I may recommend. I will, therefore, be quite satisfied if I have the good fortune to secure the concurrence of a majority of the enlightened members of this Society.

It cannot be expected that a report of this kind should comprehend the treatment, in detail, of each particular fracture. I will consequently deal in generalities, as far as possible, and individualize only in such cases as this may seem to be absolutely necessary.

The first bandage usually applied to fractured limbs, especially in our country, is one to which I must object; I mean the roller bandage. I object to its use, not only in country practice, but also in that of cities; and as I have elsewhere (Southern Med. and Surg. Journal, Feb., 1850, p. 80) expressed my views upon this part of the subject before us, I beg leave to quote the language then used:

What are the ends proposed to be attained by the application of the roller or other compressing bandage to a fractured limb? They are, I believe, three-fold—viz: to aid in retaining the bones in their proper adaptation; to prevent the swelling of the limb, and to reduce this after it has occurred. A serious objection to the bandage thus used is, that its application constitutes, by far, the most painful portion of the dressing, especially if the limb be held for the purpose by an unskilful aid. No one who has ever witnessed the application of the roller band-
age, from the toes up to the pelvis, in fractures of the os femoris, when every turn of the roller, however gently carried, imparts motion and intense pain, can have failed to wish that it might be dispensed with. Such, at least, is the case with the patient, if not with the surgeon. This evil is aggravated by the necessity, which very soon occurs, of removing and re-applying the bandage, as will be hereafter stated. Now, if the proper apposition of the fractured ends can be secured without the roller bandage, is not the difficulty and painfulness of its application a sufficient reason to abandon it? But it is also proposed, by its use, to prevent the development of swelling. Let us see if this object is ever attained. Every one knows how difficult it is to apply the roller bandage to a whole limb in such a way that the compression will be perfectly uniform, and the circulation not impeded. Even expert surgeons sometimes fail in this, and the less experienced will of course do so still more frequently. But, however skilfully applied, the tendency to swelling, at the seat of fracture, will very soon make the bandage more tight at this point than below it; the venous circulation will become impeded, pain will supervene and increase until the patient or his friends will be compelled to cut loose the bandage, in order to release the stricture. The patient will then have to remain with an imperfect adjustment of dressings until the physician can see him, which, in the country, may be not only hours, but days. Cases also unfortunately occur, occasionally, in which, from the docility or fortitude of the patient, he does not demand and obtain timely relief from the compression, and suffers mortification to take place. One of the most distinguished surgeons of the North stated to the writer a few months since, that he had been repeatedly called upon to perform amputation in consequence of the tightness of the bandage, occasioned by the supervention of swelling at the seat of fracture. There can be no doubt that such accidents are much more common than generally supposed, from the fact that few men are as fond of reporting their unfortunate cases as they are of heralding their successful achievements.

The third object proposed to be attained by the roller bandage is the reduction of the swelling or tumefaction usually occasioned by fractures. For this purpose the bandage is ad-
vised to be applied after the tumefaction shall have reached its maximum. At this stage of the case, the bandage is unquestionably less objectionable than it is at an earlier period; yet its application, even now, is very painful; it is still difficult, and it may be so applied as to produce unequal pressure, and consequent strangulation, with all its inconveniences and dangers. If it were absolutely necessary, these objections might be waived; but if not, they should have their full weight in determining the practice to be adopted. It is certainly not absolutely necessary thus to reduce the swelling, and the utility of the reduction by such means is extremely questionable. That any real evil arises from such tumefaction as usually follows fractures, has yet to be demonstrated. If left to the efforts of nature, it will subside in due time, without the use of any compression whatever.

If the bones can be maintained in apposition, and the swelling be subdued without the roller bandage, and if this bandage cannot, without great danger, be depended upon for the prevention of tumefaction, the necessary inference is that it may be omitted without impropriety. If, again, it be true that the manipulations required for the application of the roller bandage are always painful, that they have almost invariably to be repeated once or more as the swelling progresses, that the compression is generally the principal cause of pain in the treatment of fractures, and that it occasionally induces mortification, when least expected, we should conclude, not only that it may be omitted without impropriety, but that its use ought to be abandoned in general practice.

The writer wishes not to be understood as alluding here to the starch bandage, recommended by the distinguished surgeon of Brussels. The number of victims to its use, when first suggested, remains yet to be told. Suetin, however, no longer calls it the "immovable bandage," but the "movable and immovable bandage," and, so great is his apprehension that the roller bandage, which constitutes a part of it, may be applied with a view to compression, and therefore, perhaps, too tightly, that he advises a bit of tape to be placed longitudinally along the two sides of the limb before the roller bandage, and in such a manner that the ends will project above and below; the roller
bandage is then to be applied, with only as much tightness as may be required to keep it in place; after which, the ends of the tape are to be drawn upon, for the purpose of ascertaining, by their freedom of motion, that the compression is neither too great nor unequal. If much swelling ensue, it will be manifest-ed not only by pain, and the appearance of the distal end of the limb, which is always to be left exposed for inspection, but also by the difficulty of moving the tapes beneath the bandage; in which event, he urges the bandage to be slit open and readjust-ed more loosely. With these abundant precautions, upon which Suetin now dwells with great earnestness, the plan is unques-tionably the best that can be devised, whenever the patient can have ready access to the surgeon, or to an expert nurse, as soon as it may become necessary to modify the dressing.

In establishing rules of practice, whether in medicine or in surgery, authors do not sufficiently discriminate between the various circumstances in which both practitioners and patients may be situated. What may be easy and proper under certain circumstances, may prove difficult and injudicious under a dif-ferent state of things. A system of practice may be highly beneficial, and unobjectionable in hospitals or cities, and be en-tirely unsuited to the camp or country. What may be harmless in the hands of highly cultivated and experienced physicians, may cease to be so under the administration of practitioners less skilful. It is, therefore, important that the principles, as well as the details of general practice, be plain, intelligible to all, and of easy execution. The safety of society demands that dan-gerous expedients be discountenanced by the profession, espe-cially whenever more harmless procedures can be substituted for them. The indiscriminate use of the roller bandage, in the treatment of fractures, has often occasioned the most serious accidents, and should give way to the simple use of splints and bandages, applied in such a manner as to admit of being modi-fied, according to the progress of tumefaction, by any person of ordinary intelligence. Let the more complicated and haz ard-ous processes be confined to such cases as may be continually under the supervision of the surgeon.

Your reporter has not, himself, used the roller bandage in the treatment of fractures, for the last fifteen years, and has had no
cause to regret its abandonment. On the contrary, he is satisfied that he has thereby been saved a great deal of trouble in the management of such cases.

The bones having been, by extension, counter-extension, &c., placed in proper apposition, it remains to secure their immobility by such suitable retentive appliances as may be found anywhere. These are common splints, which may be made with the wood of cigar boxes, shingles, white oak splits, and other similar materials. In many instances, it may be found convenient and proper to resort to binder's board, or paste board, which, if not at hand, may be extemporized by cementing together, with starch, or flour paste, a number of sheets of paper, or layers of linen or cotton fabric. The cases in which these may take the place of wooden splints, will be indicated as we proceed.

As to the materials to be interposed between the limb and the splint, they may consist of linen or cotton cloth, cotton wadding, carded cotton, or bags half filled with bran or chaff, according to circumstances. A double fold of linen or cotton cloth, is all that is necessary when the binder's board, or its substitutes, are applied. For the purpose of securing the splints, I would always prefer the many-tailed bandage, or separate ties, to the roller bandage, which is, as already intimated, more difficult to apply, less secure, and not so easily loosened or tightened at pleasure, as circumstances may require.

The splints used in fractures of the upper extremity should be as light as possible, for the obvious reason, that any weighty apparatus would prove a serious inconvenience. Cigar boxes, and binder's boards, will be found to furnish the best materials.

In fractures of the humerus, the apparatus will necessarily vary according to the seat of injury. If in the shaft of the bone, below the insertion of the pectoralis major, four light splints of wood, sufficiently narrow not to come in contact when applied, and about three inches shorter than the entire bone, may be placed upon thin compresses, and secured with a many-tailed bandage. I have advantageously substituted for these wooden splints, two bits of binder's board, each wide enough to surround nearly one half the arm. These will, if applied wet over thin compresses, mould themselves to the limb, and thus form a very
comfortable casing, which may be easily confined with the many-tailed bandage. In fractures of the humerus, the hand should always be placed in a sling, in such manner that the weight of the elbow may exercise gentle extension.

Fractures of the fore-arm, whether involving one or both bones, will require two splints, one of which should extend from the bend of the arm over the palm of the hand, and to the extremity of the fingers, in order to give support to the hand, and to prevent the use of the fingers, especially in children. The other splint should be applied to the dorsum of the limb, and extend merely from the elbow to the wrist. The size and shape of both should be adapted to the limb, but they must be a little wider than this, in order to prevent the ligatures from approximating the bones. Bits of cloth, or compresses, of sufficient thickness to prevent chafing, should be placed beneath each splint, but the hollow of the hand should contain a thicker pad, to prevent injurious pressure upon the wrist. The splints, thus placed, may be secured with a many-tailed bandage, from the bend of the arm to the wrist, and by another investing the hand and fingers, leaving out the thumb, or not, as deemed most convenient. A handkerchief sling, will complete the dressing.

It will be observed, that we have dispensed with, not only the roller bandage, but also the graduated, or pyramidal compress, usually recommended for the purpose of pressing asunder the ulna and radius. However effectually the bones might be prevented from coming in contact by such a compress, applied upon a skeleton, or upon the integuments of an extremely emaciated subject, I cannot believe that it will avail anything when used under ordinary circumstances. Such a degree of tightness as would be necessary to the full effect of this compress, cannot be tolerated by the patient, and must be hazardous. To guard against union of the radius and ulna, by which rotation of the hand would be impeded; it will be sufficient to have the splints a little wider than the limb, for the reason already stated, and to watch the state of things at the time the callus is about to be consolidated, so as to impart timely motion if required. Your reporter has never seen any bad consequences resulting from the plan here recommended.

There is no fracture for which more complicated appliances
have been recommended, than for those of the clavicle, and yet I know of none so effectually treated by the simplest process. Instead of the bandage of Dessault, and its modifications, I have been long in the habit of substituting the following, with uniform success:

The displacement having been carefully reduced by movements of the shoulder in various directions, according to the particular case, and by direct action upon the fragments themselves, let an aid maintain the reduction by placing the ends of the fingers of the affected limb upon the top of the opposite shoulder, by bringing the elbow against the side, and by pressing up the elbow, so as to carry the shoulder upwards, outwards and backwards, as will be done under those circumstances. The next step will be to secure the limb in this position. For this, I procure a square yard of cotton fabric, (unbleached shirting, for example, as this is softer than the bleached, which is usually starched,) and cut it diagonally, so as to obtain a triangular bit, to the acute angles of which should be sewed slips three inches wide, and three or four yards long. Apply the middle of the base, or long side of the triangle, beneath the elbow, leaving a margin of about four inches behind, and carrying the obtuse angle towards the fingers. One of the acute angles, with its strip, will now be carried between the arm and chest, up to the fractured clavicle, around the back of the neck, over the sound shoulder in front, and beneath the axilla, and finally around the chest, including the arm just above the elbow. The other end and strip will be carried in front of the fore-arm, up to the sound shoulder, behind and beneath the axilla, and around the chest and arm, so as to meet its fellow and be tied to it. Finally, the margin left projecting behind the elbow, should then be elevated, doubled, and so secured with stitches as to prevent the elbow from sliding out of the sling in that direction. The portion of the triangle situated along the forearm, should be also folded around it, and thus secured. Lastly, the strips encircling the chest and arm should be stitched, to prevent their upward or downward displacement. If it be necessary to press down the sternal fragment, this can be effectually done by interposing a little pad between the bone and the bandage which passes over it.
The advantages of this bandage are to be found in its perfect adaptation to the necessities of the case, in its great simplicity, in the facility with which it may be made secure, and in the very slight inconvenience to which it subjects the patient. Children, as well as adults, bear it without a murmur; and if it becomes necessary, for the purpose of cleanliness, to remove it, any intelligent mother, or nurse, may re-apply it, if the physician be not accessible. Whilst it cannot be denied that, under any plan of treatment, there will occasionally remain some unevenness or deformity at the seat of fracture, I must say that I have very rarely seen anything of the kind in cases treated on this plan, notwithstanding the fact that I have, not unfrequently, after applying the bandage once in presence of the mother, left the subsequent management entirely to herself.—(See Southern Med. and Surg. Journal, July, 1852, p. 75.)

_Fractures of the lower extremities_ require stouter splints, when used at all. For _fractures below the knee_, a trough, consisting of two lateral bits of board, nailed to the edges of the one upon which the leg is to rest, and bags of bran, or chaff, to be interposed between the limb and trough, will be found both comfortable and effectual. The trough should extend from the bend of the knee to a few inches beyond the foot, in order to prevent this from the eversion to which it is prone in such cases. A light splint, placed upon a bag of bran, in front of the tibia, and secured by means of separate bandages carried around the trough, will prevent any tilting up of this bone, and give to the whole apparatus the requisite degree of stability. If the fracture be such as to render continued extension necessary or desirable, this may be accomplished by having a two pound weight to hang from the ankle over the foot of the bed. Take two yards of strong tape, apply the middle of it across the sole of the foot, and bring the ends up over the ankle and sides of the leg; then secure the tape in this position by passing a roller bandage about three inches wide, around it and the leg, just above the ankle. If the ends of the tape be now turned down, and the weight fastened to them, the force will be applied both to the ankle and the sole of the foot, and may, consequently, be borne a long time without inconvenience. The continued traction, thus obtained, is useful in overcoming the tendency to
spasmodic action of the muscles in the affected limb, as well as in preventing the deformity from shortening, which is so apt to result from fractures not exactly transverse. Separate splints may be substituted for the trough, if this cannot be conveniently obtained.

Fractures of the thigh may be most easily managed by applying four wooden splints, a little shorter than the femur, around the thigh, and confining them by many-tailed bandages, suitable compresses having been, of course, interposed between the splints and the integuments. In addition to these, a splint about four inches wide, and extending from the side of the thorax to a little below the foot, will serve to keep the limb straight, and to maintain the foot in a proper position. This splint should be secured by separate bandages passed around the abdomen, the pelvis, the thigh, (over the short splints,) the leg, and the foot. As continued extension, in these cases, is necessary, it may be effected by a weight, as suggested for fractures below the knee, the resistance offered by the weight of the body being sufficient for counter-extension. It is scarcely necessary to add, that the patient should lie upon a hard bed, so that his body may be as horizontal as possible, and thus prevent any bending at the seat of fracture. We thus avoid the abrasions, or chafing, so commonly attending the use of splints that bear upon the perineum, or axilla; and the apparatus may be loosened or tightened, without difficulty, to suit the exigencies of the case. If it becomes desirable, at any time, to place the limb upon a double inclined plane, this may be done by removing the long splint, and without interfering with the shorter ones.

In fractured ribs, I would advise the interposition, between the skin and the broad circular bandage in common use, of a bit of paste board, six or eight inches square, to cover the seat of fracture, and to prevent the bandage from depressing the fragments, as it is apt to do, especially if there be more than one rib fractured.

For the treatment of fractures of the inferior maxillary bone, it will be found most convenient to use paste board, which should be applied wet, so that it may be moulded to the jaw laterally and inferiorly. Having thus obtained a good mould, the jaw will rest comfortably in it, and it may be secured by the ordinary chin bandage.
ARTICLE V.

Account of a Case of Double Monstrosity. By H. V. M. Miller, M.D., Professor of Physiology and Pathological Anatomy in the Medical College of Georgia.

A very interesting specimen of Double Monstrosity was recently exhibited in this city, which demands some notice in this Journal, as well from its having originated in a neighboring State, as from its being a most perfect example of a mode of union extremely rare.

These children, named Milly and Christian, born in North Carolina, of African parentage, are females, now about two years old. They are united posteriorly. The os coccygis of each seems to be bent backwards and to become continuous with that of the other. The lower portion, to probably one-third of its extent, of the sacrum of each, is in like manner joined by bony union to the corresponding portion of the sacrum of the other, forming, with the muscles attached to them and the general integument, a firm band of two or three inches in diameter, but so short that the nates of each child are pressed against those of the other. They are thus united back to back, but not exactly parallel; there is a slight inclination to the right side of the one and to the left side of the other. In consequence of this obliquity they lie more comfortably upon one side than the other, and from having been from birth constantly laid in this position, their heads are not symmetrical; the bones of the cranium having apparently yielded to the continued pressure in one direction.

If the children be separated as widely as the uniting band will permit upon the side towards which the inclination exists, the hips (one of each child) united as above described, closely resemble the buttocks of a normal child, and between them is situated a common anus. If the legs of either child be separated, the vulva is brought into view; the upper part of which is not unusual, but at the lower portion it unites with the vulva of the other child, thus forming a common vulva consisting of the conjoined, upper or pubic halves of two vulvae. Upon separating the labia of this conjoined vulva the entrance to the vagina of each child is shown to be perfectly distinct, separated
externally however, but by a thin septum. The urethrae are also distinct.

If the children be separated upon the side which admits of freest motion, the common vulva, just described, is disclosed, looking, when viewed in this direction, like a transverse sulcus, below which, at the distance of about an inch, is the anus common to both children.

No means have been employed of determining how far up the rectum is the junction of the two alimentary canals, but it is probably above the internal sphincter, inasmuch as the children feel the desire to go to stool and actually discharge their faeces at the same time. This, however, is the only thing which they do in common. The urine is discharged, separately and at different times. In all other respects they are perfectly distinct; hunger and thirst may be felt by one and not by the other: one may be sick and the other well; one suffered severely from teething, the other but little. One of them is a larger, stouter child than the other, but not perceptibly more intelligent. Their intellectual operations are as distinct as though no union existed; they amuse themselves together as do other children—sometimes become angry and resort to blows, and even at their early age are very ready, each to accuse the other of faults committed between them. They are still too young to determine what will be for them the easiest mode of progression. They can stand and walk a few steps either laterally or forward for one of them, while the other follows by a backward movement. The side step is that which most probably they will ultimately adopt.

Much curiosity has long existed in regard to the manner of the birth of duplex monsters, but unfortunately it has not yet been gratified, nor does this instance offer anything satisfactory on the subject. No one was present at the birth except the negro midwife who usually attended the women on the plantation. She could give no other account of it than that one was born head foremost and the other breech foremost. In examining their mode of union, one can readily see how they might have been so placed as to have been born as the midwife states, and have presented no greater obstacle to delivery than a double foetal pelvis, which, if the children were not unusually large,
and the mother were well formed, would be by no means insuperable. In this case the delivery was accomplished with safety both to the mother and offspring.

The subject of monsters, under which general term are included all congenital deformities, whether from excess, diminution or malformation of parts is very differently regarded now by men of science from what it was formerly. In the olden time each monstrosity was considered as the presage of some public or private misfortune, an example of Divine vengeance, the effect of witchcraft or the result of diabolical or beastly intercourse, and to this opinion we owe the name which they still retain derived from the Latin verb monstare.

In more enlightened modern times the subject constitutes an interesting portion of Pathological Anatomy, and demands our investigation as strongly as the other deviations from the normal state, which are ordinarily regarded as the legitimate objects of that science. And though the origin of monstrous births is still enveloped in great mystery, our enquiries are directed more rationally in the search for it, to some original malformation in the germ from which they spring or to some subsequent deformation of the embryo by causes operating during its development, than when writers sought to account for them by supposing sexual intercourse with the devil, copulation with beasts or with menstruating women.

Extended observation has shown that they do not occur by chance or from the mere caprice of nature, but are under the influence of certain fixed laws of organization which they never transcend. Thus, monsters never exhibit a fusion of dissimilar parts, as nerves with blood-vessels, or either of these with the intestines. No malformed organ loses its own character or malformed animal its generic distinction, and though there may be a wide difference between given specimens, there may be traced in the entire series, a distinct gradation arising by successive steps from the lowest to the highest deviation from the normal type; and this with such constancy as to admit of grouping into genera and species, and the construction out of them of a new organic kingdom differing only from the others (as has been remarked by Meckel) by less constancy of form.

The order which prevails even in the production of monsters
is strikingly manifested by the definite number in which they occur, being in Paris about 1 to 3000 births, which would no doubt be found to be equally true of every species into which they may be divided, if observations had been sufficiently extended to ascertain the fact. The frequency with which some occur, and the comparative rarity of others, are well established. Some are so common as to be scarcely worthy of note, except to serve as the basis of calculation; while others, from their infrequency, are in themselves in the highest degree interesting. Of this latter kind is the one briefly described at the head of this article.

Complete double monsters, are by no means so frequently met with as those which are incomplete, or present only the duplication of certain parts; but of the former, certain genera into which they have been divided are much more common than others. The family distinguished by having a common umbilicus, and a bond of union below or above it permitting more or less communication between the abdominal or thoracic cavities, has been often noticed. Individuals of it are to be found in almost every museum; that of the Medical College of Georgia contains two. They are capable of living, but the difficulty of their birth, fortunately, in most instances, puts a period to their existence. The Siamese Twins are a good example of this class in life and are well known.

That class of double monsters known by having distinct or separate umbilici, and united by the head or sacrum, is more rare. Of the latter mode of union the annals of science record but few well authenticated examples, not exceeding six or eight in all. The most remarkable of these, and the best known, were the celebrated Hungarian sisters, Helen and Judith, born in 1701. The mode of union in their case was almost identically such as is described above connecting the "Carolina Twins," and the plate which illustrates it would, allowing for difference of age, well represent also that of Milly and Christian. The following is the account of these sisters, given in the third volume of the admirable Histoire des Anomalies, &c., of Isidore Geoffroy Saint-Hilaire:

Helen and Judith, placed almost exactly back to back, were united exteriorly in the sacral region. The external sexual or-
gans presented evident traces of duplicity; but there existed only a single vulva, situated inferiorly and hidden between the four thighs; the vagina was at its opening single, but soon divided into two distinct vaginae; all the rest of the sexual apparatus was double. There were two intestines united in a common canal, (the rectum,) which terminated by a single anus placed between the right hip of Helen and the left hip of Judith. The upper part of the sacrum was double, but united about the second false vertebra and terminated by a single coccyx. The two aortæ and the two venae cavae inferior, communicated by their extremities, and thus established two large and direct communications with the two hearts, and produced a partial community of life and of functions, the source of physiological and pathological phenomena of the highest interest.

The two sisters had neither the same character nor temperament. Helen was larger, handsomer, more active, more docile and more intelligent. Judith, at the age of six years, experienced an attack of hemiplegia, and remained ever after smaller, slightly misshapen, a little slow of speech and less intelligent. They entertained for each other a warm and mutual affection, and each appeared to regret her misfortune more on her sister's than upon her own account. During their infancy, however, they were frequently known to quarrel and strike each other. Sometimes, to settle a dispute, the stronger or the more irritated would hoist the other upon her shoulders and carry her off in spite of her remonstrances.

The menstrual discharge appeared in both about their sixteenth year, but not at the same time, and there was ever afterwards a difference, in the period, quantity and duration of this discharge, notwithstanding the unity of the external orifices of the sexual apparatus.

They felt simultaneously the desire to go to stool, but separately that to discharge their urine. They could walk either forward or backward, but slowly, and could seat themselves by twisting their bodies in a very uncomfortable manner.

One often waked while the other slept, or one would be occupied while the other was idle. They had the measles and the small-pox simultaneously; other diseases attacked them separately. During the illness of one, the other always experi-
enced more or less internal distress and a feeling of deep anxiety. Struck with this deplorable *solidarity* between the two sisters, physicians predicted that the death of one of them would be necessarily and almost immediately followed by that of the other. In a serious illness which Judith had in her nineteenth year, it was deemed proper to prepare the unhappy Helen also for death, and to administer to her, though still in health, the last sacraments. Judith recovered, however, from this attack, but died three years afterwards of disease of the brain and lungs, when the terrible prediction of the physicians was verified. Helen, who had for several days had a slight fever, almost immediately after her sister's death, lost all strength, became prostrate, and after a short agony, succumbed, a victim not of her own disease, but of her sister's death. Both expired very nearly at the same time. Thus perished these unhappy girls, bound together by indissoluble ties, and condemned by a frightful and inevitable fatality, to suffer during all their life and finally to die the one for the other.

The same author, besides referring to some other cases, quotes one more particularly, reported by Tryling, in which the same union existed. These were born alive just one year before the Hungarian Sisters. At the age of four months a surgeon attempted to separate them, but he employed the cautery instead of the knife, and from this cause or from the inherent difficulties of the operation, violent convulsions ensued and the children died.

This form of monstrosity, like every other met with in the human race, has also been observed in other animals, showing the universal operation of those laws of organization to which they owe their origin and in accordance with which they attain their development.

It is not proposed at present to append to the foregoing account of this remarkable natural curiosity, further remarks in reference to its production. But upon viewing the entire group of singular deviations from normal structure, from the addition of a supernumerary finger or toe up to the complete duplication before us, constituting two distinct beings, the question naturally arises, what explanation is science in the present day able to give of the origin of these phenomena?

This question will be considered in a future number of this Journal.
ARTICLE VI.

A Fatal Case of Puerperal Eclampsia. By J. S. Weatherly, M. D., of Palmetto, Georgia.

I was summoned, in haste, on the morning of the 1st of September, to Mr. W—r's. On arriving at the house, I received the following history of the case, before seeing the patient:

The patient is a negro girl, sixteen or seventeen years old; of small stature; pregnant first time; supposed to be at full term; was well as usual on yesterday evening. She aroused her husband about midnight, and got out of bed, but fell heavily to the floor, as the negroes stated, in a fit. Mr. W—r was sent for, and was soon in the cabin: after witnessing the body of the girl twice writhing with convulsions, he despatched a messenger for me. She had had seven convulsions up to the time of my arrival, (3 o'clock, A. M.), and I soon saw her have the eighth one. She is now comatose, with stertorous breathing, attended with a sighing moan; bloody froth issuing from the mouth; the eyelids are half closed—the globes of eyes turned back; temperature of skin nearly natural; pulse 115 per minute, moderately full. She has not spoken or moved, voluntarily, since second fit—in fact, she is completely paralyzed. The convulsions come on every twenty or thirty minutes: as they approach, the breathing becomes more difficult, the moaning more distressing; the head is thrown back, the eyes bleared open, the face and mouth drawn to one side, the arms and hands move convulsively, then the whole body jerks and writhes for two or three minutes, requiring several assistants to confine her in bed, and prevent injury. The abdomen is terribly distended, so much so that I remarked that she must be pregnant with twins. Vaginal examination reveals the os uteri soft and dilated to the size of a dime. I could detect no action about the womb, or any sign of life in fetus. My prognosis was of course unfavorable. Her bowels had already been moved; and, following the advice of older and wiser heads than mine, I bled her copiously, letting the blood flow as long as it would. She had one or two convulsions while the blood was flowing. After bleeding, we tried to administer quinine, grs. 10; ext. belladonna, gr. ¼; and one tea-spoonful of McMunn's
elixir opii.; but she had no power of deglutition. Part of the mixture ran out of the mouth, while the other gurgled down the throat, adding to the already evident symptoms of suffocation. A consultation with Dr. Tatom was requested. In the meantime enemas were administered, first to obtain full evacuations; afterwards with opium and belladonna dissolved in them. These were badly retained in consequence of relaxed sphincter ani. A blister was applied to the nuchæ, and the spine rubbed with hot turpentine; the index finger was introduced occasionally, and rotated within the mouth of the womb, to produce dilatation. Nothing seemed to have any effect—the convulsions coming on every twenty or thirty minutes. We tried to bleed again, but failed to get much blood. The quinine and opium were tried again, but none reached the stomach, and very little got into the mouth, as it had to be prized open. At seven o'clock, the os uteri is dilated to the size of a twenty-five cents coin. An infusion of ergot was prepared, and the patient enveloped in a sheet wrung out of hot water, then covered with blankets, after the manner of the hydropaths. She remained about one hour in the sheet. Dr. Tatom, arriving in the meantime, saw her have three or four convulsions whilst in the sheet. She was placed in bed again, and, after consultation, we determined to use the ergot enemas. Three ounces of the infusion were accordingly thrown up every twenty minutes for three consecutive doses—it seemed to produce feeble contractions. The os, at 11 o'clock, is dilated to the size of a half dollar; the head could be felt, but no bag of waters protruded. It was now thought that by a patient trial the hand might be introduced, and version effected. I accordingly prepared to make the experiment; but before she could be got ready for the operation she expired. She had, in all, about thirty convulsions in eleven hours. As soon as possible, after life was extinct, an incision was made into the womb, and two male children of ordinary size extracted. All trace of life was gone in them.

Remarks.—The convulsions, I suppose, were caused from over-distension of the uterus, irritation, and reflex muscular contractions. We did not administer chloroform, (although
we had it there for that purpose,) thinking that the symptoms would not admit of it. Nothing that was done seemed to have any effect.

If any professional brother has had a similar case, we should like much to hear from him.

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ARTICLE VII.

A Case of Dry Gangrene in a girl eleven years of age. Reported in a letter to the Editor, by A. Connell, M. D., of Marietta, Ga.

"I send you a morbid specimen, of which the following is a brief history: Being requested on the 26th November last to see a negro girl about eleven years of age, belonging to Mr. Barber, of this county, for the purpose of amputating her leg, I was informed that about six weeks previous the girl was taken sick, with pain about the ankle, and had high fever with delirium for three days. She was treated by the family with ordinary domestic remedies. In about two weeks there was formed at the ankle-joint what they conceived to be an abscess, to which they applied poultices, &c. In about four weeks the limb showed marked signs of serious disease. The day before I saw the case, they were dressing the leg and perceived that it was 'loose,' and concluded that it would have to be taken off.

"When I saw the patient the dressing had not been disturbed for upwards of twenty-four hours, and as I removed this, the foot came off with it, about four inches above the ankle, the stump presenting a very rough and uneven surface from which the tibia and fibula protruded about two inches. The portions of the tibia and fibula attached to the foot (about four inches) were mere shells, covered by very soft and offensive flesh, the skin of which, however, was rather dry and of a dark brown or blackish color, like that of the foot I send you.

"Assisted by Drs. Hardie and Bass, I amputated the leg about four inches below the knee. The stump was inclined to suppurate for a week or ten days; but with the ordinary treatment it has since healed kindly, and the girl is now well. I deem it unnecessary to make any remarks on the condition of the foot,
A Case of Inversio Uteri. [February,

as you will see it yourself. It has undergone no change since I first saw it."

We are much indebted to Dr. Connell for the very interesting specimen referred to above. We find the foot very much like that of a mummy; shrivelled, dry, of a dark brown or blackish hue, and somewhat offensive when brought near the olfactories. While dry mortification is not a very rare affection in the aged, we do not recollect to have ever seen a case of it in a subject so youthful as this. The specimen is deposited in the museum of the Medical College of Georgia, and will constitute quite a valuable addition to that extensive collection of pathological anatomy.

*Editor.*

*Augusta, January, 1854.*

A Case of Inversio Uteri. With an analysis of sixty-seven cases, collated from various sources. By Sanford B. Hunt, M. D.

Mrs. Ann W——, of Irish birth, aged 25 years, was confined with her second child, Sept. 7th, 1853. She was attended by a German midwife, from whom, and from the other attendants, I obtained the following history: The labor commenced yesterday, she having just completed the seventh month of pregnancy. Pains continued during the night and day, until a little after 4, P. M., of the 7th, when, after a good deal of severe pain, the child was expelled. An unusually large quantity of water came away with the child. She was, at the moment of delivery, seated nearly erect in her sister's lap, and the expulsive pain which completed the labor, forced the child down suddenly, so that it dragged heavily upon the cord by its entire weight, and the uterus was instantly, and completely, inverted, and protruded beyond the vulva, lying as a large globular mass between her thighs. She was very faint, and they thought her about to die. The midwife tied the cord and removed the child. She then replaced the uterus within the vulva, and having placed her patient upon the bed, sent for a physician. The case then came under my care.

I arrived at the house about 5 o'clock, say three-fourths of an hour after the accident. She was pale, pulseless, and sighing—apparently moribund. I ordered brandy to be given, and examined immediately. The placenta—the cord being unusu-
ally short—I found presenting at the vulva. I should estimate
the length of the cord at from eight to ten inches, though it was
not measured. Within the vagina was a large globular tumor,
as large as the head of a child, but not to be mistaken for it.
Its surface was rough, moderately firm, and bleeding. This
was the uterus inverted, with the placenta firmly adherent to
it, in a space of about three by four inches. At this time Mrs.
W. lay in a pool of blood, and much blood was constantly es-
caping from her. Without much difficulty I separated the pla-
centa, with the result of a partial check to the hemorrhage. I
then made an effort to reduce the tumor by placing my hand
upon the fundus, and pressing it upward, but there being con-
siderable resistance, and as the hemorrhage, though now not
great, had become (from the amount previously lost) the more
immediate danger, I desisted for the moment from attempts at
reduction, and dispatched a messenger for my colleague, Dr.
Flint. In the mean time I applied a tampon to the bleeding
surface, and cold to the pubes. These means being insufficient,
I compressed the abdominal aorta against the vertebral column.
The hemorrhage then ceased; and by the continual adminis-
tration of large draughts of brandy, her pulse rallied, and she
was in a more promising situation when Dr. Flint arrived,
which was in about twenty minutes after my own advent—the
manipulations described not having occupied over five minutes.

Dr. Flint removed the tampon for the purpose of an exami-
nation. He confirmed my diagnosis, and we proceeded im-
mediately to the reduction. The open and fully dilated os
uteri could be felt through the abdominal parietes over the pubis.
Dr. Flint engaging his fingers behind this externally, I intro-
duced my entire hand into the vagina, and gradually carried the
tumor up. The fundus, at first with considerable opposition,
slowly yielded and rolled in upon itself, until the usual promi-
nent tumor over the pubis being felt, Dr. Flint thought the
reduction completed. To convince him to the contrary, I
withdrew my hand, and Dr. F. inserting his own, found the
posterior wall of the uterus still mostly engaged in the os. By
gentle manipulation he soon restored this to its normal position,
and retaining his hand within the uterine cavity until contrac-
tion came on, the reduction was completed, quietly and safely.
On again examining, I found the os uteri in situ, and well con-
tracted. Dr. Flint leaving soon after, I gave brandy pro re
vata. Our patient fell asleep immediately after the reduction.
She was very faint and prostrated for some time. At 8, P. M.
I bandaged her, and applied cold to check flowing, which was
then renewed. R. Morph. sulph., gr. ½, every 4 hours.

September 8th.—I found a very smart reaction. She had
headache, her pulse 120, full and bounding, but soft. Moderate flowing. Urinates with ease. B Sulph. morph., gr. $\frac{1}{4}$ every 4 hours.

September 10th.—Up to this time I have maintained the morphia as above. To-day there is febrile disturbance, and abdominal tenderness. Breasts swollen; milk profuse. Attributing this febrile action to the ordinary milk fever, I gave a saline cathartic. Aside from subsequent difficulty in procuring sufficient action of the bowels, Mrs. W. went on to convalescence with no very peculiar symptoms. She now (Sept. 30th) sits up most of the time, and is in a favorable condition.

Since the occurrence of this alarming and nearly fatal case, I have been led from a consideration of the imperfect state of information on this branch of obstetric science, from the differences of opinion as to its proper management, and from the great importance, both as to the life of the patient, and the reputation of the practitioner, of a clear and definite idea of its real nature, to collate from such sources as were within my reach all cases of which I could find any record, and to furnish the results of this labor to the readers of the Journal in a condensed form.

Of many of these cases I found the records sufficiently full to enable me to ascertain their most important phenomena. In other cases the reports were so meagre, that I could only ascertain a very few of the symptoms present. I have endeavored to present them in such a form as would give to the reader a fair and uncolored view of the facts, and in every case where the occurrence of a symptom was doubtful, I have omitted to mention it.

I shall first give as brief a summary as possible of the results of my analysis, and subsequently shall draw from them such inferences as to treatment as they seem to teach. I trust that these deductions may possess some value. No one man is able to speak authoritatively from his own experience on this subject. So rare is the accident, that the most extensive practitioners frequently pass a lifetime without meeting a single case, while it has often happened, that upon the man of limited resources, and narrow obstetrical experience, has fallen the responsibility of treating this dislocation.

The total number of cases of which I find on record, is sixty seven: Of these, twenty-one were reduced and recovered; thirty-three became chronic; and thirteen died.

The number of the labor is mentioned in twenty-three cases: Nine occurred in the first labor; seven in the second labor; six are mentioned as multiparous; and one occurred after abortion, at the fourth month.
The degree of inversion is mentioned in forty-one cases: Thirty-five were cases of complete inversion; and six were mentioned as partially inverted.

The time at which the accident occurred is noticed in forty-five cases: Nineteen of these happened immediately on the delivery of the child; eight on attempting to remove the placenta.

The remaining eighteen cases occurred: One, after removing the placenta by the hand in the uterus; one, simultaneously with the first after pain, seventeen minutes after the expulsion of the child; three, half an hour after the delivery of the child; one, eighteen hours after labor; three, three days after parturition; one, on the eighth day; one, on the twelfth day; one, on the fifteenth day; one, on the tenth day; four are mentioned as occurring at unknown periods; and one, nine days after abortion at the fourth month.

The condition of the placenta is mentioned in thirty-seven cases: In eighteen of these it is mentioned as adherent; in nineteen it was removed either before the occurrence of inversion, or without recognizing the difficulty; in ten cases the placenta was intentionally detached when adherent.

The records as to hemorrhage are very imperfect.

In only six cases is the degree of hemorrhage before removing an adherent placenta mentioned: In one of these it was slight—this case was fatal; in five it was large in amount—one of these was fatal.

The degree of hemorrhage after detaching an adherent placenta, is mentioned in ten cases: In eight of these it is mentioned as slight; in two it was dangerous—one of these was fatal.

Hemorrhage is noticed after removing the placenta as usual, or before the accident in five cases.

In eight cases it is spoken of in general terms.

Of two cases where the placenta was returned with the uterus in the operation of reposition: one had fatal hemorrhage; while in the other it was slight.

In five cases no hemorrhage occurred.

Convulsions occurred in three cases; all of which were fatal.

Syncope in twelve cases.

Syncope, without hemorrhage, in one case.

The above closes the record of the more important symptoms occurring in the recorded cases. It is to be regretted that it is not more complete, but a careful revision has not enabled me to add anything to them. In the consideration of the phenomena of fatal and irreducible cases, other facts of importance will be deduced. I shall first, however, attempt a review of the causes of this accident, and shall, as far as the
facts in my possession enable me, endeavor to show the more usual causes of the dislocation.

Ten cases were attended by female midwives.
In ten cases there was undue traction on the funis.*
In nine cases there was a rapid labor.
In five cases the patient was delivered in the erect posture.
In five cases there was a short funis.
In one case it was perhaps attributable to sneezing, produced by snuff, given to accelerate the delivery of the placenta.
In one case it occurred on getting out of bed, on the third day.
In one case on leaving the bed on the fifteenth day.
In one while at stool, on the tenth day; and in one there was placenta praevia.

Of the circumstances bearing upon the treatment of the accident, the record is more full and satisfactory. I have already enumerated twenty-one cases as recovering after reposion.
In four other cases death occurred after the reposion of the organ.

Of the irreducible cases thirty-three became chronic, and five others died from consecutive circumstances. I defer the details until I speak of the treatment.

Of the thirteen fatal cases it is recorded that death occurred immediately and before the reposion of the organ could be effected, in four cases.
In four other cases, death occurred after the reposion of the uterus, and the remaining five deaths occurred in chronic cases.

Remarks.—The twenty-three cases in which the number of the labor is mentioned, would indicate that the tendency to inversion decreases with the number of children which the woman has borne.

The proposition of first labors is 1 in 2.55.
" second " is 1 in 3.28.
" multiparous labors is 1 in 5.83.

Causes. The cause to which the inversion is attributed, varies very much in different cases. It is noticed that 1 in 6.7 were attended by female accoucheurs. As the proportion of labors occurring under the supervision of female attendants is undoubtedly much less than 1 in 6.7, it is probable that a lack of necessary skill and precaution were influential in producing the accident. But it is by no means fair to draw the inference

*Dr. Wm. Hunter estimated the circumstances under which traction on the funis may produce inversion very correctly, when he said that, "When a uterus is flaccid, it is inverted as easily as the finger of a glove; but when it is hard, globular, and contracted, it is as difficult to invert as a jackboot."
that a want of skill is always, or even generally the cause. Dr. Meigs details a case, (the one mentioned as a placenta praevia,) in which after the delivery, the fundus came down, was easily replaced, but again came down, and speedily fatal. It will also be noticed, that nineteen of sixty-seven cases occurred immediately after the delivery of the child. In these cases it is difficult to suppose that any cause within the control of the attendant could have operated, except the erect position, which was mentioned in five cases. A short funis is another cause which is probably the most frequent of any, though only mentioned in five cases. The erect posture, combined with a short funis, would almost inevitably produce inversion. It is highly probable that the funis is the more frequent cause, from the fact that so large a portion of the cases had adherent placenta—1 in 3.53 of the entire number of cases are mentioned as adherent. As there is nothing in the adhesion itself to bring on inversion, we may suppose that it furnishes the condition necessary to make a traction on the cord, either accidental or intentional, the source of the dislocation. In 1 in 6.7 of the cases undue traction was made upon the cord. It is now the habit of many excellent and careful accoucheurs to deliver the placenta immediately. Without the usual and proper precaution of placing one hand upon the fundus of the uterus while making traction with the other, it is plain that the practice alluded to would be mischievous. With this precaution there can be no danger in prudent hands. Rapid labor is mentioned in nine cases. No mention is made in the records, of the quantity of amniotic fluid. In my own case there was an unusually large discharge of the waters occurring at the moment of delivery. The other causes enumerated are evidently exceptional. One inversion occurred on getting out of bed on the third day; one from the case cause on the fifteenth day, and one at stool on the tenth day.

**Degree of Inversion.** Only two divisions have been made in this analysis,—partial and complete inversion. Another division, or rather stage of inversion, has been made by some writers—that of depression. It is supposed that in those cases of inversion occurring at a length of time after placental delivery, a slight depression exists in the fundus, from the time of removing the placenta; that an inverted action of the uterine fibre being thus produced, it goes on gradually increasing the depression with each afterpain, until it at last becomes partial or complete. It is not improbable that this condition may sometimes obtain. The treatment proper for this stage would be the introduction of some firm instrument, like a rectum bougie, into the cavity of the uterus, and restoring the fundus.
to its natural shape by pressure from within. The operation would be a simple and easy one, but its necessity could not, as a general thing, be detected in time to make it useful.

By partial inversion is intended that condition when the fundus protruding through the os tincæ, the inversion is still incomplete, the os itself forming a ligating band about the substance of the organ. Of the forty-one cases in which the degree of inversion is noted, only six are mentioned as partial. It is probable that but few cases remain long partially inverted; they going on either to complete inversion, or to spontaneous reposition. That the latter is not impossible, is proved by a number of cases to be hereafter enumerated, and the argument to be drawn therefrom is, that it would not be judicious to do as recommended and practiced in one instance by a distinguished American accoucheur, who in a case of partial inversion, dragged down the fundus, and made it a complete inversion, in order to prevent ligation by the os.

Complete inversion is mentioned in thirty-five cases. It is thus evident either that the complete is by far the more common form of the accident, or that the partial form is not so often detected; a consideration of some probability, and likely to result unfortunately, for it does not appear that partial inversion is any more manageable in its chronic stage than is complete; and the consequences of the ligation by the os may be much more serious, producing much and obstinate hemorrhage, and, not unfrequently, gangrene of the excluded portion. It is probable that in all cases of complete inversion the uterus is at first protruded through the vulva. The displaced organ can, however, without difficulty, be returned within the vagina. In cases of complete inversion, the peritoneal surface of the displaced organ forms a cavity, in which are contained the ovaries and fallopian tubes, and sometimes portions of the intestine.

The internal or mucous surface is turned outward as we turn a glove. It forms a gobular tumor, of a size proportioned to its recent character. It has a rough rugose surface, firm to the touch, and bleeding when handled.

Treatment. In one-half of the cases of inversion, the practitioner will find the placenta attached to the inner, and now conical, surface of the uterus. Should the placenta have been already removed or expelled, there is no doubt as to the proper course to be pursued. But when the placenta still remains adherent, there is room for discussion as to whether to replace the uterus with the placenta still attached, or to first detach it, and then reduce. The weight of authority is in favor of the former method of procedure. The argument adduced in its favor, is the danger of increased hemorrhage attendant on the
removal of the after-birth. In support of this argument are arrayed many of the most distinguished names in obstetrical science.

Burns says: "If the placenta still adhere, we should not remove it till we have reduced the uterus; after which we excite the contraction of the womb to make it throw it off."

Denman, after advising the removal of the placenta when only partially adherent, adds; "But if the placenta should wholly adhere, it would be better to replace the uterus before we endeavor to separate the placenta. The ground of this opinion is, that while we are separating the placenta the cervix of the uterus is contracting, and the difficulty of replacing it is increasing, which is a greater evil by far than a retained placenta."

Dewees (System of Midwifery, p. 456:) "If the placenta offers itself before the prolapsed fundus, we may, if detached, deliver it immediately; but if it be adherent, and the mouth of the uterus does not offer too much resistance, it must be carried up with the fundus, and separated as before directed."

Gooch (Midwifery, p. 273:) "First make an attempt to replace the uterus without separating the placenta from it; and if you succeed so much the better; then by external pressure and friction, excite the action of the uterus to separate and expel the placenta."

Besides the authors above quoted, Clarke, Carus, Newnham, and Blundell, record a decided protest against removing the placenta prior to the reduction of the displaced organ. All of them, however, admit that their method renders reduction more difficult, and in cases where the bulk of the placenta is such as to render its return impossible, they permit its removal.

On the other side of the question we find Bandelocque, Bolvin, Churchill, and Moreau. As my own opinion coincides with those last mentioned, I shall briefly state the reasons which govern my decision, and the facts from my analysis which bear upon it.

It is hardly probable that the placenta will in any case of inversion be found attached in its whole surface. The turning outward of the uterine cavity must necessarily detach it in some portion of its surface.

In nineteen out of thirty-seven cases in which the condition of the placenta is recorded, it was detached without recognizing the difficulty, or expelled spontaneously. It is not to be supposed that these placentae were adherent.

In the eighteen remaining cases the placenta was adherent. In only six of these is it recorded that any attempt was made to return the placenta. Two of these attempts failed; in the
other four the placenta was carried up with the uterus. In one of these four cases, there was fatal hemorrhage after the reduction. In another, the placenta remained attached for four hours after reduction. In the third case, the placenta was not removed till five days after reduction. Of the fourth and last case, no record is made of subsequent difficulties.

It would seem from these facts, that whatever may be the danger of immediately detaching the secundines, their return is also a formidable operation, attended by great difficulty in performance, and when successful, leaving another and dangerous condition still present. Some of the facts in our analysis will go to show that the danger of hemorrhage has been greatly overrated.

In the first place, out of the thirteen deaths, only four died from hemorrhage.

Of these four, one died after the reduction of the placenta with the uterus.

One died prior to detaching an adherent placenta.

One died, the placenta being expelled previously to recognizing the accident.

One died from hemorrhage consecutive to removing an attached placenta.

Thus we have only one death in sixty seven cases, which can be attributed to detaching the placenta. The history of other fatal cases will—incidentally—further illustrate this point in treatment.

The arguments thus adduced are:

First; the attempt to return the placenta very much increases the difficulty of reposition.

Second; when successful it leaves a formidable difficulty to be still encountered.

Third; it does not decrease the danger of hemorrhage.

By removing the placenta immediately you avoid these difficulties without increasing the danger.

The placenta having then been removed, our next step is to replace the uterus. But here another difficulty, not mentioned by any author, may intervene. The hemorrhage may have been so great as to be of more immediate consequence than the displacement itself. There may be after-pains present in the uterus, offering a resistance to manipulation too great to be overcome. In my own case, both these happened. On removing the placenta I attempted immediate repossession, but the resistance of the after-pain was such as to render it impossible. The flooding, too, though much less than before the removal of the placenta, was still, in her exhausted condition, very formidable. I, therefore, during the delay previous to Dr. Flint's
arrival, directed my efforts to checking the hemorrhage, and restoring consciousness. This accomplished, the patient was in a much more favorable condition for reduction than a few minutes previously.

The hand is the best instrument for reduction. It is manageable and always present. Some writers have recommended the head of a walking-stick, a large bougie, or any other blunt, rounded instrument. Such an one would be liable to slip from the globular surface, and do injury to the parts, and has no advantage to compensate for this danger. Others have proposed that the hand itself should be shielded by a cloth—why, I do not know. First returning the uterus within the vagina, it should be carried bodily up until the vagina is "on the stretch." At this point it has been advised by Mr. Newnham to "return first that portion of the organ which was last excluded from the os." How this is to be done in complete inversion does not appear; in partial inversion it is possible, and is, I opine, the usual method of completing all reductions. When the fundus is returned within the os, the womb passes in its progress through all the degrees of partial inversion; and it is then convenient to pass the fingers above the everted lips of the os, and to press the excluded portion upward with the thumb. In all cases, the whole hand should be introduced. The pressure should be firm, and continued for some time, even if the os does not yield at first. Dr. Dewees has said that he does not believe it possible to return a complete inversion, though he adds that he cannot speak from positive knowledge. A complete inversion may be as readily returned as a partial one, provided there is not too great contraction of the os. Now complete inversion does not necessarily suppose such contraction. The os may be dilated to its fullest extent. The fact of inversion predicates a lax fibre, and very many cases of unmistakably complete inversion are recorded as reduced. The uterus having been restored to its natural position, the hand should be maintained within its cavity until contraction takes place. The after treatment does not require consideration here. Only one fact need be mentioned: I have found no case recorded where the patient died from subsequent disease, such as metritis, or peritonitis.

I have already enumerated a portion of the fatal cases—those which had any bearing on the question of removal of the placenta.

Death occurred immediately, and before reposition, in four cases.

One died from hemorrhage before the difficulty was detected. The placenta had been removed.
One from hemorrhage from an attached placenta, which was
not removed.

One from hemorrhage subsequent to the removal of an ad-
herent placenta.

One from "nervous exhaustion with slight hemorrhage."

Four deaths occurred immediately after reduction. One
from hemorrhage, the placenta having been returned with the
uterus; and three from convulsion. The remaining five of the
thirteen deaths were in chronic cases. We have thus consid-
ered the principal features of the accident. Only one consid-
eration remains—that of the period after inversion at which
reposition may be effected. As time passes on, the uterus con-
tracts, its parietes become thicker and firmer, and the os uteri-
is more closely contracted, and less readily dilated to admit the
return of the excluded portion. Every consideration com-
bines to make an immediate reposition desirable and neces-
sary. The delay of even a few moments is to be regretted,
while the passing of an hour may forever forbid replacement.
An hour after the accident is considered a long time, and likely
to make the operation unsuccessful. Dr. Locock speaks of
having succeeded at the end of an hour and a half, in a tone
which indicates a pleasurable disappointment. But lest the
practitioner should be too readily discouraged, many cases of
successful attempts at reduction are recorded at much longer
periods. In recording these cases, I have, in most instances,
preceded the length of time at which the reduction was effected
by the name of the accoucheur. This I have done, that the
character of the reporter may in some measure settle the cred-
bility of the report. Dr. Ayer, of Boston, thirty-one hours;
Dr. Merryman, "long afterward;" Dr. McCoy, 2 days; un-
known reporters, 12 hours, 57 hours, 4 weeks. Besides these
are the following cases from Churchill, which are not elsewhere
included in this analysis: Suffler, 6 or 7 hours; White, 17
hours; Wynter, 24 hours; Dickenson, 27 hours; Cawley, 3
days; Dr. Radford, 7 days; Chopart and Ane, 8 days; Ingle-
by, 8 days; Lanverjat, 10 or 12 days; Hoin, 13 days; Dr. Bel-
combe, 12 weeks.

Churchill evidently considers these cases authentic. They
are nevertheless exceptional cases, and should not be admitted
in excuse for any delay of immediate reposition.

That the consideration of chronic inversion is not less im-
portant than that of the immediate accident, is evident from the
fact, that of the sixty-seven cases enumerated, thirty-two were
either irreducible or not reduced, and became chronic. The
term chronic, though not strictly applicable, is still sufficiently
descriptive. It means that condition which is expressed in the
word irreducible. I have no sufficient data for explaining why so large a proportion of the cases were not reduced. In many instances it is evident that the accident was not detected until so long a time had elapsed that reduction was impossible. In a very few it is stated by the reporters, that though the accident was discovered early, the condition of the organ, and especially of the or uteri, was such as to preclude reposition. We have already quoted the opinion of Dr. Dewees that a complete inversion is necessarily irreducible, and though we think it sufficiently shown that this is not even frequently the case, yet it is easy to conceive that there might be such a tonic contraction or rigidity of the os, as to preclude any possibility of dilating it sufficiently to replace the organ. In such a condition it is evident that no safe amount of force would result in success. I find reason to believe, from the different reports I have read, that most cases of the chronic form were insidious in their oncoming. The pain resulting from a simple depression of the fundus might easily be mistaken for after-pain of unusual severity; and this depression may go on through the various stages of partial, until at last it becomes a complete inversion. Or, supposing the displacement to be only partial, the true state of things would be very liable to escape detection until too late for any remedial measures.

Chronic inversion is not necessarily complete—it may be partial. To this latter form of the disorder I shall first direct my inquiries. A partial inversion would not protrude beyond the vulva. The physical signs of its presence would be a depression in, or entire want of the usual globular tumor over the pubis; while an examination, per vaginam, would reveal there a globular mass, protruding from the os uteri, and more or less ligated by it. Our attention should be directed to the possibility of inversion, by the presence of unusually severe uterine pain, of hemorrhage, of syncope and hemorrhage, or of syncope or convulsion, and of retention of urine. The sensations of the patient would be the same as those attendant on prolapsus uteri, but in a more aggravated form. If to these sensations we add the occurrence of syncope without hemorrhage, we should have sufficient reason to suspect inversion.

It has been remarked that partial inversion was, in some sense, a more important and dangerous accident than complete. From the greater degree of ligation by the os, there would be greater danger of hemorrhage, of strangulation, and of consequent gangrene. The hemorrhage, too, would be more uncontrollable. Added to this, the accident is less liable to detection, and is not in all cases more readily reduced than is the other form.
Relative to the treatment of partial inversion, there can be no great difference between it and that proper for the complete form. The greater liability to gangrene, however, makes a distinction which should not be overlooked. I find five cases in which gangrene occurred. Singularly enough, all of these resulted in what may be called a cure; that is, the cases recovered from this amputation by natural process, and regained a comfortable general health. I do not find any cases which were fatal from gangrene. An inference which may be drawn from this fact would go to prove that the proposition of Dr. Dewees, (and which in one instance he carried out,) to pull down upon an irreducible partial inversion, and render it complete, is not justified by the ulterior consequences of gangrene. It is to avoid gangrene that Dr. Dewees proposes this plan, but until a greater amount of evidence is furnished of the fatality of gangrene, the operation can hardly be justified. It should not be forgotten, however, that very many complete cases enjoy a comfortable degree of general health. Were it proven that the probability of regaining such a degree of health under complete inversion, is greater than the chance of a cure by gangrene, then the operation would be worthy of consideration. As yet, no sufficient data exist to decide this point.

But no case of partial inversion should be readily surrendered to either of the uncertain chances. Every attempt at reduction should be made. Methodical compression of the protruded portion should be employed, and all such local applications as would be likely to relax the constricted fibres of the os, and diminish the size of the vaginal tumor. Among these I would suggest, as most likely to be beneficial, the application of bella donna to the os. The hemorrhage should be controlled by the local use of astringents, and very firm and long continued pressure should be made.

The propriety of surgical interference will be considered under the head of complete irreducible inversion; and all other remarks as to treatment will apply to either form of the accident.

I find (aside from the five cases of cure by gangrene) that of the irreducible cases, five, or nearly one-sixth, terminated by spontaneous reposition. For a long time the possibility of this very fortunate occurrence was denied by authors, but the occurrence of two cases in France, and subsequently of three in this country, have placed the matter beyond a doubt. Few incidents in the self-instituted processes of nature for the cure of the disease are more interesting than this. Only the authentic sources by which the cases are furnished could convince us of the possibility of so great an effort to accomplish a restoration, not of function only, but of natural position, against so
many chances of failure. I trust I shall not be tedious if I devote some space to the history of these cases.

The first was that of Madame De La Barr, the wife of a surgeon of Beuzeville. Six months after the occurrence of inversion, this lady, in getting out of bed, fell upon the floor. At that moment she felt an extraordinary motion in her belly, accompanied by very severe uterine pain, which was followed by syncope. On recovering from this condition, it was ascertained that the uterus had returned to its natural position.

The second case is the famous one of Madame Boncharlatt, authenticated by Baudelocque. Madam B, after suffering for seven or eight years with inversion, consulted Baudelocque, who failed in an attempt to reduce it. On the evening preceding the day on which another attempt was to be made, her friends insisted upon her walking about the room. She struggled and fell upon the carpet, and immediately felt an unusual movement and pain in the uterus, followed by momentary unconsciousness. Baudelocque being called, found that spontaneous reposition had taken place. This woman, having recovered her health, subsequently gave birth to a child.

To come down to more recent times. In the Boston Medical and Surgical Journal, vol. XL, p. 277, Dr. I. C. Hatch, of Kent, Mass., communicates the case of Mrs. H., who had inverted uterus, the diagnosis being confirmed by Prof. Beers, of New Haven, who made an attempt at reposition. At the end of nine or ten months, Mrs. H. found that the tumor in the vagina had so changed its place "that she did not know what had become of it." She afterwards bore a child at full time.

Dr. Meigs also relates two cases of gradual and spontaneous reposition: one, after three years had elapsed; the other after, many months. Both these cases subsequently bore children.

We have thus disposed of ten of the thirty-two irreducible cases by spontaneous cure—five of them by gangrene, and consequent mutilation of the organ, and five by what we can only consider as a most remarkable accident—the spontaneous reposition of the organ, and its restoration to integrity of function, as proved in four cases by the occurrence of subsequent pregnancy. It may not be amiss to mention, in this connection, another case of remarkable interest, if there is no error in the diagnosis, or hiatus in the history. This case involves the possibility of conception taking place in an inverted uterus. The wife of Julian Rousin gave birth, in October, 1777, to a healthy child, but the midwife, in extracting the placenta, inverted the uterus. The tumor was merely returned into the vagina. Ten months afterward, she suspected herself pregnant. At three months, after a good deal of pain, she expelled

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a considerable mass, which MM Thuillier and Vager recognized as an inverted uterus. For several days M. Vager tried to reduce it, but could not, and at last, by advice of MM. Thuillier and Paroifreu, he returned it to the vagina. Six days after, Madame Roussin expelled a fetus five inches in length. The woman was subsequently examined by M. Chevruel, who found the uterus still inverted. He supposed it a case of fallopian pregnancy. Probably such a case will never occur again, and there is much room to doubt the history of this case. No one but a midwife saw it till after the abortion. By supposing the original accident to have been prolapsus, the inversion to have occurred at the moment of abortion, the fetus to have remained in the vagina while the uterus pushed on through the vulva, and finally, the fetus to have been expelled by some casual movement after six days, and we have done away with all the mystery. Such is the explanation of this history offered by M. Moreau.

Two other terminations of inversion remain to be considered, first, using such means only as may tend to allay the inconveniences and dangers attendant on the condition; and second, the cure by operation.

Upon the measure of health and comfort attainable in the first mode of management, must depend, in some degree, the propriety of the operation. In a case related to me by Prof. James P. White, of this city, to which he was called some twelve or fourteen days after inversion had occurred, which was then for the first time detected, and had become irreducible, he resorted to such a treatment as it seems to me is most appropriate to such cases. The hemorrhage and discharges were controlled by astringent injections; the uterus was replaced as high up as possible, and maintained there by a pessary made of curled hair, inclosed in oil silk. The recumbent position was maintained until the parts could accustom themselves to this new condition; and finally there was a restoration to a very comfortable degree of health, so that the patient was able to attend to her ordinary household duties, and even to ride, occasionally, a distance of some miles, to this city. That such may be the result under judicious treatment, is evident from the whole history of chronic inversion. At the moment of the accident, the womb is in a condition of hypertrophy. Its enormous size can scarcely be contained within the vagina, and accordingly we find it generally extruded from the os externum, and lying between the thighs. At this time it is subject to frequent hemorrhage. The patulous orifice of the placental vessels are still unclosed, and at the slightest handling, pour out blood profusely. But after the uterus is returned to
the vagina, and is thus shielded from the air, and from irritating contact with surrounding substances, the ordinary and normal diminution of the uterus after parturition takes place; the lochial discharge is instituted, and finally the organ regains its natural unimpregnated size, and performs its menstrual function uninterrupted. Dr. White tells me that he has seen the menstrual secretion oozing guttataim from the mucus surface. The data of irreducible cases are insufficient to say what proportion of them may result thus favorably. In a case read before the New York Medical Association, by Dr. Van Pelt, the uterus was, (owing to circumstances unnecessary to be mentioned here,) found on the morning of the fourth day after inversion, lying externally to the vulva, and so concealed in dry, hard clots, which had formed it, that Dr. V. P. could not decide on the nature of the accident until they had been softened by fomentations, and removed. This uterus was reduced. This case is quoted as showing the little danger of metritis which exists, and the gravity of accident which may be recovered from. In other cases, (two in number,) the patients are mentioned as living in comfortable health some years after inversion.

These facts and inferences have all a bearing upon the question of operation for the removal of the uterus. If the patient enjoys any comfortable degree of health, there should be no operation. The only circumstances under which the knife or ligature are justifiable, are those involving great danger to the patient's life. A case of inversion in which the organ had diminished to nearly its natural size, could present symptoms no worse than those of ordinary prolapsus. We believe that the knife has not yet been proposed for this latter displacement. The circumstances which militate against an operation are briefly these:

1st. The probability of the system's accustoming itself to the accident, and regaining a degree of health; 2d. The probability of spontaneous reposition; and 3d. The dangers attendant on an operation.

The data of this analysis which bear on the propriety of operation are as follows:—There were thirty-two irreducible cases. Of these, five terminated by spontaneous reposition; five by strangulation and gangrene, followed by recovery; four are recorded as successful cases of ligation; six are mentioned as "extirpated" successfully; and four cases of ligation were fatal.

It will be seen that one in three and a half of the cases operated upon, died. Of the eight cases remaining, there is no record except of the two already quoted as in comfortable health years.
after the accident. I shall quote somewhat largely from the histories of these operations.

Of the four successful cases of ligation, two were tied, supposing them to be polypi. These, of course, are to be considered merely as fortunate terminations of unfortunate blunders.

The third of these cases is reported by Dr. Usher Parsons, of Rhode Island, in the Boston Medical and Surgical Journal, vol. xiv, p. 511. It was a partial inversion of four years' standing. There had been great suffering from alarming hemorrhage, leucorrhœa, nervousness, and uterine pain. The tumor was ligated just below the point of stricture, at the os tincæ. Four days after, the operation was completed by the knife and scissors. It resulted in a cure.

Of the fourth and last case of successful ligation, I have no record beyond the mere fact of the operation.

Of the six successful cases of "extirpation," it is not stated whether the knife or ligature was used. One of these was extirpated on the fourteenth day after labor, by an English surgeon—a most unjustifiable and ignorant proceeding.

Of the four cases of unsuccessful ligation, one was ligated immediately after delivery, the uterus being mistaken for a tumor in which the placenta was implanted. On the eighteenth day after, she was admitted into Boyer's ward at LaCharité. Seven days after, the ligated portion came away, and she died a few days later.

Another case was also ligated by mistake, six months after inversion. She died five days after the operation. The two remaining cases died of peritonitis occurring after the operation.

Thus of fourteen cases in which surgical interference took place, ten recovered and four died. Of the four who died, the operation was performed in ignorance of the true condition of the parts in two cases—a fact which would have more weight were it not that two of the successful operations were also in the same category of surgical blunders.

No record of amputations of the womb would be complete without some mention of Mr. Crosse's tables, collated with especial reference to the success of this operation. It is probable that some, perhaps most, of the cases I have recorded, are also included in Mr. Crosse's statistics. A portion of them, however, are too recent, and too little known to have found place in his records.

Mr. Crosse has collected thirty-three cases of operations, from various sources—nineteen cases were treated successfully by ligature; five were treated unsuccessfully by ligature, of which three died; one case was treated successfully by excision; two cases of excision were unsuccessful; and five cases
successfully, and one unsuccessfully, by ligature and excision combined.

Thus the average of unsuccessful cases according to Mr. Crosse, is one in four and one-tenth. The average of my analysis is more fatal, being of fatal cases one in three and five-tenths. Adding the two together, we have twelve deaths in forty-seven operations. One circumstance should be mentioned: In very few of the cases, (I think in only one—that of Dr. Parsons,) is it recorded whether the inversion was partial or complete. I consider this an important point. In removing a portion only of the uterus, as in partial inversion, the danger would be much less than in the complete form. In the former case, the operation being always performed just below the point of ligation by the os, the integrity of the peritoneal cavity is not at all invaded, except at the point where the peritoneum forms the lining membrane of the abnormal inverted cavity of the uterus. The ligation by the os would effectually prevent the effusion of blood, or check the progress of inflammatory action into the peritoneal sac. But in complete inversion the converse of these propositions holds true. The peritoneal cavity is largely invaded, and there is nothing above to check effusion.

I have thus completed the consideration of this subject. It has been extended to greater length than I had at first anticipated; but the reader will readily appreciate how it is that a subject widens and extends as we investigate. Some sources of error exist in this analysis. The literature of *inversio uteri* is scattered through many books and periodical journals. Many of the records are unsatisfactory—some perhaps are false. I have admitted nothing as a fact that was not distinctly stated as such, while I have taken it for granted that all the records were originally written in a spirit of truth.

There is another source of error. How many cases of inversion have died unrecognized, and been recorded only as sudden and fatal floodings, convulsions, or syncopes, no one can tell. How many which have been recognized, have been concealed, or not reported, is also unknown. The impulse which we feel to report a successful case, and our repugnance to immortalize our failures is so natural, that it not unfrequently detracts from the relative value of our statistical records. But from these records, such as they are, I have drawn the following conclusions as to the causes of inversion, its treatment, and its terminations:

The liability to inversion decreases, but not to any marked degree, with the number of children which the woman has borne. That no one cause can be assigned as universal, but that the complication of a short funis with a rapid labor, the erect pos-
ture when delivered, and a large quantity of amniotic fluid, are the conditions most frequently present as causes.

Inversion may occur without neglect, or undue interference on the part of the accoucheur.

The placenta is adherent in a large proportion of the cases. When adherent it should be removed prior to any attempt to reduce the inversion.

Such removal of the placenta does not increase, but rather decreases the risk of hemorrhage; while it facilitates reduction.

The returning of the placenta in reducing the inversion complicates the after treatment, and adds to the danger of hemorrhage, while it retards and renders difficult the reduction.

Hemorrhage does not occur to any more fatal extent than does convulsion or syncope.

All cases in which convulsion occurred were fatal.

There is little danger of metritis occurring after reduction. Reduction increases in difficulty with the length of time which elapses before it is attempted. Partial inversion is less easily detected, but more readily reduced than complete.

No operation for extirpation should be resorted to until it is evident that life is endangered.

A sufficient number of cases occur in which either gradual diminution in the size of the organ, or spontaneous reposition occur, to justify and demand a delay of any operation for extirpation, until it is urgently called for by the imminent danger of the patient.

The operation by ligature, involves less danger than that by excision, and is therefore preferable to it.

An operation is more frequently necessary in partial than complete inversion, and is at the same time less dangerous.

Finally, under judicious local and general treatment, an inverted uterus may often exist for many years without great loss of locomotion or of usefulness, and with a comfortable degree of general health.—[Buffalo Med. Journal.

There is no plan so well adapted to improve our knowledge of diseases, and consequently to enable us to estimate properly the value of therapeutic means, than that of studying them without the perturbating influences of medication. As in the study of natural history we select specimens in their normal and undisfigured condition, so in endeavoring to determine the true characteristics of diseases, we should examine them in their state of nature, and neither deformed nor transformed by
the interference of art. The natural history of diseases is what we need. The French school has done much toward this, and the Homeopaths, who have honestly carried out their doctrine, have taught us some valuable lessons on the subject. We cheerfully give place to the subjoined researches of a Belgian practitioner.—[Editor.

Of the Expectant Method pursued at the Military Hospital of Antwerp, in the Treatment of Acute Articular Rheumatism.* By J. DEWALSHE, Adjunct Physician to the Hospital. (Translated from the Archives Belges de Médecine Militaire.)

I propose in this essay to make known the method pursued by Dr. Gouzéé, in the treatment of articular rheumatism, and the results which he obtains by it. This subject is not without interest, there being no acute disease in regard to the treatment of which the opinions of physicians are more divergent than this. Unanimous in their judgment of the gravity, long duration, and the danger of the complications of rheumatism, they all teach that it should be opposed energetically; but disagreement arises as soon as it becomes necessary to select the therapeutic agents which shall be employed. Some can only see safety in repeated venesections, others recommend active medicines, to be given in large doses usually, and each one boasts of the preëminent advantages of his own plan.

Imbued with these notions before my arrival, in 1847, at the Military Hospital of Antwerp, it was not without terror that I saw M. Gouzéé employing an expectant treatment in the most intense cases of febrile articular rheumatism. This dismay was converted into astonishment, when I observed that his patients recovered more rapidly than those I had previously seen subjected to the ordinary methods.

Yet Dr. Gouzéé had already made known his plan of treatment. In a report of his clinic for the second quarter of 1843, that eminent practitioner writes as follows:

"Of late years, there have been recommended the most violent and disproportionate modes of treating acute articular rheumatism. Tartarized antimony, nitrate of potash, blood-letting, opium, iodide of potassium, and sulphate of quinia have been employed in frightfully enormous doses; and, surely, it cannot be asserted that a large proportion of the patients subjected to these various methods of treatment

* I have been astonished that physicians who have endeavored to appreciate the value of the different modes of treatment recommended in articular rheumatism, have never examined into the course of this disease uninfluenced by remedies. The memoir of Dr. Dewalshe in part supplies this want, and furnishes instructive facts bearing upon this capital point.—[Note by M. Malgaione.
have been cured *cito, tuto, et jucunde*. It is even said that sulphate of quinia, administered in Rasorarian doses, has occasionally jugulated the patient instead of the disease.

"I have long employed a simple expectant treatment in this disease, and a year has never elapsed without my having cause for astonishment at the facility and promptitude with which my patients recovered."—(*Archives Belges.* Jan. 1844, p. 7.)

Since that time Dr. Gouzée has occasionally recurred to this topic, and I had believed that his opinions were generally known and appreciated, until the perusal of recent scientific publications, and a late discussion in the Academy of Medicine of Paris convinced me that they had not attracted all the attention they merited. I believed then that it would not be unprofitable to report some cases of rheumatism treated on the expectant plan. If they do not convince practitioners of the incontestable superiority of this method, they may at least, by making known the natural progress of rheumatism left to itself, serve as points of comparison, from which the degree of efficacy of the various means recommended in this disease, may be deduced.

M. Gouzée's treatment is most simple. The gentle, equable and continued warmth of the bed, in a pure and temperate atmosphere; and a mild drink, taken warm or cold, according to the patient's taste, but always in great abundance. If the articulations of the superior extremities are particularly affected, the arms are placed in bathing-pans of warm water twice a day, and are allowed to remain one or two hours, the rest of the body being carefully covered; these local baths are sometimes used for the lower extremities, but, in this case, their employment is attended with many difficulties. The local baths moderate pain and swelling, procure general relaxation, favour perspiration; they do not fatigue the patients, or necessitate painful movements, or permit the surface to be chilled as it is after general baths, which M. Gouzée never employs. During the intervals, the affected parts are covered with cataplasm or with sheets of cotton-batting. After the pain in the joints has disappeared, the patient should still remain in bed for several days, until the disease is completely dissipated. At this period M. Gouzée no longer insists upon a severe diet; experience has taught him that a substantial diet, accompanied by some bitter tonic, by a decoction of bark, or solution of quinia, are generally of great utility towards the termination of rheumatism, in procuring a more prompt and complete cure, and in preventing relapses.

Here is an example of the rapidity with which rheumatism, of very considerable intensity, may subside under the influence of the simplest means:
Case I.—Torfs, (cornet au 3e chasseurs à pied,) 20 years of age, never having had any sickness, entered the military hospital of Antwerp, June 27, 1850. For three days he has experienced pain and stiffness in the joints, with a febrile movement in the evening.

June 25th. Swelling, heat, pain, and slight redness of the knees and ankles. The pain is greatest in the right knee; the countenance is animated, the cheeks flushed, the pulse at 100, the skin hot and dry; no sleep; nothing abnormal in the sounds of the heart. (Copious diluent drinks. Diet.)

June 29th. Abundant sweats all night. The pain has left the lower limbs, which remain stiff, and has invaded the wrists, which are red and tumefied; the slightest movement of the arms is insupportable. The shoulders are also painful and swollen. (Arm-baths, twice.)

June 30th. The same copious sweating during the night, sleep, moderated pain, less swelling, pulse at 54. (Same treatment.)

July 1st. There is scarcely any pain, the pulse has fallen to 76, the nocturnal perspiration continued. (Continued repose in bed. Broth.)

July 2d. The patient can move the articulations of the arm; he experiences pain about the scapula. The diaphoresis has become constant.

July 3d. No pain, pulse at 60, nothing abnormal about the heart. The patient leaves his bed. (Improved diet. Eggs.)

A slight diarrhœa supervened upon the 5th, but readily yielded to a sweetened solution of salep, with syrup of white poppies.

July 7th. A solution of six grains of sulphate of quinia was prescribed.

July 10th. The temperature fell in consequence of a cold wind. The patient experiences vague pains in the knees and in the right shoulder. (Repose in bed.) The pains passed off the following day, and convalescence was fully established on the 12th. Four grains of sulphate of quinia was administered, and a more liberal allowance of food.

The patient left the hospital on August 1st.

This case presents an instance of rheumatism, accompanied by a febrile movement from the onset, a great number of articulations being involved at the same time, and nevertheless a cure was obtained with wonderful rapidity, since convalescence was established on the sixth day of the treatment, and the ninth day after the invasion of the disease. Surely no one will pretend to procure a more prompt and satisfactory result, from any mode of treatment.

The following observation is not less remarkable:

Case II.—Vandeputte, cannoneer in the 4th artillery, 21 years of age, robust, of strong constitution, entered the Military Hospital of Antwerp, January 17th, 1851. Two days before, while on duty, he had experienced acute pain in the left hip, which became so violent, that upon the following day he was unable to walk.
January 18th. The pain in the hip was gone. I found the ankles hot and swollen, and very painful. No sleep; pulse full and calm, temperature of the skin normal. (Repose in bed. Common ptisan. Two soups.)

Jan. 19th. Same state, except that the right knee is painful, but without tumefaction.

Jan. 20th. The tibio-tarsal articulations are free; the pain in the knee continues. The patient has slept well.

Jan. 21st. The pain in the knee has diminished. (Same treatment. A little solid food.)

Jan. 22d. The pain has left the knee, and has invaded the right shoulder; it is intense, and prevents any movement of the arm; no sleep; pulse at 78. (Same prescription.)

Jan. 23d. The pain is transferred to the left wrist and elbow, and to the joints of the right middle finger; the latter are red and tumefied. Pulse 74. (Arm-baths, twice.) Moisture of the surface has been present since the entrance of the patient into the hospital. There is no thirst; the stools are regular; the viscera of the chest are exempt from any complication.

Jan. 24th. The weather, hitherto mild and beautiful, became cold; wind from the northwest. The left knee and wrist are red, hot, tumefied, and so painful that the patient has not slept. Intense fever, thirst, pulse at 100, skin hot but moist. The patient complains of a pain under the right nipple, and coughs, and expectorates some mucous sputa. Nothing abnormal upon exploring the chest. (Same local baths. Absolute diet.)

Jan. 25th. The pain, diminished in the knee, entirely gone from the elbow, has invaded the fingers, which are swollen; pulse at 84; less cough. (Same treatment. Soups.)

Jan. 26th. The two wrists are still stiff and swollen, but there is no pain any where. The cough has been troublesome, and has kept the patient awake; pulse 88. (Same treatment.)

Jan. 27th. Much less cough, sleep tranquil, no pain, pulse at 66.

Jan. 29th. No more cough; the swelling and stiffness of the wrists has gone. The patient walks about the ward. (Sulphate of quinia, grs. iv.; water, ʒiv.; simple syrup, ʒj. A spoonful every two hours.)

Jan. 30th. The patient was allowed solid food. Towards evening there was a storm; the mercury descended very low in the barometer; during the night the pain returned in the left shoulder, elbow and wrist, and continued on the 31st. (Arm-baths.)

Feb. 1st. There is no longer any pain. The patient has a good colour and complexion, and but little loss of strength; the convalescence continues, notwithstanding the frequent atmospheric changes. The diet is gradually increased.

He left the hospital on the 6th of March.

In this case, the patient was young and vigorous, as our cannoneers usually are: he was suffering from a shifting articular rheumatism, which had only lasted two days. The circumstan-
ces, in the eyes of a partisan of bloodletting, would have been so many indications for frequent and copious abstractions of blood. Nevertheless, we see that the disease pursued its course without accidents, and terminated in twelve days, with scarcely any treatment, leaving neither feebleness nor anæmia behind it, and having lasted only two weeks altogether.

The two preceding facts confirm the results of the observations to which Dr. Gouzée has long devoted himself, in regard to the great influence which the state of the atmosphere exerts upon the progress, duration, and intensity of the majority of diseases, and especially of acute articular rheumatism. This latter affection is readily exasperated by sudden meteorological changes, and particularly by east or northeast winds, which, in our climate, render the atmosphere dry and cold; under the influence of the mild and humid weather which accompanies southern and western winds, patients with this disease usually amend rapidly. Therefore M. Gouzée deems it important to carefully note, in giving the history of diseases, the meteorological vicissitudes which may have occurred, in order that we may better understand the effect that remedies have had independently of those powerful influences of external agents, which are usually so little regarded.

**Case III.**—Panhuyzen, a soldier of the carbineer regiment, aged 23, of sanguine temperament, entered the hospital on the 4th of May, 1852, having arrived from the camp at Braschaert. For two days past he has had acute pains, shifting from one articulation to another.

May 5th. The two feet, but particularly the left, are painful, red, and swollen. The general suffering is considerable. Sleeplessness, flushed face, frequent pulse, skin moist. The heart’s sounds are normal. *(Free drinks, cataplasms, loco dol.)*

May 6th. Same pains, abundant sweats, pulse at 90.
May 7th. Sweats continue abundant, less pain, sleeps well.
May 8th. Feet are free; right wrist attacked, sweats. *(Arm-baths.)*
May 11th. Left wrist involved; pulse at 80, less perspiration.
May 12th. Suffering much diminished.
May 14th. Convalescence, the patient leaves his bed. *(Improved diet.)*

He left the hospital on the 25th.

**Case IV.**—Boston, a soldier in the 1st artillery, 21 years, robust and sanguine, has never been sick previously. On July 2d, 1852, having got wet while on duty at Braschaert, he was taken with a chill, followed by a fever. The next day, pain in the joints of the inferior extremities. He was transported to the hospital on July 4th.

July 5th. The two knees and the left foot are swollen, red, and painful. Face animated, pulse frequent, sweat copious, heart’s sounds normal. *(Repose, drinks, diet.)*
On the following days the fever gradually diminished, the pain and swelling continue in the left knee. (Raw cotton.)
On the 10th, convalescence; exit on the 12th.

I have no remark to make on the two preceding cases. The following observation is more important, both on account of the intensity of the disease, and of the existence of a bellows sound at the heart.

CASE V.—Jods, soldier in the 3d foot chasseurs, 21 years, lymphatic, but with a tolerably good constitution, suffered a year since with acute articular rheumatism.

On the 3d of June, 1851, after being on duty all night, he had a violent chill, accompanied by pain in the lumbar region. This was treated, at his quarters, by a saturnine lotion, but persisted until the 8th, when the articulations of the extremities became involved. On the 9th he was brought to the hospital.

June 10th. I found the ankles and the right wrist swollen, red, hot, and very painful. The patient could not sleep on account of his suffering; the pulse, at 104, was incompressible; the skin was hot and moist. Auscultation discovered a loud murmur, amounting almost to a rasping sound, in place of the first sound of the heart. The existence of this symptom, which was particularly apparent towards the left side of the heart, was verified by Dr. Gouzee. The patient had no precordial pain, or oppression, the dullness of that region was not augmented, and the lungs were healthy. (Repose in bed, arm-baths, diet.)

June 11th. The right knee is slightly tumefied, and very painful, the other articulations are in the same condition as yesterday. The abnormal bruit of the heart continues; the pulse is regular at 88; an abundant diaphoresis is established. The patient has slept well. (Same treatment.)

June 12th. The pain in the ankles has disappeared, it is diminished in the wrist and knee; the joints of the toes of the right foot are congested and painful. The murmur of the heart is less rude and not so loud; the sweating continues; no stool for four days. Altogether, the patient suffers less. (Same treatment.)

June 13th. The patient feels so well that he believes himself cured. All the articulations heretofore affected are free. Slight pain in right shoulder. Bruit de râpe diminished, pulse at 84, sweat, two natural dejections. (Continue in bed, diet.)

June 14th. No pain anywhere, pulse at 74, heart's sounds are normal; M. Gouzee, however, believes that he can detect a slight trace of the murmur which has masked the first sound. (Repose; soup; rice and milk.)

June 15th. Pulse 64. All the functions are well performed.

June 16th. Dr. Gouzee considers the heart's sounds normal. The patient took a solution containing four grains of quinia, which was repeated the next day. His diet was gradually improved. This soldier resumed his duties on the 1st of July.
What was the semeiological value of the abnormal cardiac murmur observed in this patient? Was it the sign of acute endocarditis? Was it the result of an organic lesion which occurred during the antecedent attack of rheumatism? The question is difficult. I do not know how those physicians who consider the bellows murmur which occasionally supervenes during the course of articular rheumatism, a sufficient sign in itself of the existence of acute endocarditis, can explain it. The absence of præcordial anxiety, oppression, and pain, the regularity of the pulse, and the fact that only a normal degree of dullness existed, inclined us at first to believe that this murmur depended upon an old organic lesion. Therefore we expected that it would continue after the cure of the rheumatism. Nevertheless, it diminished rapidly, and finally ceased almost as soon as the disease of the joints, without any medication having been employed against it. This unexpected result induces us to think that the murmur should be attributed to some other cause.

This fact had already been remarked. M. Gouzee who had observed it frequently, published some reflections upon it in the essay we have already cited: "In one patient, he says, there was a bellows murmur accompanying the first sound of the heart, which disappeared during the convalescence. There are two curious questions, in connection with this murmur, which will be decided at some future day, when the prejudices of the day have subsided. These are: whether the endocardial murmur is as frequently the expression of an endocarditis, as some physicians imagine; and, secondly, whether certain modes of treating rheumatism have not great influence in the production of this sound." More recently, in 1851, Dr. Hart, a regimental surgeon, has made known a similar case, in an essay published in the Archives de Médecine Militaire. It remains to find an explanation of these curious facts. Does the endocardial murmur depend upon a change in the composition of the blood?

"It has been asked, say the authors of the Compendium de Médecine Pratique, (art. Auscultation,) if the peculiar murmurs which characterize anaemia and chlorosis are not due to a modification in the composition of the blood. Then, from a generalization of this idea, it has been suggested that if the blood, when it has become more fluid and less abundant, produces, in circulating through the vessels, murmurs that are not observed when it is endowed with its normal qualities, perhaps, by an inverse modification. when it is more plastic, richer, more consistent, more abundant, it may occasion analogous murmurs. This would lead to the following conclusions: 1. The bellows murmur may be the result of a diminution in the quantity of the circulating fluid; 2. It may be the result of an increase in the quantity of blood in circulation; 3. The bellows murmur may sometimes indicate an
abnormal fluidity in the blood; 4. It may also characterize an augmentation in the plasticity of the blood; in a few words, any notable change in the quantity or quality of the blood contained in the cavities of the heart, may produce a modification in its sounds. Then it would be established that, if the bellow murmur frequently occurs as a coincident phenomenon in articular rheumatism, it is proper to attribute this circumstance to the well known alterations presented by the blood in that disease."

These propositions are not demonstrated, any more than is the fact of the existence of endocarditis under the same circumstances; but, as the authors just quoted remark, they begin to have supporters.

Let us not forget to remark once more the rapidity of the cure in this case. Notwithstanding the intensity of the disease, convalescence was established in less than a fortnight.

Case VI.—Warnier, quartermaster in the 1st artillery, 23 years of age, brown hair, brown skin, face habitually florid, has suffered from three intense attacks of articular rheumatism since January, 1846. The first was treated by depletion at Gand, the second at Antwerp on the expectant plan, and the third at Bruges.

The 10th of June, 1850, being at the polygon of Braschaert, he was seized with pain in the inferior extremities, and went to bed.

On the 15th, the pains became more intense, and fever came on. The following day he was carried to the military hospital at Antwerp.

June 17th. Wrists red, very much swollen, very painful upon the slightest movement; left knee tumesced and slightly painful; pain in the neck, in the shoulders, and in the back and sides; face very much flushed; pulse at 112, regular but not very full; slight murmur accompanying the first sound of the heart, most apparent just beyond the nipple; diarrhoea since the 12th. The wind is north, and the weather cold. (This state of the temperature lasted until the 28th.) Arm-baths, gum water with syrup of poppies, diet.)

June 18th. The condition of the wrists is improved; the left knee and right instep are affected; the pains about the trunk are ameliorated; pulse at 90; same murmur at the heart; abundant sweat; more diarrhoea. (Arm-baths, broth, rice and milk.)

June 19th. Slept well, right wrist still swollen, vague pains in the fingers; left knee and right foot are free. (Continue in bed, diluent drinks.)

June 20th. There only remains a slightly painful tumesfaction of the right wrist, and a little uneasiness about the sternum; the diaphoresis continues; pulse at 80, cardiac souffle less loud, countenance natural; stools normal.

June 21st. The wrist, knee, and fingers are stiff but not painful; pulse at 75; the patient walks in the gardens. On the 22d all of the articulations were free, and all of the functions were well performed. There was still a slight endocardial murmur.
After the 25th, the bellows murmur gradually diminished; on the 30th, it was no longer perceptible. The patient left the hospital on the 6th of July.

In this patient there was a marked progressive amelioration, notwithstanding the most unfavourable atmospherical circumstances. As in the preceding case, the murmur which existed in the cardiac region subsided gradually and spontaneously. Nothing proves that these patients were the subjects of acute endocarditis, because, in the first place, the simple occurrence of a bellows murmur should not be considered pathognomonic of that affection, and, secondly, because this phenomenon disappeared of itself almost simultaneously with the cure of the rheumatism, which would not have been the case if it had depended upon a phlegmasia of the internal membrane of the heart. If, admitting the existence of that phlegmasia, we had instituted an active antiphlogistic treatment, it is probable that the venesections would not have prevented the cessation of the murmur. Then, the cure of a redoubtable complication would have been attributed to energetic medication, whereas the efforts of nature, seconded by careful nursing, were quite competent to set every thing in order.

We could easily multiply cases, but we believe that those which we have already cited are sufficient to justify the following conclusions:

1. Acute articular rheumatism has a natural tendency to terminate in the course of one or two weeks.
2. Treated on an expectant plan, by simple hygienic and dietetic precautions, it pursues its march without danger, and ceases as soon, if not sooner, than when combatted by active measures.
3. It is not proven that the active treatments recommended in this disease are useful or even innocent.
4. The cardiac murmurs which are frequently observed during the course of rheumatism, disappear spontaneously in the great majority of cases, in proportion as the disease ameliorates, and under the influence of the simplest treatment.
5. It is far from being demonstrated that these sounds are always the sign of endocarditis.—[Virginia Med. and Surg. Jour.

**New mode of Operating for Strabismus by a Temporary Ligature.** By M. Tavignot.

M. Tavignot sent in a memoir, the object of which is to explain a new method of operating for strabismus. This new operation is founded on the following idea, that instead of lengthening a muscle supposed to be too short, you must short-
en a muscle in reality too long. Instead of leaving the eye to oscillate with difficulty, and sometimes sluggishly, between two muscles, one of which is mutilated by a section, and the other remains always more or less powerless, my method of operating, says the author, attacks the longest muscle, and not only shortens it by a sufficient length to equal that of its antagonist, but it furthermore acts by increasing its physiological contraction.

_First Operation._—The longest muscle—that is to say, that one which is opposed to the deviation being exposed in the ordinary manner for strabotomy, the operator proceeds in the following manner: A blunt hook, with an eye at its extremity, is passed underneath the muscle, so as by lifting it up to detach it from the globe of the eye. The hook is then carried forward, so that its concavity embraces the muscle at a little distance from its aponeurotic expansion. A thread of silk is then passed through the eye of the hook, then the hook itself is brought towards the operator, leaving the ligature under the muscle. By a double twist of the ends of the thread on one another, a simple, yet very resisting, knot is obtained. There only then remains to finish the operation, to tighten the knot, and cut away one of the ends of the ligature. The other end is brought to the corresponding angle of the eye and fixed to a spot on the circumference of the orbit.

The first effect of this ligature is to render the lateral fibres of the muscles more central, and thus to bring about a shortening of this organ. The second effect is to develop an adhesive inflammation, which not only fixes permanently the abnormal juxtaposition of the muscular fibres, but also establishes adhesion between the muscle and subjacent sclerotic membrane.

The ligature not being intended to produce division of the muscle, must consequently be only temporary. Towards the end of the second, or beginning of the third day, it can be easily taken off by means of a gentle traction carefully applied to the end which remains.

This first operation may not in all cases produce the effect which we have described. Very severe strabismus will no doubt prove refractory. It is at least with this idea that I have devised a way of making it more efficacious.

_Second Operation._—The hook having been passed under the muscle, as in the preceding case, the ligature is passed, not directly under the muscle, but under the hook, so as to embrace the muscular expansion.

Before going further, it must be discovered by a momentary constriction if the globe is perfectly restored to its normal position. To prove experimentally that the ligature has effected
the required degree of shortening, we must proceed, during the operation, in the following manner: The ligature being passed once under the hook, a different colored thread must be passed through the loop thus formed, then constriction is made by means of the first-mentioned ligature, but taking care to make only one knot, and to make it a single one only. The hook is then withdrawn, and the eye left to itself. The changes in its direction can now be judged of accurately. If the globe is not brought back sufficiently, a larger quantity of muscular tissue must be embraced by the ligature; if the globe is too much brought back, a lesser quantity of muscular tissue must be enclosed; but in either case the ligature already put on must be withdrawn as soon as possible. Owing to the precautions we have adopted with this view, nothing is more easy; the eye being fixed, one end of the ligature is drawn with one hand, while the other hand pulls the thread passed through the loop of this same ligature. The knot gives way immediately to this opposed extension. There only then remains to pass the hook again underneath the muscle (if it has not been already done before taking away the ligature) and recommence the operation, keeping in mind the data furnished by the first trial.


EDITORIAL AND MISCELLANY.

Transactions of the fourth Annual Meeting of the Medical Society of the State of Georgia, held in the City of Savannah, April, 1853.

The "Transactions" of our State Medical Society were received too late for notice in our last. It is to be regretted that this publication, comprising only about one hundred pages, should have been so long delayed, and that its typographical errors are so numerous as very seriously to impair its value. Typographical errors involving orthography only are of but little importance; but when they are such as to affect the writer's meaning, as is frequently the case in the work before us, they misinterpret the author and mislead the reader. In order to show that we are not unnecessarily captious, we will direct attention to some of the errors noticed in one alone of the articles. On page 37, we find "the necessary influence" instead of the necessary inference; page 38, "In established rules of practice" instead of In establishing rules of practice; "be discontinued" for be dis-
countenanced; "process" for processes; "extensive counter extension, &c." for extension, counter-extension, &c.; "material" for materials. On p. 39, "their compress" for thin compresses; "from the end of the arm" for from the bend of the arm. On p. 41, "compress" for compresses. Yet, in the errata placed upon the cover, there is but one of these errors noticed!

We really feel mortified at the justness of the criticisms of the newspapers upon the artistic imperfections of the work, for, intrinsically, it is decidedly creditable to the contributors of its matter. It contains, besides the minutes of proceedings: Report A, by Dr. R. Q. Dickinson, on the existing Laws of Georgia relating to the Practice of Medicine; Report B, by Dr. P. M. Kollock, on the Topography and Prevalent diseases of the 1st Congressional District, during the past year; Report C, by Dr. G. F. Cooper, on the Topography and Prevalent Diseases of the 3d Congressional District, during the past year; Report D, by Dr. L. A. Dugas, on the best plan of treating Fractures in country practice; Report E, by Dr. R. C. Word, on the Topography and Prevalent Diseases of the 5th Congressional District; Dr. R. D. Arnold's apology for not presenting a Report upon the subject assigned him; a Communication from Dr. T. W. Bell, on the use of Sulphate of Cinchonia; a Biographical Sketch of the late Dr. Waring, by Dr. C. W. West; a Biographical Sketch of the late Dr. Baber, by Dr. C. B. Nottingham; and the Annual Address, by Dr. J. Harriss.

The excellent Report of Dr. Dickinson will be found very useful to the profession in Georgia, who are not unfrequently at a loss with regard to the laws now in force. The following are the author's conclusions:

"From the various enactments previously referred to in this report, and the preceding decision of the supreme court, we very confidently conclude, that no person is authorized to practice medicine or surgery in Georgia, for 'fee or reward,' except,

"1st. The licentiates of the Medical Board.

"2d. The graduates of the Georgia Medical College.

"3d. Those engaged in practice, in this state, in 1839.

"The licentiates of the Botanico Medical Board—the graduates of the Botanic Medical College, and those engaged in the practice of this exploding humbug in 1847, are authorized to continue to practice this system.*

*The Legislature at the session of 1851-2 passed special Acts authorizing a round dozen of individuals named, to practice on the Homœopathic system, and one (Robt. C. McCullock,) to pursue the "Dutch or Indian practice."
"All apothecaries and druggists who have been licensed by the Medical Board to sell drugs and medicines, and all who were engaged in the business in 1839 (when the act of 1825 was revived under its enlarged title) are legally authorized to pursue the business. And 'merchants and shopkeepers' are authorized to 'sell medicines already prepared.'

"By an Act passed in February, 1850, it is enacted, 'That, from and after the passage of this Act, it shall be lawful for every physician and surgeon who shall be summoned by the sheriff or coroner of the county, to make post mortem examinations for the information of Juries of inquest; to charge and receive from the treasurer of the county the sums, (following) to wit: For each post mortem examination, where death has resulted from external violence, where no dissection is required, the sum of ten dollars; for the same where dissection is necessary, and where no interment of the body has been made, twenty dollars; for the same, after one or more days interment, thirty dollars; for the same, where any chemical analysis is required, the sum of fifty dollars, and the expense of such analysis: Provided, that the compensation allowed in this Act, shall not extend to more than one physician for each post mortem examination.'

"It is also enacted by the penal laws, (Cobb’s Dig. p. 816) that any physician, surgeon or other person, wilfully endeavoring to spread the small pox, without inoculation, or by inoculation with matter of the small pox, or using any other inoculation than that called vaccination, unless by special commission or authority from the inferior court of the county where the small pox shall make its appearance, shall be indicted, and on conviction, fined in a sum not exceeding $1,000, and be imprisoned in the common jail, at the discretion of the court."

The following “Suggestions for Additional Legislation” are very judicious:

"In view of the very little regard manifested for the laws now in force, either by the Faculty or the people at large, I doubt the expediency of any additional legislation, until we can give assurance of a more strict observance of the laws now in force. I doubt if much over half the physicians now engaged in practice, or half the apothecaries engaged in selling drugs in Georgia, are legally authorized to do so. I am persuaded the better course would be for this Society to direct its efforts to secure a faithful observance of the laws now in force, before seeking to procure additional legislation. I am aware that a resolution has been passed by the society, recommending its members to endeavor to procure an observance of the laws relative to the licensing of physicians and the sale of drugs; and to report such persons as are thus engaged, in violation of law; but, as yet, I have not heard of one who has been reported, either to the courts, or grand juries, or to this society. In this case we have realized the truth of the old proverb, ‘what is every one’s business is nobody’s business.’ To effect this observance I would respectfully suggest the propriety of
this society appointing a committee of one or more persons in every county, whose duty it shall be—first, to use persuasive efforts to induce all the physicians and apothecaries in their respective counties to comply with the requisitions of existing laws; and if unsuccessful, to take legal steps to have the laws enforced; and require these committees to report annually to the society the result of their efforts. The duty of such a committee would certainly be an unenviable one. But prompted by a desire to elevate the character of the profession of medicine, and promote the best interests of the community in which they live, it is but reasonable to presume, men may be found in every county to engage in the enterprise when shielded and sustained by a special appointment from this society.

"Efforts have been made for several years past to procure the passage of a law by our Legislature, requiring the registry of Births and Deaths in each county. However important, in many respects, such a requisition, uniformly and faithfully observed, might prove, it is much to be doubted, if such an Act should be passed, if it would not remain a dead letter in our statute book. There has been, ever since the year 1823, (v. Cobb's Digest, pp. 208-9,) a law requiring the Clerk of the Court of Ordinary in each county "to enter and register in a book to be kept for that purpose, the names of all persons who may report themselves to him, or who may be reported by their parents or guardians, as well as all who may be hereafter born within the said county, and who may be reported as aforesaid, upon due proof being made by affidavit or oath to the said Clerk of the said birth." And notwithstanding the existence of this law, it is not at all probable that the birth of one person in five hundred is thus registered.

"It is certainly an anomalous state of things that a physician is liable, both to a suit for damages and to indictment for mal-practice; and yet he is prevented by law, (after burial) and by a state of public opinion, stronger than law, from making such investigations, both as to the effect of disease and his remedies, as would enable him to prescribe with skill and certainty in future cases of the same disease.

"What changes should be made in this report, it is difficult to determine. To suffer the repose of the dead to be indiscriminately disturbed, and their mortal remains subjected to the gashing knife and grating saw, are well calculated to shock and to wound all the finer sympathies and feelings of the human heart. By legal enactments to make distinctions of cast or grade would be both invidious and unjust. To suffer the bold and reckless pretender in medicine towend his way to an ignominious notoriety over the sufferings and lives of her citizens with impunity, is what 'the Empire State of the South' could not, and should not, for one moment, tolerate. How, then, is this anomalous state of things to be remedied? The best means I can suggest is the enlightening influence of kind and sympathetic intercourse between the physician and his patrons. Convince them of the importance of post mortem examinations, to the advancement of Medical Science, and the benefit thence resulting to the whole human family,
and to themselves and their families, as parts of the whole; and many will be induced to suffer them to be made. When the privilege is granted, the utmost delicacy and neatness should be observed throughout the whole operation, and the corpse and its dressings restored as nearly as practicable in the same condition it was received. I am persuaded, by such a course, the privilege of post mortem examination might be frequently obtained, and every one, properly conducted, breaks down a barrier to a repetition. It should be clearly explained to the friends of the deceased, that the desire is not to dissect the body, but only to examine the organs principally involved in the disease. I would, most earnestly and affectionately, urge my young brethren of the profession to avail themselves. as often as they can, consistently with a frank and undisguised course of conduct on their part, and a delicate regard to the feelings of their patrons, of this most useful means of their own individual improvement, and the advancement of their profession.

"The Congress of the United States have acted wisely and humanely in their efforts to suppress the introduction of spurious and adulterated drugs and medicines into this country; but it is very doubtful if Southern physicians, remote from the sea ports, derive the benefits anticipated from this law. If our physicians have to use adulterated medicines, it is a matter of little importance to them and their patients whether the adulteration is made in Constantinople or Liverpool, or Boston or New York. Would it not be equally wise and humane in our State Legislature to appoint inspectors of drugs and medicines, at the principal commercial inlets of our own State, with stringent regulations and heavy penalties on apothecaries for adulterating their medicines?

"But it legislation is needed in Georgia on any subject relating to the practice of medicine and the sale of drugs," it is in the suppression of the irfuriate and widespread mania of gulling and swindling in the sale and use of quack and secretly prepared medicines. It is not for the pecuniary profits of the profession I desire to see this nefarious traffic suppressed. I confidently believe these profits are increased by the indiscriminate use of such medicines. I am prompted alone by a desire to preserve the health and prolong the lives of my fellow-creatures. If our Legislature in its wisdom, has, by wise and stringent enactments, attempted to prevent the introduction and spread of the plague and small pox, why not, by similar enactments, prescribe this still greater and wide spread evil? I verily believe the injury to the health and lives of the people of Georgia by plague and small pox, is not to be compared to that resulting from the use of quack medicines. This is more than the combined influence of 'sword, pestilence and famine.' But I have no desire that our Legislature should prohibit our good citizens from the use of these health-restoring and life-prolonging panaceas; but when they do use them, I greatly desire they should know in truth and verity what they are using. To effect this object I suggest that our Legislature be respectfully and earnestly memorialized to pass a law prohibiting the sale, within this
State, of any secretly compounded, or any pretended patent medicine, unless the composition of such mixture shall be plainly printed on the bottle or paper containing said medicine or mixture; with heavy penalties for violation or false representation. This being known, I am persuaded very many of these favorite panaceas would soon lose all their charms and virtues. There is great inconsistency in our legislation relative to the practice of medicine, which wisely prohibits the graduates of all Medical Colleges (except our own), from practising their profession in this State without a license; whilst ignorant pretenders, and reckless and avaricious quacks and patentees are suffered to hawk their pretended medicines and nostrums, by the wagon load, into every nook and corner of the State, and deposit them for sale in every store and shop, without the slightest restriction against their sale, or the first legal effort to protect the people against any injury either to health or life they may produce. It is much to be regretted, that members of our own profession, prompted more by the love of filthy lucre than the elevation of the profession, occasionally engage in this low and deceptive traffic. What can place an individual in a more degraded position, in the estimation of all honorable and intelligent men, than to set himself up as the sole proprietor of some fulsomely extolled, secretly composed nostrum, and then affix to his name M. D.? 'Oh, shame where is thy blush!' The real Doctor in Medicine is above all such trick and humbug. If he makes a useful discovery or improvement, it is for the honor of his profession, and the good of the public, and he publishes it 'for the healing of the nations.' The truckster and pretender works for his individual pecuniary interest, and relies upon the ignorance and credulity of the people to raise him to ignominious notoriety. It is high time for the law to oppose its strong arm against this wide spread and growing evil.'

The Topographical Reports are all interesting, and we only regret that similar ones were not received from the other congressional districts. A complete series of them would have been of great value. In the 1st District, Dr. Kollock reports the prevalent affections to have been intermittent, remittent, congestive, yellow and typhoid fevers, pneumonia, influenza, diarrhœa and dysentery. In November, cholera asphyxia made its appearance on the Savannah and Ogeechee rivers, but only to a limited extent.

From the 3d District, Dr. Cooper reports that, from his own observation and that of others, there occurred during the previous year the various forms of malarial fevers, typhoid fever, diarrhœa, dysentery, cholera morbus, pneumonia, bronchitis, rheumatism, neuralgia, rubella, &c. The reporter thus expresses himself with regard to the use of common salt in intermittent fever:

"As is usual in wet seasons, intermittent and remittent fevers pre-
vailed to a great extent, but we had less typhoid fever than the previous year. Intermittent fever abounded in every portion of the county, more generally, however, in what is known as the 'Lime Lands,' and so far as observed by us, was less amenable to quinine than in any former season. In a few cases the chloride of sodium was resorted to, according to the direction of M. Piorry, and although our facilities for observing were not peculiarly favorable, yet, so far as noticed, we were highly pleased with the results. It not only overcame the chill, but in a few days the pallor gave way, and the cheek began to glow with health, with an increased cheerfulness and vivacity of the patient. Three years ago, Dr. Wm. P. Hort and Prof. Riddell, of the University of Louisiana, instituted some beautiful, interesting, and apparently conclusive experiments upon the 'distinct and independent vitality of the blood,' in which the solution of chloride of sodium was noticed to give a quickness and activity to the movements of the blood-globules, not imparted by any other solution, save, perhaps, the chlorate of potass. These experiments were not confined to freshly drawn blood, but it was allowed to become dry, and even remain so for two, three, and, I think, four days, and then remoistened with the various solutions, and even upon the fourth day movements were visible, which, after repeated observation, were attributed to independent vitality. In these experiments, it occurs to us, we may have a solution of the rapid and salutary effects of salt upon the economy in inducing that freshness of color and vivacity which are observed so soon after its administration. Entering the circulation, it may act directly upon the globules, in giving to them a vigorous and impulsive movement, and exerting a chemical change upon their contents, or a physical change upon the cell-wall itself. These facts, of the action of salt upon the blood, it seems, would contribute largely in explaining the rapid diminution of the size of the spleen in intermittent fever, noticed by M. Piorry.

"It has been observed that the spleen, when enlarged, diminished rapidly in size after the administration of salt. Now, this fact, considered in connexion with what Dr. Bennett terms leucocythemia, and the part which the spleen probably plays in hæmatosis, becomes, at least, of speculative interest. Observe—the colorless corpuscles must be largely in the ascendency in persons who have suffered repeated attacks of intermittent fever, certainly the powers engaged in the completion of blood, in all its integral parts are impaired. If, therefore, the enlarged spleen be viewed as a precedent to, and in a great measure, the cause of the redundance of the colorless corpuscle, its rapid diminution, the change of the complexion and increased vivacity referred to above, upon the administration of salt, may have an easy rationale in the power which salt is seen to exert in the appearance and movements of the blood."

We find in Dr. Word's report on the 5th District, the expression of views so judicious that we beg leave to subjoin some of them:

"A few years after the early settlement of the country, malarious diseases were uncommon, inflammatory diseases more frequent than
at present, the inflammation of higher grade, and vigorous antiphlogistic treatment better borne, and more successful than more recently.

With the clearing up of the land, exposing a larger surface—covered with a rich vegetable mould, and saturated with the rains of winter—to the action of a summer's sun, there has been a marked increase of all the affections which 'malaria' is supposed to produce, and a very observable modification in the general sanative condition of the population, or in the character of many diseases which it is not pretended that malaria originates, but over which it appears to extend its mysterious influence. Many of the inflammatory attacks, occurring in winter in the last few years, have been found to assume the livery of this subtle morbific agent, evincing a decided tendency to periodicity, and demanding the administration of quinine. Many others, it is true, offer no such peculiarity, but are truely and frankly phlegmasic, requiring, for their successful treatment, the free and bold employment of the lancet, and all the antiphlogistic expedients so familiar to the past generation of physicians. This intermingling of symptoms, 'blending of lights and shadows,' is still more common in autumn and spring, and more embarrassing, because a just diagnosis is often difficult, and a mistake highly dangerous. To subject a patient, previously enfeebled by miasmatic influence, or actually laboring under an irregular form of miasmatic disease, though simulating, with astonishing accuracy, an acute inflammation, to the debilitating effects of the antiphlogistic treatment, is not simply unnecessary, but, as has been too often sadly demonstrated, hazardous or fatal, producing prolonged debility, tedious convalescence, or else speedily, or more remotely, death. To omit to do so, upon the other hand, when an important organ is truly the seat of active inflammation, is to expose him to immediate peril, or to the doubtful consequences of the pathological changes, by which that condition is followed. In a more malarious region, as well as in districts where the influence of malaria is less marked, the nice discrimination, so often demanded here, is, perhaps, less important, but the ability to make it, in this section, decides between success and the want of it. Many conditions, classified as particular diseases, might be cited as illustrative of this point. Rheumatism, dysentery, inflammation of the liver, brain, spleen, lungs, &c. when uncomplicated by the influence mentioned, unquestionably demand the free and frequent employment of the lancet. It has been more generally used, and more universally approved and sanctioned, by the experience of the profession in all ages, than any other means for combating this class of diseases. The careful analysis of the blood in inflammatory diseases, and the microscopic examination of the state of the capillary vessels during their progress, has given, more recently, rational confirmation to the lessons of successful empiricism, by demonstrating the favorable nature of the changes which bloodletting induces in the blood itself, as well as in the vessels and tissues of the affected parts. And yet, there have not been wanting, from time to time, physicians, and even entire schools, who have protested against its employment, and sustained their position by an appeal
to cases to which it had been judged to be applicable, but in which it had produced the most unfortunate results. Like difference of opinion still prevails all over the world. In England and France, the lancet is regarded as the 'sheet anchor of hope,' in the class of diseases under consideration, and its use recommended with an exclusiveness and universality proportioned to their estimation of its importance. In their more southern colonial possessions, in India and Algeria, its employment is deprecated as inefficient, and positively hurtful in diseases having the same classification, name, and symptoms. In the northern part of the United States, the opinions of English physicians are very generally entertained; while the existence around them of similar conditions, has prompted southern physicians to adopt the views of the colonists of India and Algeria, and to join them in their denunciation of what they regard as the abuse of the lancet.

"Every year cases of all the above enumerated diseases are met with, which, if taken as the types of the whole, would freely sustain either of the opinions just adverted to. At the first settlement of the country, almost every case was of highly inflammatory character, and early and efficient bleeding its most successful treatment. With the increase of the causes of malaria in the clearing up of the country, a few years subsequently, instances were observed in which this plan was not followed up by prompt and complete restoration to health as formerly, but appeared to induce an adynamic condition, the precursor of death; or if recovery took place, it was only after tedious convalescence. This class of cases, now in larger proportion, is of more frequent occurrence in autumn than in winter, but is liable to be met with at any season of the year; more frequently observed, however, in some localities than others. The proportion of cases demanding the treatment formerly so successful, though lessening, is still large, and when they are recognized, the success attending it is in the highest degree gratifying.

"Promptly to detect these diverse conditions, amidst a bundle of symptoms, perplexingly alike in both, exacts the highest diagnostic skill—a skill not attainable by the study of written rules so much as by the careful observation of very many examples of each, and the ability to seize upon the indescribable shades of difference between them. Many cases are so clearly marked as to leave no room for doubt. No person would mistake neuralgia of the liver, or spleen, when marked by diurnal paroxysms, and unaccompanied by tenderness or acceleration of the pulse, for inflammation of these viscera. Few physicians would mistake the thoracic pain, and pulmonary hyperæmia recurring regularly every day, which sometimes attends a marked attack of intermittent fever, for inflammation of the lungs. But, in other instances, there co-exists with malarious disease some degree of congestion, or actual inflammation, of a portion or the whole of an organ; in these the paroxysmal character of the pain is less distinct, or is not perceptible, the other characteristics of malarious disease are less evident, and there is every probability that injury may be done by the injudicious abstraction of blood. By keeping in
view, however, the paroxysmal tendency of malarious diseases, their constant co-existence with cerebro-spinal irritation, the usual absence of the other conditions of inflammation in the pains which they occasion, and in pneumonia especially, by resorting to auscultation and percussion to determine the exact state of the lung, and by regarding, also, the degrees of previous exposure of the subject, it is possible, generally, to obtain a solution of the problem.

"If there be no error in the views thus imperfectly expressed, it is necessary, in malarious districts, not only to recognize a widely spread depressing agency, complicating, to some extent, even purely inflammatory attacks, but to suspect, also, and be ready to detect widely different diseases, which are known by a common appellation.

"An alteration of the nomenclature of diseases, would simplify the labor, and guard, to some extent, against error; thus, if the so-called pneumonia, which, in southern Georgia and Alabama, (and of which a few cases occur with us,) proves so fatal under the use of the lancet, and yields so promptly to quinine, were designated according to its real character, as a marked intermittent or remittent fever, there would be no difficulty in deciding upon its treatment; or if a common variety of so-called rheumatism had some distinct appellation to show that it depends upon spinal irritation, and has its seat in the nerves of the cerebro-spinal system, and is perfectly distinct from those other forms which attack the fibrous tissue of the body, and are attended by high vascular action, there would be no probability of the injudicious use of colchicum, and the lancet, or the unwise abstention from sinapisms and quinine."

We add Dr. Word's opinion of Veratrum Viride:

"Veratrum Viride.—Since the appearance of Dr. Norwood's article upon this subject, in the January number of the Augusta Medical and Surgical Journal, we have treated a few cases of typhoid pneumonia with this remedy, and though it did not prove so successful as in his hands, we are greatly encouraged with its effects. Its controlling influence upon arterial action is truly wonderful. It is indeed a great discovery—a triumph for its author—a triumph to the Southern profession, and an acquisition to science and to the world of incalculable benefit!

"Judging from the limited experience we have had in the use of this remedy, we do not think it capable of cutting short an attack of typhoid fever, but we believe that it will prove of great service in moderating the excitement and the severity of the symptoms, and in many cases may be solely relied upon to conduct the patient safely through the disease."

We do not recollect to have heard before of the occurrence of milk sickness in Georgia.

"Milk sickness is mentioned as incident and peculiar to particular localities in the county of Walker. The poison proved fatal to several individuals, and a number of cattle in former years. The
Editorial and Miscellany.

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bound within which the poison originates, can be accurately defined, but the cause remains yet to be discovered."

Our apology for reprinting in this Journal the Report D, will be found in our remarks upon the typographical errors of the "Transactions."

Introductory Address, delivered in the Medical College of Georgia at the opening of the annual session, Nov. 7, 1853. By I. P. Garvin, M. D., &c.

The perusal of Prof. Garvin's Address will prove a treat to those who may have the good fortune to receive it. The Class have appreciated its merits by having it published at their own expense. We may be allowed to make a few extracts from it, illustrative of the author's chaste style.

"But the exercise of the intellect, and the amount of scientific knowledge which Medicine requires of those who would cultivate it, before they can be deemed worthy of its honors and emoluments, are not its only claims to the respect and gratitude of men, but it is worthy of all honor, for some of the nobler moral qualities which it develops, strengthens, and enlarges. We are not disposed to arrogate for it more than is its due, when we assert that it is but another name for Philanthropy itself. The motto of the practitioner of medicine may well be 'Homo sum, et hominum alienum puto.' The great aim of all the intellectual labor which must be undergone to secure the qualifications necessary for its successful exercise, is but to enable it the more successfully to minister to human suffering. Amid revelry and mirth—in the crowded mart—in the tumultuous assembly—or in the more dignified deliberations of the forum, Medicine has no place. Its province is the haunts of human suffering—its mission is the bedside where man struggles for his life. It is there, to interpose between the monster and his prey, and by skilful and timely efforts, to snatch the trembling victim from the grave, and give him back to usefulness and enjoyment. Amid such scenes is the appropriate place for the medical practitioner. It matters not whether they exhibit themselves in the palaces of the rich, or in the hovels of the poor, their claims for aid and sympathy are equally recognised; for Medicine asks not the rank or fortune, of those who crave its assistance. It is no idle boast, that it extends its cares alike to the poor as to the rich. Indeed, the poor, by common consent, seem to be made its heritage. Whilst others give vent to their sympathy for human suffering, in eloquent phrases, or, of their abundance, dole out that which costs not the slightest sacrifice of personal ease or enjoyment, the practitioner of medicine is expected to manifest his sympathy, by deserting the comforts of the domestic fireside, by night and by day braving the summer's heat, or the winter's cold, and risking health,
and even life itself, in the cause of humanity. So universally and
cheerfully are these sacrifices made, that the public never imagine,
for a single moment, that such services are entitled to any recognition
or reward, beyond the respect of the wise and the good, and this need
has been extended to them in every age.

"But some have urged against the benevolent character of the
profession of medicine, that the frequent sight of human suffering has
a tendency to harden the heart, and render it insensible to the claims
of humanity. It may be so with the idle, or merely curious spec-
tator of human wretchedness, but it is never thus, with those who on-
ly seek such scenes for benevolent purposes. It has been wisely
ordained, that the frequent performance of virtuous deeds, should
strengthen the love of virtue, and this is eminently true of the med-
ical profession. The daily exercise of its kind offices renders their
performance in a great degree necessary to the happiness of the physi-
cian. He may indeed stand by the couch of the dying, with a tear-
less eye, but is he slow to seize every opportunity to relieve the suf-
ferer, and smooth his passage to the grave? Is he not found at the
bedside of the diseased at all hours—as well when the world is hush-
ed in sleep, as when it is engaged in the bustle of life?—His is not
that sickly sensibility, which expends itself in tears, or unfits its pos-
sessor for useful exertion, but it is that living, moving, acting symp-
athy, which employs itself in efforts to relieve.

"The benevolence which Medicine develops and cultivates, not
only exhibits itself in incessant, laborious, and often painful effort to
relieve the diseased of every rank and condition of life, but it does so
at the expense of every selfish enjoyment. For the medical man
there are but few of the pleasures of social life. He has but little
time for the society, or converse of friends. He has but few hours
for relaxation. The holy Sabbath, the day of rest, ordained for man
and brute, brings no rest to him. Whilst men engaged in other pur-
suits, may screen themselves from the summer's sun, and the winter's
frost, and lie down at night on downy couches, to pleasant dreams—
the physician must brave the tempest, and heed neither cold nor heat,
nor hunger nor fatigue, in his mission of mercy. Even when 'the
pestilence which walketh in darkness, and wasteth at noonday,' scat-
ters far and wide its noiseless shafts, he is expected to stand firm at his
post. The merchant and the mechanic, the lawyer and the man of
letters, nay, the very slave, may all fly before the face of the destroy-
er—but he does not. Though thousands fall around him, he must
face the danger, and be ever ready at every personal sacrifice and
hazard, to succour the smitten. The heroism which leads men to the
cannon's mouth, in true grandeur, falls far beneath that moral hero-
ism which is always exhibited by the physician in pestilential visitas-
tions. The soldier moves to the conflict, surrounded by all 'the
pride, and pomp, and circumstance of glorious war.' The eyes of
his comrades are upon him—their shouts ring in his ears—and he is
nerved to action by bright hopes of laurel crowns, and the applause of
an admiring world. His heroic efforts are soon over—a few short
minutes, or hours, and glory or the grave is won. Not so with the physician: no voice cheers him on, but the still, small voice of an approving conscience—no sound of spirit-stirring drum, or ear-piercing fife, falls upon his ear—he hears but the groans of the sick and dying, and the wailings of the bereaved. No vision of laurel crowns—no hope of the hosannas of the mob sustain his spirit; but he toils on, through days and weeks, it may be months, with a stout heart and an unblenching cheek. Full well he knows, that however his services may be appreciated during these days of desolation, the grave or oblivion when they have passed away, are the only rewards in store for him. When the glorious victories of our troops in Mexico were proclaimed throughout our land, each hero's name at once became a household word, and honors and rewards were profusely showered upon them; but the physicians who for months have been battling with disease and death in their most frightful forms, in the homesteads of the afflicted cities and towns of the South-west, are unknown; and when, ever and anon, some one of this devoted band has yielded up his life in the cause of humanity, the public eye has not marked his fall, nor has the public heart felt one throb of sorrow. Thus it has ever been, and ever will be; yet medical men will never prove recreant to their high trust, or hesitate to sacrifice comfort and health, and even life itself, in the cause of humanity."

Prof. Parker's treatment of Hydrocele.—Prof. W. Parker, of New York, advocates (N. Y. Journ. of Medicine,) the use of lunar caustic in preference to injections, for the radical cure of hydrocele. After drawing off the fluid with a trocar in the usual manner, he introduces through the canula a common probe, the end of which is coated with nitrate of silver for half an inch or more. This extremity thus charged is carried lightly over the serous surface of the tunica vaginalis, in various directions, and then removed. The patient complains of some pain during this part of the operation—but is directed to keep quiet and to apply cold lotions should the inflammation be at all serious.

Radical Cure of Hernia.—Wutzer's plan for the radical cure of reducible inguinal hernia is gaining favor, and is advocated judiciously by Dr. Weber, in the N. Y. Journ. of Med., Jan. 1854. Wutzer's method is somewhat similar to that of Gerdy, but the invagination and adhesion are effected by means of compression of the integuments and sac between a cylinder introduced up to the internal inguinal ring and a narrow plate on the outside, both of which are brought together with screws. The cylinder contains an elastic needle, which, when the invagination is completed, may be projected so as to
transfix the upper and anterior portion of the walls and to pass through an opening in the external plate. The point is then covered with a cork and the compression made; to be continued a week, more or less, according to the degree of inflammation induced.

**Munificence of Physicians.**—It is not long since that the lamented Orfila bequeathed large sums for the promotion of medical knowledge. More recently, Dr. Shattuck, of Boston, has contributed fifteen thousand dollars for the endowment of a Professorship of Pathological Anatomy in the Medical College of his city. We now read that a physician of one of the Parisian Hospitals has made a donation to the "Gazette des Hopitaux" of 10,000 francs on condition that his name be kept secret; that 3,000 francs be appropriated to the encouragement of the authors of useful and practical papers to be published in that gazette; and that the remainder be expended in distributing copies to poor physicians or students.

**Death of distinguished Physicians.**—We announce with regret the demise of Dr. Hester, the able editor of the New Orleans Medical and Surgical Journal, and of Dr. Samuel McClellan, one of the best obstetricians of Philadelphia.

**Deaths by Chloroform in England.**—At the coroner’s inquest recently held in consequence of the death of a patient under the influence of chloroform, at St. Bartholomew’s Hospital (London) it was stated that thirty deaths had occurred from the use of that agent in Great Britain since its introduction. In the case under examination, the patient was a girl 22 years of age, affected with syphilitic ulcerations of the vagina, for which cauterization was deemed advisable, and the anaesthetic administered under the direction of Mr. Paget. It proved fatal, although the patient had inhaled it without injury for the same purpose about a fortnight before.

Dr. DeWolf, of Chester, Mass., reports in the Buffalo Med. Journal, the death of a lady in child-bed, from the injudicious inhalation of chloroform.

**Quackery in England.**—It is stated that, according to the census returns of England, there are in that country nearly thirty thousand persons practising medicine in its various branches without legal qualifications.
New mode of inducing Vomiting.—The New Hampshire Journal of Medicine reports a case of poisoning by opium, in which, after the failure of the usual means for inducing vomiting, the patient was made to drink two glasses of vinegar and water, immediately followed by 3ij. of carb. potassa in water. A powerful effervescence took place, which instantly produced copious vomiting.

The American Medical Monthly.—New York is determined to be no laggard in the cause of science. We have just received the American Medical Monthly, issued under the patronage of the New York Medical College, and edited by Prof. E. H. Parker. We doubt not that it will prove a valuable addition to our periodical literature—and we very cheerfully add it to our list of exchanges.

The Town Council of Fredericksburg, Virginia, have recently passed an order, directing that the tax on licences, paid by lawyers, physicians and dentists, for the year 1852, should be refunded. This is in accordance with a decision recently made by Judge Lomax, that such taxes are unconstitutional.—[Fredericksburg Herald.

We wish we had such a Judge in Georgia.—Edt.

Paste made of Sulphuric Acid and Saffron as a new Caustic in Malignant Ulceration of the Face.—M. E. Cazenevne, of Paris, relates, in L'Union Medicale, for 22d January, two cases of malignant ulceration of the face, in which he has successfully employed a local application, made from sulphuric acid and powdered saffron. The remedy is formed by pouring the acid on the saffron; and applying it in the form of a soft paste. Its corrosive action is immediately manifested on the diseased tissues; the paste dries, and falls off in two or three days, in the form of black crusts, which carry with them the eschar. The application is made several times; the wound assumes a healthy red tint, and cicatization takes place. In one case a year has elapsed, and in the other two years, and the disease has not returned.

The efficacy of this treatment is evidently dependent on the sulphuric acid, which we believe would succeed equally well if made into paste with common flour, or any ligneous powder as with saffron. A paste of sulphuric acid and flour would be worth trying in obstinate cases of phagedenic ulceration.—Association Transylvania Med. Journal.

Transactions of the Medical Society of the State of Georgia.—We are requested to state that a number of the members of the Society are in arrears for the assessment of $3—and that copies of the
Transactions are left at this office for distribution to such as may pay up their dues.

*American Medical Association.*—The seventh annual meeting of the American Medical Association will be held in the city of St. Louis on Tuesday, May 2nd, 1854. The Secretaries of all societies and of all other bodies entitled to representation in the Association, are requested to forward to the undersigned correct lists of their respective delegations *as soon as they may be appointed,*—and it is earnestly desired by the Committee of Arrangements that the appointments be made at as early a period as possible.

The following are extracts from Art. 2nd of the Constitution:

"Each local society shall have the privilege of sending to the association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly constituted medical college or chartered school of medicine shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates,—and every other permanently organized medical institution of good standing, shall have the privilege of sending one delegate.

"Delegates representing the medical staff of the United States Army and Navy, shall be appointed by the chiefs of the army and navy medical bureaux. The number of delegates appointed shall be four from the army medical officers, and an equal number from the navy medical officers."

The latter clause, in relation to delegates from the army and navy, was adopted as an amendment to Art. 2nd of the Constitution, at the last meeting of the Association, held in New York, in May, 1853.

E. S. Lemoine,
One of the Secretaries,
St. Louis.

*Anæsthesia in Midwifery and Fatal Effects of Anaesthetic Agents.* —The undersigned was appointed by the American Medical Association to report on the above mentioned subjects at its next session in St. Louis. He therefore respectfully urges his medical brethren to make extensive and close observations on anæsthesia in midwifery, and also to analyze carefully all alleged cases of death from the use of anaesthetic agents, and to forward the results to him before February 1st, 1854. The latter cases must be those only occurring within the present year of the Association.

Richmond, Va.

James Bolton.

*Erratum.*—In January No., on p. 17, for "E. W. Booth," read G. W. Booth.