
There is, probably, nothing to which the attention of the medical profession is oftener called than to Spinal Irritation, and those diseases consequent upon it. Upon this occasion, I have neither space nor time to treat of all the affections developed within the spinal column, nor to theorise as to how these are produced. This would indeed require a volume; but my object, here, is only to speak briefly of some of the diseases which I believe depend upon spinal irritation, and which manifest themselves in organs distant from the seat of disease. In doing this, I shall, therefore, only mention some of the diseases, the most prominent characteristics of which are well known. And, first, as a disease dependent upon spinal irritation, I will mention Intermittent Fever: this is so common in all our miasmatic districts, that its phenomena are familiar to all. This disease is generally ushered in by a chill or rigor, followed by a febrile reaction—these passing off, a third or sweating stage ensues, and this is followed by a complete intermission of varied duration. These fevers are named in reference to the length of the interval. The most common are the Quotidian, Tertian and Quartan. There are others of less frequent occurrence, viz., Double Tertian, Double Quartan, Quintan and Sextan.
The familiarity with the symptoms, course, and treatment of these (even among the unlearned.) has doubtless caused many to whose care their treatment is consigned, to overlook the true pathology of these diseases; and hence it is, that we so frequently see the paroxysms return after having been, apparently, arrested. In the treatment of this disease, I do not think we should rely wholly upon the great specific quinine, but should turn our attention directly to the location of the disease, which will be found to exist in the spinal column. There we have pointed out to us important indications; upon pressure the vertebrae are found to be sensitive and tender, and if this be relieved we have much greater probability of effecting a permanent cure. And this relief is accomplished by revulsives, sinapisms and blisters, applied over the tender region of the spine.

Intermittent and remittent fevers are so closely allied to, and connected with each other, that their cause and pathology must be the same. So, if intermittent fever is dependent upon spinal irritation, so also must be remittent fever. I consider that both these depend upon a diseased condition of the spinal marrow, produced by marsh miasma. The premonitory symptoms of each are about the same: indeed, so similar are they, that in many instances we are scarcely able to discriminate between them. Both these varieties of fever are preceded by languor and disquietude. Remittent fever, also, is often ushered in by a chill, followed by high febrile reaction; the greatest difference being that the exacerbation is of longer duration than in intermittent fever. In remittent fever the paroxysms are followed by a remission only, instead of a complete intermission, as is the case in the other variety of fever mentioned above. Seeing they are so analogous in their symptoms, we are forced to the conclusion that both are dependent upon the same cause; and hence I think we may rationally determine that the same general treatment is applicable to both. This, as before stated, should be anti-periodics and revulsives. Quinine should be administered in doses proportionate to the violence of the preceding paroxysm. This course should be promptly and perseveringly pursued; for if this disease be treated upon the expectant plan, and thus left to run its course, it almost invariably proves fatal. I will not omit to mention, that in all these cases
the spinal column should be examined with the greatest scrutiny, and if, upon investigation, we find it affected, (which will appear from its sensitiveness upon pressure,) we should be prompt in our local treatment, which should consist as before, of revulsives, sinapisms, blisters, and local blood-letting. This I deem of great importance; for in the treatment of remittent and intermittent fevers, when we have relieved the spinal irritation, the greater part of the work is accomplished. Phlebotomy, I think, should only be resorted to in rare cases, such as those in which congestion supervenes.

In the treatment of the foregoing diseases, my success has been decidedly greater in effecting permanent cures, when I directed due attention to the nervous centres, than otherwise; and I now feel fully authorized in going to the spinal marrow for the true pathology of those periodic fevers produced by marsh miasma.

In miasmatic districts, we are frequently called to patients suffering almost insupportably with colic, or cramp of the stomach and bowels. The most common treatment in these cases is the administration of opiates, anti-spasmodics, cathartics, &c., and yet, when these alone are administered, it is frequently the case that we have repeated calls to the same patient, and it sometimes happens that we can never effect permanent relief until we resort to the revulsive plan of treatment. In these cases we seldom fail upon examination, to find some of the vertebrae tender, upon removing which by sinapisms or blisters, we have little difficulty in accomplishing a permanent cure.

Hepatitis is another variety of disease, which has its seat, I think, in the great nervous centre. This variety of phlegmasia can only be successfully treated, I am persuaded, by revulsives. The mode of administration has been mentioned before.

Rheumatism is another disease frequently treated without entire success, in consequence of overlooking the spinal column and nervous centre. I have seen several cases of this disorder, characterized by all the common symptoms of rheumatism, resisting all other treatment, finally cured, as if by magic by putting the patient upon a quinine and revulsive course of treatment.

Pleurisy is another disease caused frequently, I think, by spinal irritation, or, at least greatly increased by it. This, perhaps,
the most violent of all internal inflammations, in the active form, is known by acute lancinating pain in one side of the chest, (increased by inspiration, coughing, and pressure,) dyspnœa, short and frequent inspiration, dry cough with little expectoration, and pain upon lying on the affected side. I have seen cases with all the above symptoms of pleurisy, and apparently uncontrollable, speedily relieved by proper applications to the spinal column. I think, therefore, I may with propriety consider that this affection is consequent also upon spinal irritation. There are many other diseases, which I think I could appropriately include in the class of which I have been treating. In conclusion, I would only remark, that I think it always of the last importance in the treatment of disease, especially in malarious sections of country, ever to bear in mind the necessity of devoting due attention to the nervous centres, and particularly to the spinal marrow, as it is so liable to irritation, and this irritation so productive of disease. This should not seem strange when we consider how intimately connected the spinal marrow is with many, indeed all, of the most important organs in man—and that upon its normal condition depends the proper performance of many of their most important functions.

ARTICLE XV.

Remarks upon the Computation of the Term of Gestation. By C. C. Howard, M. D., of Lowndesboro', Alabama.

Dear Sir:—Believing that, by a correct computation of the term of gestation, time on the part of the practitioner may be economised, and much anxious expectation on the part of the female avoided, I am about to submit a few thoughts, which you may dispose of as you think proper.

There are few practitioners, probably, who have not been informed that their services would be wanted on a certain occasion, say a few weeks in the future, and that they are particularly requested to be near home about that time. After the obstetrician has exerted himself to comply with such a request for weeks beyond the time, expecting every day to be called, he may happen to be but a little way in the country, to return in a few hours, when alas! perhaps the first person he sees on his
return is the lady's husband, buoyant with joy on account of the birth of a fine boy. Probably, too, this piece of information is given in language not less expressive than this: 'The long expected has appeared at last.' Long expected! truly; and should the period of this long expectation be calculated by the amount of anxiety that has attended it, we ought not to wonder, if the glad parent should report this fine boy as being possessed of the instruments of mastication and powers of locomotion.

Now, the question very naturally arises, why all this uncertainty, when we are told, and correctly too, that the ordinary term of a gestation is attained in about two hundred and eighty days, and it is customary among medical men to assign the two hundred and eightieth as the day on which the child may be expected to be born. Reckoning from the day of the disappearance of the menstrua, I answer, that what is here said to be customary among medical men, there is reason to suspect is not customary among women. I conclude, from my now limited observation and experience, that women generally make their reckoning, not from the last catamenial period, but rather, from the period of quickening, which cannot but be very uncertain, whether this quickening depends on motion of the fœtus, which is probable, or ascension of the uterus.

Now, since it is certain that the point of time from which medical men compute is the nearest correct, and indeed sufficiently so, ordinarily, it would be well for married females to know this, so that the obstetrician, when directly or indirectly, called on to compute the time, may be able to ascertain the absolutely necessary fact, viz., when did the last sickness terminate. Having this fact for a starting point, it only remains to ascertain the two hundred and eightieth day.

But, not an unimportant question arises here—how shall this be done? Says Professor Meigs—'That experienced practitioner, and most judicious author, Professor Naegelé, of Heidelberg, in his Lehrbuch der ejeburstshuelse, 8vo., 1842, in a remark at the foot of page 82, gives the following method of computing term. Let the woman reckon three months back from the day her menses ceased, and to the said three months, let her add seven days. The day thus found, is the one on
which she ought to expect her confinement. If, for example, she had her courses last on the 10th of June, let her reckon backward three months to March 10th, to which she should add seven days, which would bring the calculation to the 17th of March. This would be the day, to-wit, March 17th, on which the woman ought to expect her lying-in."

Such, he says, is the method of calculation recommended by Dr. Naegelé, and it must be admitted that no man in Europe enjoys a more enviable reputation as a teacher and practitioner in our art. One might feel safe in following his example in the practice of it. Still, I cannot perceive why the seven days should be added to the three months, or, rather, to the whole term, since the professor gives no reason for us to suppose that the ovulum is not both mature and ready for fecundation, as soon as the catamenial flow has ceased, and the genetalia have recovered their fitness for the congress of the sexes. "As I have no reason hitherto to find fault with my own method, I shall continue to compute from the day of cessation; so that, if my patient informs me she saw the last stain on August 27th, I should reckon backwards to July 27th, June 27th, and May 27th, proximo, which day I should indicate as the one on which the labour might be expected to commence, and not June 3d."

It is readily perceived, that there are seven days difference in the computation of these two able professors. By no means an unimportant difference; so much so, that if the rule of the one be correct, that which is laid down by the other ought to be done away. Now, so far as the correctness of the computation is concerned, if we wish to determine the two hundred and eightieth day, with the utmost respect for Professor Meigs, from whose treatise on Obstetrics I have derived as much information, as, perhaps, from any work on the subject, I think we must adopt the method of the Professor of Heidelberg, in so far, as he adds the seven days.

There cannot be found any consecutive nine months of the twelve, which, when added together, will make more than two hundred and seventy-six days; and nine-twelfths of the consecutive nine months, must necessarily include the short month of February. When that month is included, you cannot, possibly, have more than two hundred and seventy-four days; generally,
two hundred and seventy-three, to which, if we add seven, we shall have the number two hundred and eighty. Thus, to make a general rule, I think we should add one week to the nine months, believing that women who have borne children, will usually occupy two hundred and eighty days, in gestation proper.

Whilst, however, I would add one week to the nine months, I would reject the rule laid down by professor N., for the reason, that, it is both an unnatural and somewhat complicated process, to calculate backwards and forwards as is there done. It is only necessary to refer to the quotation of the rule itself, for strong proof, that many women would never make their calculation correctly. It is much easier to compute straight forward. If a woman, for example, sees the last stain on the 10th of June, let her say, 10th of July, 1 month; 10th of August, 2 months; 10th of September, 3 months, &c., to 10th of March, 9 months; to which add seven days, which would bring the calculation to the 17th of March—the day she ought to expect her lying-in.

ARTICLE XVI.

The Effects of Digitalis upon the Genital Organs, and its Use in their Affections By M. Bruchmans. (Translated for this Journal, from the Revue de Thérapeutique Médico-Chirurgicale, 1st Feb., 1854.)

The action of Digitalis upon the generative apparatus, hitherto but little known, or confounded with its sedative effect upon the general system, has not been sufficiently studied; yet its adaptation and advantages are incalculable. This will appear when we show that it may be used most successfully in all the affections of the genital organs attended with or followed by congestion or inflammation, or consequent upon these conditions. If this be true, its action upon these organs must be eminently antiphlogistic. Any one may satisfy himself upon this point, by taking for five or six days from 35 to 40 centigrammes of the powdered leaves of digitalis. By so doing, the genital organs will be reduced to such a state of hypothenia, to such a degree of relaxation or flaccidity as to lead one almost to forget their existence. All sense of warmth, of
tension, of congestion; all disposition to erections, to voluptuous feelings and desires, will have vanished. I have administered it with the greatest advantage for the purpose of subduing such conditions, whether dependent upon peculiarity of temperament, sedentary life, high living, continence or even excessive indulgence in venereal pleasures. In short, digitalis, whether given before or after the states just mentioned, lessens the secretion of semen, and consequently the tendency to congestion, heat and erethism. It matters not how these phenomena are explained; whether they be attributed to the agency of digitalis in lessening the activity of the testicular functions and the consequent repletion of the vesiculae seminales; or whether they be regarded as induced by a diminished afflux of blood to the genital organs, thus modifying assimilation, secretion, calorification, innervation, &c. What is most important to know is the action of digitalis and not its modus operandi, that we may appreciate its therapeutic value.

I have already stated that digitalis is efficacious in inflammatory affections of the genital organs; it is an admirable adjuvant in the treatment of syphilitic disorders, so often attended with inflammatory symptoms, and which it will prevent if early administered. By subduing the heat, congestion, erethism, and irritation attendant upon chancres, gonorrhoea, posthitis, balanitis, &c., digitalis will overcome the elements of inflammatory action, modify the secretions, prevent or dissipate tumefactions of the glans, prepuce, urethra, prostate, testicles and lymphatic glands with a degree of certainty not to be attained by any other remedy. It is therefore especially useful in cases in which phimosis, paraphimosis, cordee, epididymitis or adenitis exists or may be apprehended, as the following facts will prove.

Case I. I was called to a farmer, affected with blennorrhagia and epidydymitis, and whose scrotum was so much distended as to be chafed in several places. Being a married man, he would use no local application which might lead to detection by his wife. Knowing the sedative effects of digitalis upon the organs of generation, I determined to resort to no other antiphlogistic. I neither bled nor leached him; but prescribed low diet, repose, and 40 centigrammes of Digitalis the first day, 35 centigrammes the second day, and 30 centigrammes the third
day.* On the third day the swelling of the epididymis had almost entirely disappeared. The dose was continued at 30 centigrammes, with repose and low diet, and in two days more there was nothing left of the epididymitis; the discharge, which was then very slight, ceased entirely in fifteen days. Thus was this patient cured of a violent epididymitis in five days, and of gonorrhoea in a fortnight.

Case II. A young man applied to me with six indurated and diphtheritic chancres upon the prepuce, which had become so swollen, indurated and inelastic as to leave scarcely any passage for the urine. Phimosis was complete, and several of the inguinal glands were affected. The case was therefore serious, and it became necessary to combat the local disease, and also to prevent general infection by active mercurial treatment. I therefore ordered $\frac{1}{4}$ grain corrosive sublimate per day, with two spoonfuls of the “Sirop de Cuisinier” (a compound syrup of sarsaparilla—Translator.) For the local symptoms, I prescribed 40 centigrammes Digitalis, repose and low diet. In three days the swelling of the prepuce was considerably lessened, its meatus free, and the adenitis (glandular inflammation) diminished. On the seventh day the glands were well, the prepuce could be partially retracted, and nothing remained but the induration of the chancres. In order to overcome this induration, I continued the digitalis in 30 centigramme doses, enjoined repose and light diet, and directed injections with a weak solution of tannin after each micturition. Under the influence of this plan of treatment, the induration gradually disappeared, and in thirty-three days the chancres were all cicatrized, and the prepuce had resumed its normal state. I should observe that the mercurial and syrup were continued for fifty days, the dose of the former being gradually lessened.

Case III. This was a case of chronic articular Rheumatism. I ordered digitalis in doses of 30 centigrammes, camphorated liniment, &c. The patient then asked if I could not give him

*A gramme is about 15½ grs., Troy; consequently, a centigramme is about one-sixth of a grain, Troy.

The author is not sufficiently explicit as to the mode of administration—Hence we do not know, whether the quantity of digitalis recommended to be taken in a day was subdivided into smaller doses or given all at once. We have usually considered one grain an average dose, which might be repeated more or less frequently during the day according to its effect. It is probable that author's dose was subdivided.—Translator.
something for a gleet ("goutte militaire"), which had resisted every treatment for two years. I told him to await the effect of the powders just prescribed. In a week his gleet had disappeared and returned no more.

Case IV. An enlargement of the epididymis of six years' standing, and which had resisted mercurials and iodides, disappeared in fifteen days under the influence of digitalis, repose and light diet. The patient had been married four years and had no children; but his wife has since conceived, which circumstance he attributes to the cure thus effected.

Case V. A thick and abundant discharge from the urethra of six months duration, attended with an inflammatory stricture at two or three centimetres from the meatus urinarius, disappeared in sixteen days' use of digitalis, after which the flow of urine was as free as it had ever been.

Case VI. An urethral stricture consequent upon an engorgement of the sub-mucous cellular tissue, of the extent of a centimetre, and situated in the spongy portion of the canal, was removed in four weeks by the same treatment.

Case VII. A patient affected with chronic blennorrhoea and seminal discharges applied to me. During the last year he has become considerably emaciated; his complexion is sallow; eyes sunken; he has no appetite; and complains of gastralgia, palpitations of the heart, buzzing in the ears, and vertigo, which are frequently induced by attempts at defecation or micturition. In order to establish a diagnosis, I examined the muco-purulent discharge, and found it clear, whitish and viscid. With the microscope I detected spermatic particles in it. On exploring the canal with a sound, the patient suffered so much when this reached its prostatic portion that I was compelled to desist. An examination of the perineum and rectum revealed no tumor. Concluding that there existed an ulceration in the prostatic portion of the urethra, I desired to cauterize it with Fromont's instrument, but yielded the more willingly to the patient's reluctance to submit to another introduction after having suffered so much from the first, inasmuch as I wished to test the efficacy of digitalis. I ordered 30 centigramme doses of digitalis, substantial diet and stimulants. In eight days he was better, and felt comfortable; for three days had had no vertigo; the
Effects of Digitalis upon the Genital Organs.

Palpitations had diminished; the discharge was not so viscid and less copious. In seventeen days the discharge had ceased, and I then reduced the dose of digitalis to 10 centigrammes, and advised its continuance for a fortnight longer in order to make the cure certain. At the end of the fortnight I catheterized him without any pain whatever. His general appearance, his moral and his physical condition, had undergone a complete metamorphosis; his strength and cheerfulness had returned, and he complained of nothing more than a little oppression about the stomach and some nervous excitability.

Case VIII. A young man annoyed with nocturnal emissions which had resisted the use of cathartics, enemata, cold baths, cinchona, quinia, chalybeates, &c., under the direction of several physicians, applied to me for relief. I prescribed 40 centigrammes digitalis the first day, and advised a light and early supper, notwithstanding the keenness of his appetite. The following day he called upon me and stated that he had no emissions during the preceding night. Prescribed 35 centigrammes; similar effect the next night. He then took 30 centigrammes daily for a fortnight, during which time he had no emissions. Six days after its discontinuance, an emission occurred; on the following day he took 40 centigrammes of digitalis and had no emission that night. This treatment was kept up for two months and the nocturnal emissions ceased entirely. If they recur, they may doubtless be checked in the same way again.

Such are the facts I have deemed it a duty to lay before the profession. They establish beyond doubt that digitalis may be useful in many affections of the genital organs. The patients were all gratified with its action and expressed their surprise at the rapidity with which it dissipated the heat, congestion, erethism, and morbid sensibility of the affected organs. These inconvenient and disagreeable symptoms were subdued in a few days, and their disappearance was soon followed by return to health. Every one knows how it is often difficult to cure the primitive symptoms of syphilis; whether in consequence of the carelessness of the patient in carrying out the prescriptions made, of the violence of the disease, or of the insufficiency of the means empirically used. Digitalis obviates all these difficulties. When its antiphlogistic action upon the genital organs
shall have been well understood and duly appreciated, a considerable check will be given to the use of bougies, caustics and injections—means that require much time, experience and judgment to be advantageously used. In most cases it will of itself suffice for the removal of the inflammations, congestions and ulcerations, both acute and chronic, of the genital apparatus.

It is not my design at present to enumerate all the circumstances in which digitalis may hereafter be found advantageous. I will however suggest its value in surgical operations which require the suppression of erections of the penis. The sympathy between the oculo-palpebral and the genito-urinary mucous membranes may indicate digitalis as a valuable remedy in various forms of ophthalmia. I have not yet tested it in these affections, and I regret not having had the opportunity of doing so in the diseases of the female organs of generation. If it be found to act upon the female as it does upon the male organs, it will be a valuable acquisition.

I may be permitted, in conclusion, to advance an hypothesis. Since digitalis is such a complete hyposthenic with regard to the genital organs, since it modifies and lessens so considerably their functions, might it not, if administered during several days after impure coition, prevent the development of syphilis—and thus become the best prophylactic in this disease? This is a bold proposition, perhaps far fetched and an indication of extravagant confidence in the remedial agent. Be this as it may, I am disposed to express even my hopes in relation to it.

On the Pathology and Treatment of Uterine Catarrh and Internal Metritis. By E. J. Tilt, M. D., Senior Physician to the Farringdon General Dispensary and Lying-In Charity, and to the Paddington Free Dispensary for Women and Children.

Before drawing attention to several pathological conditions of the mucous membrane lining the body and neck of the womb, which have hitherto been included by pathologists under the denomination of uterine catarrh and internal metritis, I must be permitted to glance at the present state of uterine pathology.

If we consult the numerous writers on diseases of women previous to 1816, when Recamier showed the advantages to be derived from an ocular examination of the womb, and even
some of the works written since that time, we shall find great space given to leucorrhœal and uterine discharges, to displace-
ments of the womb, and to cancerous affections and ulcerations; 
but that the various organic lesions of the os uteri, the erosions, 
exulcerations, ulcers, and other forms of idiopathic inflammation 
of the neck of the womb, are either not described at all or 
very imperfectly. It matters not that a speculum uteri has 
been discovered at Pompeii, nor that Morgagni, in his 14th and 
46th epistles, should have stated, that by means of an ivory 
tube introduced into the vagina, he was enabled to see an 
ulcer on the neck of the womb, to Recamier will be given the 
credit of having originated a vast improvement in uterine pa-
thology. By showing the possibility of an ocular examination 
of the womb, and urging the frequent necessity of doing so, 
Recamier enabled his disciples to apply to diseases of the 
womb the recognised sound principles of general pathology; 
and if we consult the best pathologists of the day, either in 
France or England, we shall now find the various forms of 
uterine inflammation more or less carefully studied, while 
leucorrhœa occupies less and less space.

Pathologists are as much divided abroad as at home respect-
ing the terms by which we should designate idiopathic morbid 
lesions of the os uteri, which frequently cause leucorrhœal 
discharges; but I scrupulously adhere to truth in asserting, that 
in the conviction of the great majority of enlightened prac-
titioners in France, Germany, America, or at home, chronic 
leucorrhœal discharges generally depend upon organic lesions 
of the os uteri and its vicinity. My paper does not refer to 
these lesions, for their pathology and the treatment they require 
are now well known, having been elaborately treated by many 
writers. But although lesions of the os uteri are the most fre-
quent causes of leucorrhœal discharges and uterine symptoms, 
these may likewise be caused by various morbid states of the 
mucous membrane lining the womb. So long as the lesions 
affect the os uteri, the hand can heal what the eye can see, 
and the treatment is satisfactory; or if relapses occur, through 
the patient’s negligence or the neglect of constitutional meas-
ures on the part of the medical adviser, they can again be cured; 
but when the lesions exist beyond the field of vision, in the 
lining membrane of the neck and body of the womb, great un-
certainty reigns respecting their diagnosis and treatment: for 
although during the last few years many French pathologists 
have written on what they call uterine catarrh, when their 
cases are carefully investigated, it is often evident that they 
cannot be admitted as samples of simple inflammation of the 
uterine mucous membrane; for ulceration may exist in the
cavity of the neck of the womb, and remain undetected because unsought for.

Can we wonder after all that there should still be much obscurity in this department of uterine pathology, when, until 1842, most anatomists did not recognise a mucous membrane in the body of the womb, and had but an imperfect knowledge of that which lines its neck. The structure of the mucous membrane of the body of the womb, was first clearly made out by Coste, and we owe to Dr. Tyler Smith the best description of the mucous membrane lining the neck of the womb. In the course of this paper, we shall have to refer to some of the results arrived at by these investigators; I now merely observe that the different anatomical texture of the two membranes permits us to understand why the lesions of one are not necessarily transmitted to the other, although this often occurs.

Inflammation of the mucous lining membrane of the neck of the womb may be acute or chronic. In the acute form, pus, alone or mixed with mucus or blood, may be seen to ooze out of the os uteri. If it be susceptible of being dilated by the valve of a bivalvular speculum, the mucous membrane may be found very red or ulcerated. Hence two forms of acute inflammation of this membrane; but as they have been well-described, I shall merely observe, that this acute form of inflammation is generally called uterine catarrh by French authorities. It was, for instance, in seven cases of this description that Becquerel tried the effects of uterine injections. As I shall hereafter mention, most English pathologists consider the discharge to come as well from the body of the womb as from its neck. Believing this to be an error, we suggest that the term catarrh should be reserved for cases of inflammation of the lining membrane of the neck of the womb in which it is but little swollen, attended by a small amount of heat, and by a discharge oftener mucous or sanious than purulent; or, in other words, catarrh is a subacute inflammation, and as this affection never attacks the body of the womb, it would be better to adopt the expression of cervical catarrh.

The subacute, or chronic inflammation, of the lining membrane of the neck of the womb, is well worth attention, on account of its frequency, an assertion corroborated by many authorities, as well as by Melier, who was one of the first to notice it in the "Mémoires de l'Académie de Médecine." Burns and Jewell have recognized it as a subacute affection of the cervix uteri. Lisfranc and F. Churchill have called it acute uterine leucorrhea, and Dr. Bennett, cervical catarrh. Its long duration and tendency to relapse, and to cause erosion, or
ulceration of the os uteri, renders it still more deserving of your attention. The following cases will exemplify the complaint:

Case 1. A year ago a lady was placed under my care by Dr. Stone. She is tall, stout, aged twenty-six, and of a florid complexion, but the pulse is habitually weak. She first menstruated at thirteen, and the function was regularly performed, and with little pain. Married at twenty-one, but never conceived. At twenty-two her feet got very wet at a menstrual period: the flow was not checked, but from that time she became much subject to back pains, and to a constant pain in the left ovarian region. She had a slight brown discharge during the whole intermenstrual period; was nervous; had hysterical symptoms, such as involuntary tears and choking, but no fits. Intercourse was seldom painful, and did not increase the discharge or the usual pains. Menstruation retained its regular type, but was accompanied by a much more abundant flow, more pain, and by hysterical fits. This state of things had lasted two years when I was consulted. There was then considerable pain on making a digital examination, and I found the neck of the womb spotted with numerous ulcerations. These were cured by several applications of nitrate of silver and vaginal injections, with a solution of acetate of lead, but the back and ovarian pains remained unabated, so did the hysterical symptoms. There was no lesion to account for these symptoms; but as on pressing laterally all down the neck of the womb I gave considerable pain, and as the brown discharge continued, though the body of the womb was neither painful nor enlarged, I concluded that the lining membrane of the neck of the womb was subacutely inflamed, and, with the view of substituting a healthy inflammation instead of one of a low type, I painted the inside of the neck of the womb with the solid nitrate of silver. This was followed by much abdominal pain and protracted hysterical fits. A second application, made ten days afterwards, being followed by similar accidents, I resorted to the application of tincture of iodine inside and outside of the neck of the womb. This was done every four or five days for the first three months, and then only once a week, while at the same time the patient took thirty drops of Bullock's syrup of citrate of quinine and iron three times a day. Menstruation continued extremely profuse for the first three months of treatment, being often accompanied by hysterical fits; but the morbid symptoms gradually abated, and the patient has been for the last six months free from all suffering, uterine discharge, and hysterical symptoms.
Case 2. Mrs. C——, aged twenty-six, of middling stature, delicate complexion, light hair, and with all the characteristics of a lymphatic constitution, consulted me four years ago. She first menstruated at fourteen, and the flow was regular and attended by little pain until about her eighteenth year, when the flow was suddenly checked by remaining several hours in damp clothes. Intense pain was felt in the right ovarian region, and pus is said to have been passed several times by the vagina. When I was called in, the lady suffered from intense back pain, profuse discharge of viscous fluid from the uterus, mild hysterical symptoms, and the os uteri was slightly ulcerated. A few applications of nitrate of silver healed the ulceration, and the patient took sulphate of iron pills and the bitter infusion of gentian. Notwithstanding the healing of the erosions, the symptoms remained about the same, and I found, as in the preceding case, that no pain was felt when the body of the womb was pressed, but a considerable amount when lateral pressure was made to the neck of the womb. The uterine symptoms were alleviated by the application of the solid nitrate of silver to the internal surface of the neck of the womb, and instead of white the discharge became brown. This was checked by seven or eight applications of the tincture of iodine, and the patient experienced no further suffering. A few months back, however, I was again sent for, as there was a fresh attack of uterine pain and brown discharge, which was cured by topical applications of tincture of iodine, by the internal exhibition of steel, and by a sea voyage. In this case also the patient has never conceived. Menstruation remained regular, and there was no flooding.

These cases are given to illustrate, not to substantiate, my practice; so without detailing others I shall proceed to the remarks they suggest.

Causes.—The principal causes are—imprudences committed during the menstrual epochs; the excitements of a prurient imagination, which too often lead to masturbation; the too frequent practice of matrimonial rites; miscarriages and confinements.

Symptoms—The presence of the usual uterine symptoms, in absence of all visible lesions. A digital examination is sometimes painful to the os uteri; at other times not. The same holds good with the application of the speculum, or with matrimonial intercourse; but pressure applied laterally to the neck of the womb gives more or less pain, which is not the case in a healthy state. A glutinous discharge is seen oozing out of a somewhat turgid os uteri, and long threads of it may be removed; but when uncomplicated by erosions, ulcerations, or
vaginitis, we have not observed that the discharge was frequently abundant. Whether the mucous follicles lining the neck of the womb can be affected by some other lesion, so as to warrant Dr. Tyler Smith's position, that the mucous membrane of the neck of the womb is the most frequent origin of leucorrhœa, remains to be decided by further researches; this opinion having been also held by Boivin and Duges, it demands very careful consideration.

Sometimes the discharge is of a brown colour, as in the cases related; not mucus streaked with blood—not the sero-sanguinolent discharges of the body of the womb, but an intimate mixture of mucus and blood, as in the rusty sputa of pneumonia. This discharge we consider to be very characteristic of subacute inflammation of the mucous lining of the neck of the womb; and on a microscopical examination, it is found to contain globules of blood more or less deformed, and mixed with mucus and epithelial scales. It is very annoying to women, from the manner in which it stains the linen. This discharge may last the whole intermenstrual period, or only during the ten days which follow the flow; and we have found iodine applications of great utility in such cases. Judging from my own practice, I believe that the viscous discharge is more frequently met with than the brown, which generally accompanies a very mild type of inflammation.

Chomel, in his Clinical Lectures, has drawn attention to cases in which there is a red stain on one of the lips of the os uteri; instead of being sunken, it is slightly raised, of a vivid redness, velvety to the touch, not surrounded by pus, but by the well-known viscous fluid of the neck of the womb. This is no more an ulceration than the port wine stains or erectile spots on the skin, and may be considered an exaggerated development of the bloodvessels of the villi, which in the normal state are covered with cylindrical epithelium, and, when hypertrophied, form a piece of living crimson velvet, which in four instances I have seen lining part of the cavity of the neck, giving rise to the symptoms I have just described. Such lesions predispose to metrorrhagia, and their detection suggests the necessity of active local treatment, as in an exaggerated instance of this lesion which was related by Dr. Forget to the Society of Emulation at Paris. A woman had experienced repeated metrorrhagia: and on being examined, the neck of the womb was found lined with a soft, red, and bleeding substance, elastic, crepitating, and offering most of the characters of erectile tissue. This surface was repeatedly cauterized, and after a few months of treatment, was completely cured. We think that Dr. Kennedy, of Dublin, has described similar appearances under the name
of doughy or boggy ulcers of the womb. In my four cases, the women had been several years married, and had been sterile. This is in harmony with Chomel's experience.

Prognosis.—Dr. Kennedy has stated that "although the inflammation of the internal surface of the neck of the womb may be borne without great inconvenience for years, still it leads to the serious implication of the sub-mucous tissues, which undergo a change which may be termed uterine ramollissement, attended by frequent hæmorrhages, unhealthy, grumous, and muco-purulent discharges." Now, with due deference to high authority, we think that Dr. Kennedy has described exceptional cases. All mucous membranes may remain chronically inflamed for years, without entailing more serious lesions than were first visible, and in general the mucous membrane lining the neck of the womb may remain subacutely inflamed, without causing anything like uterine ramollissement, but it fosters hysterical phenomena, keeps up a vaginal discharge, and causes repeated relapses of erosions, or ulcerations of the neck of the womb. I believe Dr. Tyler Smith's views are correct, and that the inflammatory action of the glandular mass of the neck of the womb, determines the too abundant secretion of its alkaline products, and that, by their presence on the os uteri, accustomed to acid secretions, they cause the rapid shedding of the epithelium, with that destruction of the subjacent villi which warrants the name of erosion or exulceration. Whatever form it assumes, all observers agree that subacute inflammation of the mucous lining of the neck of the womb is a frequent cause of sterility.

Treatment.—Dr. Melier advised the injection of emollient fluids into the cavity of the neck of the womb, but they would be ineffectual to modify the inflammation of the mucous membrane, while their entrance into the cavity of the body of the healthy uterus might be attended by dangerous results. If emollient injections into the cavity of the neck of the womb are objectionable, how much more so must be injections of a solution of nitrate of silver, as used by some French practitioners for what they call uterine catarrh. Although the cavities of the healthy body and neck of the womb are separated by a stricture, sufficiently tight to prevent the easy passage of the uterine sound, nothing proves that this stricture could prevent the passage of fluid, and the numerous and fearful accidents which have attended the practice of uterine injections, permit the belief that the stimulating fluids sometimes cause fatal metro-peritonitis, by passing into the healthy fundus uteri, and, perhaps, into the peritoneum through the oviducts. Dr. Bennet states, in his work on Uterine Diseases, page 269, "that
nothing but strong cauterization with acid nitrate of mercury, or the potassa fusa cum calce to the lining membrane of the neck of the womb, can overcome the tenacity of the disease."

If this refers to exceptional cases, I commend the practice, but in cases similar to those related, I prefer the tincture of iodine, or the iodide of iron, because it enables us to effect a solid cure, without inducing much pain, or running the chance of the serious accidents which sometime follow caustic applications. After clearing away the uterine mucus I apply the tincture of iodine with a sable paint-brush, introducing it as far into the neck of the womb as can be done without using much force. On withdrawing the brush, I paint the vaginal portion of the neck of the womb. This is a mode of practice that I have now used for several years, and I can safely recommend it, as I find that something similar has been recommended by Dr. F. Churchill. A drachm of acetate of lead, in a pint of decoction of poppy-heads, forms the best injection in such cases.

With regard to the crimson elevations on the mucous lining of the neck of the womb, tincture of iodine is of little use. The solid nitrate of silver is the best application, or the acid nitrate of mercury; and it must be borne in mind that this condition is often more difficult to treat than simple ulceration.

With respect to constitutional measures, I shall merely say, that in all chronic uterine affections the practitioner will find a sheet-anchor in the various preparations of iron, and that the syrup of citrate of quinine and iron, or the syrup of iodide of iron, are very good-preparations.

The pathology of internal metritis is yet to be written. Hints may be gathered from works on uterine inflammation, on uterine catarrh, on dysmenorræa, and on menorrhagia; but all this information must be tested by a considerable number of cases, collected with a severity of diagnosis, unattainable until the recent improvements in uterine pathology. My object is to place before the profession the present state of our information on this point; and if in so doing I only quote from foreign authorities, it is because internal metritis has been overlooked by English writers. Dr. Bennet is, we believe, the only English writer who has treated of this disease; but in noticing it he has ignored the principal documents relating to its history—those derived from the practice of Recamier and his pupils.

Before commenting on the morbid conditions of the mucous membrane lining the body of the womb, I must recall to memory that the researches of Coste, confirmed by many microscopical observers, show that the unimpregnated uterus is lined by a very thick mucous membrane. The skeleton of this mem-
brane is formed by fibro-plastic tissue, and it is completely studded with follicles, which have a vertical direction, and are so closely pressed one against the other, that they appear to constitute the whole of the membrane when observed in the womb of a woman dying during menstruation. These glands are follicles like those which line the mucous membrane of the neck of the womb; but their secretion is less viscid, if not watery. In the body of a healthy womb is found a small quantity of a grey or pink fluid, which is semi-transparent, and contains cylindrical epithelial cells, blood-globules more or less disformed, and fragments of fibrine. The abundance of this glandular apparatus, and the more watery nature of their secretion, allow us to understand the abundant discharge of serous or sero-sanguinolent fluid, which comes from the body of the womb in some of the morbid conditions of its mucous membrane.

With regard to the blood vessels of this mucous membrane, the abundance of their reticulations, which is sometimes shown by a natural injection, and the delicacy of the epithelial membrane which covers them, gives a satisfactory explanation of the frequency of uterine hæmorrhage as a complication of internal metritis. Having thus premised, I may affirm that as we rise from the os uteri to its fundus, disease becomes less and less frequent, and more and more difficult to detect and to cure.

Although the mucous membrane of the body of the womb has been found acutely inflamed, intensely red, and covered with pus and false membranes, yet this condition being generally associated with similar changes in the body or neck of the womb, forms a part of acute metritis, of which I do not now intend to treat.

In some cases of dysmenorrhœa and very profuse menstruation, the intense sufferings and the floodings are evidently caused by inflammation of the lining membranes of the womb. In proof of this, I exhibited to the fellows of the London Medical Society the uterus of a young woman who was under the care of Dr. Watson at the Middlesex Hospital, and who died from profuse menstruation. Dr. Watson cannot remember all the details of the case, but he recollects that it was not marked by the symptoms of acute metritis. The morbid specimen is preserved in King's College museum. The mucous membranes of the womb were alone diseased; they seem to have been both acutely inflamed, since both are covered with a thick false membrane. This membrane is not an exfoliation of the mucous membrane; for in one form of dysmenorrhœa the mucous membrane of the body alone exfoliates, whereas this false membrane covered both the cavities of the body and the neck, and even covers part of the os uteri; neither can this membrane be considered to be merely
the fibrine of a blood-clot; for on closer examination it will be found to be of a loose texture, and more pointed with red where it lines the body of the womb, pale and denser where it lines the neck. If it were a blood-clot would not its texture be uniform?

If menorrhagia be frequent the opportunities of ascertaining its cause are extremely rare, and this morbid specimen proves that in some of the cases merely described as menorrhagia the flooding is really caused by acute organic lesions hitherto unsuspected.

What is known of internal metritis leads us to consider it as a subacute or chronic inflammation of the mucous membrane lining the body of the womb.

There is a form of dysmenorrhœa characterized by a more than usual amount of suffering, and by the ejection of membranes from the womb. As the exacerbations occur only at the menstrual periods, it is probable they occur under the influence of some unknown ovarian impulse, as Dr. Oldham has contended; but, in many cases of this description, the persistence of uterine symptoms during the intermenstrual periods, shows that the mucous membrane of the body of the womb is permanently diseased.

The researches of Coste and others seem to prove that during pregnancy the mucous membrane increases in thickness, in vascularity, and, if Pouchet's observations are to be relied on, a delicate cast of the mucous membrane is thrown off from the body of the womb at the end of each menstrual epoch, and its fragments pass away in the mucous discharge. Under the combined influence of some ovarian influence, and a low type of inflammation, the mucous membrane of the body of the womb exfoliates, as it does in pregnancy, and there is cast from the womb a perfectly organized membrane, in which the characteristic glands may be seen, thus differing from the patches of grey, well-organized fibrine, which are sometimes thrown off with great pain during menstruation. The pathology of these cases of dysmenorrhœa is doubtless very obscure, because on such cases post-mortem examinations are extremely rare; but if in some of our hospital museums you compare the womb of women who were affected with the form of dysmenorrhœa, with the womb of women who died during menstruation, you will in general find that when the mucous membrane of the womb was in the habit of exfoliating, its internal cavity was much larger than usual, and the mucous membrane much more injected.

The mucous membrane of the body of the womb is sometimes affected with a variety of subacute inflammation which might be termed haemorrhagic, inasmuch as the sanguineous
discharge by which it is attended constitutes its chief symptom and danger. The following case will illustrate this variety.

Eliza B——, admitted to the Farringdon Dispensary Nov. 21st, 1851; was twenty-three years of age; of middling stature and size; looks delicate, and has been so from childhood. The menstrual function began at fifteen, after three years of continued headache, giddiness, and drowsiness. The flow on its first appearance was very abundant, and returned once again at the regular time. Although the daughter of a major, she brought endless trouble on herself by marrying a workman, by whom she had a child at sixteen and three months, and three more children since then. She always weaned her children at nine months, because she felt weak; but she never menstruated until about twelve months after parturition, and then, in consequence of some fright or domestic altercation, after the appearance of which flow she has always fallen pregnant. She is always delirious after confinements, but makes good recoveries. When first admitted a patient, she was suckling a child four months old, and was suffering from mild hysterical symptoms, which were soon subdued.

On the 28th of April, 1852, she returned with an attack of menorrhagia, which yielded to cold aluminated applications and to the internal exhibition of acetate of lead.

In May there was slight leucorrhœa, burning pain in the back and in the left ovarian region; the patient felt a swelling there—I could not; but on making a digital examination, the body and neck of the womb were uniformly tender, but no lesion could be seen in the neck of the womb. I ordered alum injections and mercurial inunctions to the ovarian region; sedatives, opiate enemata; and the bowels were kept open by small quantities of sulphur and borax.

June 16th.—The same symptoms persisted; the neck of the womb was more congested. I painted it internally with nitrate of silver, in hopes of modifying some morbid condition which might remain unseen high up in the cavity of the neck. This was repeated every week several times without ill effects.

July 14th.—Flooding returned, and resisted cold applications and the injection of a solution of acetate of lead, as well as its internal exhibition. It was at last checked by ten grains of ergot of rye three times a day; when no blood came away, a serous fluid did; but this did not come from the vagina—that was seen to be healthy; it did not come from the neck of the womb, for the absence of pain on lateral pressure showed it was not diseased, and when chronically inflamed the secretions of that part are viscous. The uterine sound entered free-
ly, and seemed to move on a smooth surface of an enlarged uterus. I left off the application of caustic, as it was no longer indicated; and as the liver was out of order, I gave blue pill, and ordered inunctions with mercurial ointment to the lower part of the stomach.

In September salivation came on; the sero-sanguinolent flow suddenly stopped, and she became delirious. The next day the discharge came from the womb, at first sero-purulent, then bloody, and then again sero-purulent with flakes of coagulated mucus described as "skins." Saline draughts, opiate injections and applications, iodide of lead ointment to the abdomen, were then had recourse to, to allay the abdominal pain. During this time the strength of the patient diminished; but little emaciation had taken place, although, even when the patient was not feverish, scarcely any food was taken or sleep enjoyed. Hysterical attacks became more and more violent, and for a few months it was necessary to remove the urine every day. Active uterine treatment was out of the question, for if, while the patient was lying quietly in bed, a digital examination was made, she would go off in an hysterical attack so soon as the finger touched the womb. Tonics and steel were given, and acetate of morphine.

About February, 1853, Dr. Bennet saw the patient with me, and we agreed on the urgency of pushing the exhibition of morphine to saturation point. For several weeks the patient took from two to three grains of acetate of morphine daily, at first without any appreciable result, then the pains in the hypogastric region gradually abated, and some time after sleep was induced. The dose of morphine was then diminished.

After the uterine discharge had lasted for more than twelve months, sometimes as a flooding, at others to a trifling amount, it ceased towards the end of August, and about the same time the patient brought up a considerable quantity of blood from the lungs; and notwithstanding repeated hemorrhage to a less amount, she had all the appearance of health, and was able to keep a day-school.

In October, menstruation returned, being attended by great pain and a clotty discharge. Thus a highly nervous tempera-

ment, early marriage, repeated pregnancies, were the predisposing causes of a complaint for which it is impossible to trace a determining cause. She was often despaired of, and the cure is perhaps to be attributed as much to nature as to art. Although cured, the patient's constitution remains unaltered, and she is liable to relapses from over-work and over-excite-

ment.

I have seen several cases more or less resembling this, in
which long continued hæmorrhage was the principal symptom of a low type of internal metritis. One is related at page 387 of Dr. Hennen’s translation of Boivin and Dagis. Light is thrown on such cases by one observed by Dr. Mackenzie, in which the uterus being inverted, the effects of stimuli on its internal surface could be demonstrated. The irritation of this surface was always followed by a sanguineous discharge.

[London Lancet.]

Uterine Vivaces.

The Association Medical Journal (June 17, 1853) contains an interesting contribution towards a pathological history of uterine "vivaces," by Eben Watson, M. D., Professor of the Institutes of Medicine in the Andersonian University, Glasgow.

M. Levret, in the Mémoires de l’Académie Royale de Chirurgie for 1777, published an elaborate paper, Sur les Polypes de la Matrice et du Vagin, in which he makes mention of a kind of polypus under the name of "vivaces."

The following is an abridgement of his description of them: They are, he says, ordinarily unattended by lancinating pains, or by sanious discharges, such as occur in malignant diseases of the uterus; but they cause frequent hemorrhages, like common polypi. They differ from them, however, in having no enveloping membrane, or, at all events, a very delicate one. They are found in two forms; either like digital vegetations, more or less long, thick, and numerous, parts of which break off, and come away from time to time with a hemorrhage; or they may be found in one mass, somewhat globular in form, and rendering the womb large and painful; and, though the vagina be found full of this mass, the womb is not at all emptied of it—"ainsi, comme il est communément impossible de parvenir à détruire la cause immédiate de ces fongosités, c’est peine perdue de travailler à les retrancher."

"Ces excroissances," he writes at another place, "doivent être censées incurables, parce que ces ne sont que trop communément des végétations de quelque ulcére de l’intérieur de la matrice."

M. Herbiniaux, in his Traité sur divers Accouchments laborieux, et sur les Polypes de la Matrice, published at Brussels in 1794, gives a more lengthened account of vivaces. He expresses the same opinion with M. Levret, of their origin and incurability.

Cases of this disease have also been recorded by Herbiniaux, Gooch, Dr. Jas. Hamilton, Dr. D. D. Davis, and Dr. Bullen of Cork; and a case is related by Dr. Watson, in this paper, which occurred in his practice.
From the cases which have been recorded, Dr. Watson gives the following generalization of the chief features of vivaces:

"In the first place, then, vivaces generally indicate their presence suddenly and without previous warning. There are no symptoms as yet recorded, from which any physician can infer their presence within the womb, until a discharge of blood occurs; and even then the diagnosis is obscure. The excessive pain in the lower part of the belly, taken along with the profuse hemorrhages, seems, at this period, to be the only mark fitted to excite a suspicion of the real nature of the case. But we are not kept long in suspense, for the progress of the growth is always very rapid. Within three months, in my case, it had fully distended the womb. The physical signs are then sufficiently marked; viz., the bloody discharge, the stretching of the uterine neck so as to form a tense diaphragm with an aperture in its centre, and the granulated and insensible growth, felt through it, fixed by a broad base to some part of the internal surface of the organ.

"The termination of the case has hitherto been invariably fatal, sooner or later; death being caused either by gradual exhaustion, or more rapidly, by the occurrence of colliquative diarrhoea, which is the common liberator of the victims of inveterate uterine disease.

"What, then, is the nature of this growth? Is it composed of vegetations from an ulcerated surface, as supposed by Levret, or, is it identical with the cauliflower excrecence of Dr. Clarke, as has been asserted by Dr. Gooch?

"In attempting to answer this question, I would observe that I do not regard the obvious difference of position or site as establishing any essential difference between vivaces and the cauliflower excrecence. At all events, as Dr. Gooch has remarked, they do not, in that respect, differ from each other 'more than polypus of the neck and orifice from polypus of the fundus of the uterus.' And Sir B. Brodie's case, referred to by Dr. Gooch (op. citat. p. 304,) would seem to be an instance of the occurrence of the cauliflower excrecence within the womb.

"But, while I acknowledge that the growth just named may occur, though very rarely, within the uterus, still, I believe that certain marked differences exist between it and vivaces. The most important of these is the pre-existence of ulceration of the internal surface of the uterus. This occurrence was very clearly evinced in the case, which I have narrated as having occurred in my practice, by the pain and tenderness on pressure above the pubes. But I must confess that the profuseness of the hemorrhage, at this stage of the affection, remains unexplained; nor do I know of any circumstance capable of throwing light on the phenomenon. There was no evidence, at that period, of a growth within the womb; and the pain of the fundus uteri was not felt until after several severe hemorrhages. If we could suppose that some one or more enlarged and atheromatous vessels had been ruptured by the shock of the patient's fall, and that the wound,
thus occasioned, ulcerated instead of healing, we might, perhaps, explain the history of the case; and, although it is a theoretical, it is the only feasible explanation I am able to give. But, however this may be, there can be no doubt of the reality of the inflammatory action which speedily ensued, and which, though actively treated, terminated in vegetation.

"On the other hand, the cauliflower excrescence of Dr. Clarke is seldom accompanied by pain; indeed, I may say, never by pain so severe as that which precedes the formation of vivaces. The former is a still more insidious disease than the latter; and hence Dr. Clarke, in his original paper, lately republished by the Sydenham Society, informs us that he had never found it less in size than a blackbird’s egg.

"Another remarkable point of distinction seems to flow from the preceding. It regards the nature of the discharge. That from cauliflower excrescence is generally limpid and watery, hardly soiling the linen, and becomes only occasionally bloody, as at the menstrual periods, which are not often disturbed at the first, or after some violent bodily exertion, capable of breaking the delicate structure of the growth. Whereas, in cases of vivaces, the discharge is either bloody or purulent, and ere long it becomes very fetid; evidently proving the much greater vascular action going on in the latter than in the former instance. The watery discharge from the cauliflower excrescence seems to be a mere mechanical transudation of serous fluid mixed with the increased mucous secretion of the irritated vagina, and sometimes, also, with the cast-off cells of the growth itself. In all such cases, too, when hemorrhage occurs, small brainy masses may be found in the discharge, identical in structure with the cauliflower excrescence. Such hemorrhage, therefore, is likewise mechanical, flowing from ruptured substance of the growth. But it is far otherwise with vivaces. They often die and come away as putrid matter, but never seem to break from delicacy of structure; and the hemorrhage in these cases must proceed either from the progress of the original ulcer, or from the smaller vegetations from its surface, which still retain their vascular nature. The longer and more bulky growths are to all appearances avascular, being white and spongy, and filled with cheesy substance like concrete pus. For, as I remarked above, the ordinary discharge, in cases of vivaces, is always purulent when it is not bloody; this of course, arises from the progress of the ulceration, which is continually sustained and prevented from healing by the mass of its own unhealthy vegetation.

"This leads me to mention, as a fourth distinction between these two kinds of uterine growth, that vivaces do not shrink in bulk after death, as happens in such a remarkable manner with the cauliflower excrescence from the os uteri. But I regret that, for reasons formerly mentioned, I cannot speak with precision on the minute internal structure of vivaces. If, however, I am warranted in concluding,
from the history of such cases, especially those points in it to which I have just adverted, that vivaces are nothing more than exaggerated vegetations from an ulcer of the womb, matted together by inflammatory effusions, and perpetuating the morbid lesion from which they originated, then nothing can be more different than their internal structure compared with that of true cauliflower excrescence. For, as I have elsewhere more fully explained (Edinburgh Monthly Journal of Medicine, for Nov., 1849), the latter growth consists of a congeries of simple and compound cells, some of which are expanded into delicate bags containing blood-corpuscles. These bags exist chiefly on the margin of the excrescence; and, when they burst, they leave the fibrils or hair like processes, which mark the latest period of its history. It seems to be the peculiar property of these cells to withdraw serum from the blood in the uterine vessels, and to permit its exudation through their walls, thus constituting the greater part of the discharge. But, of course, this ceases at death; and then the cells collapse, or, in other words, the excrescence shrinks away. But no such function is performed by vivaces, and no such shrinking occurs in them after death; and therefore I do not think the inference unfair, that no such mechanism exists in them as in the cauliflower excrescence.

"I have not hitherto introduced the question, whether or not vivaces are malignant in their nature. The opinion of Levret as to their being incurable, and some of the cases recorded by Herbiniaux and others, would seem to indicate that such really was the case. But I am inclined to think that vivaces may or may not be malignant, according to the character of the ulcer from which they spring. This opinion is founded on that which has already been stated and proved, with such data as I possess, regarding the pathological significance of the vivaces themselves; and I think it unnecessary to enlarge upon this point at any greater length. Suffice it to remark, that on this important feature of the case will depend the prognosis and the treatment.

"I do not assert that all cases of malignant disease are incurable, when I say that malignant ulcer of the body of the womb belongs to that category. Its advance is generally considerable before it is clearly diagnosed, and even then it is out of the reach of efficient means of eradication. And when the vivaces have sprung from a non-malignant ulceration, it may still be impossible to root out the morbid parts before the patient's condition has become a hopeless one. In some cases, however, it may be attempted by ligaturing the long vegetations, making the cord cut as well as strangulate the growth, and then cautiously but effectually applying a caustic substance. I should myself prefer the common caustic, because its action, as well as the bleeding, might be conveniently arrested by injections of vinegar and water. As soon as possible thereafter, alteratives and tonics should be given to change and improve the action of the internal surface of the womb. But I feel that I cannot, with propriety, even attempt to frame directions for the treatment of vivaces; and I there-
fore leave it to others to draw the practical inferences deducible from the preceding pathological data regarding that very rare but most interesting affection of the uterus.”—[Amer. Jour. Med. Sciences.

Ergodelateria. By Prof. Slack, of the Cincinnati College of Medicine and Surgery.

I send you an essay on a vexed theme, which has occupied the Medical Faculty since the first settlement of the Valley of the Mississippi. Much speculation and observation have been expended on it, and I believe, up to this time, without a satisfactory solution. It is vulgarly called milk sickness, because the disease seemed to arise from using the milk of cows somehow affected by a strange distemper, which, when exerting an influence, produced on the animals various appearances of disease, such as weakness of parts, trembling, convulsions, &c.; oftentimes death ensued. Where cattle were sensibly, though perhaps not perceptibly, affected, the calves of such dams, depending on the milk of the latter for support, almost invariably died. The butter made from infected cattle, as well as the milk, have proved a source of serious disease to many families, spread throughout the country; especially in different newly settled parts. The flesh of cattle even but slightly affected has been found unwholesome, and even poisonous. The old physicians know well, the many instances of this distressing malady, called milk sickness, in the neighborhood around Cincinnati. Even a number of deaths have occurred in the great Valley, traceable to no other source than the products of the milk cow, and the beef of infected cattle. Though the disease has passed from us, it still lingers on many of our borders and new settled places.

It is, therefore of the utmost importance that its cause be deciphered, in order that the deadly effects may be parried and removed.

The conjectures in regard to the cause, from time to time have been uttered or published. Respectable men have written or affirmed, that the disease arose from the cattle poisoned, by cropping the Ranunculus, or vesicating crow-foot, found frequently in meadows and pasture grounds; a course of action which cattle never pursue. They always discriminate their food unless insidious. Some have referred the cause to local miasmatic influence. Some to the water near which the malady prevailed, supposing a peculiar mineral or metal to have contaminated the watering place. The writer of this has been called on, more than once, to analyze waters thus situated.

Some have invoked the aid of certain creeping, and, reputedly,
poisonous vines running in pasture flats, as the cause. To the 
writer of the present essay, all these particulars are but guesses, 
most of them fanciful, and fall quite short of the truth. The 
cause is, I conceive, not difficult, taking into view the amount 
of botanical and chemical facts and principles, for some time, 
and especially, recently accumulated.

It is found that grasses, of which wheat and rye are but va-
rieties, in producing their seeds, or corn, as termed in Europe, 
are sometimes in a diseased state when the seed is maturing 
under certain circumstances, so that many seeds in a head or 
spike are not natural, but a monster or a changed result. Af-
after a careful examination, it has been discovered that numerous 
seeds, in a grass head, spike or panicle are affected by a small 
parasitic fungus, so as entirely to change the form and char-
acter of each seed affected, from a nutritious bercal to a 
poisonous and very unwholesome substance. The spurred rye, 
"secale cornutum," is an example in point. Grasses growing 
in certain grazing lands, hereafter to be noticed, are equally af-
fected with rye, in the ears, spikes or seed heads in many 
grains, a like parasitic fungus, so as to change the character 
of each seed affected, just like the "secale cornutum," or horned 
rye, whose character, as ergot and the pulvis jarturiens of 
Drs. Stearns and Aperly, is, to a considerable extent understood 
by the profession.

The proofs of this poisonous principle in diseased grass seed 
—grass being the direct food of cattle—are seen in various 
botanical authors, as well as noticed in my own researches. In 
Chambers' dictionary, the basis of Rees's great Encyclopedia, 
published in 1783, this character of the diseased seeds of grasses 
in general is noticed, and the very calamitous results to the 
poor and others from eating rye bread made of flour, prepared 
from grains filled with secale cornutum or spurred rye, the 
latter disclosing a virulent poisoning principle, are very par-
ticularly detailed. The poisoning is presented as quite perma-
nent, and the diseases resulting many, and most distressing.

In Wood & Bache's Dispensatory, of 1845, page 311, it 
is remarked "in all the Graminaceæ, or grass tribes," "the 
place of the seeds is sometimes occupied by a morbid growth, 
which, from its resemblance to the spur of a cock, has received 
the name of Ergot." The celebrated James T. W. Johnston, 
F. R. S. S., Professor of Agricultural Chemistry in the Uni-
versity of Durham, England, invited by the State Agricultural 
Society of New York, delivered at Albany, the capital, a course 
of very able agricultural lectures in 1850. His remarks on 
this subject will be found in his published lectures, by Saxton, 
of New York city, page 72. He fully endorses the permanent
poisoning character of the *secale cornutum*, and the distressing results of the use of infected bread to the poor classes of Europe, in serious and long continued disease. He adds (in his own words,) "it is a curious fact that this same *Ergot* is found, not only in rye, but in *various kinds of common grasses*, on which cattle feed, particularly among the rank grasses that grow in marshy places. It was immediately inferred that this kind of *fungal* thus produced in these grasses on which cattle feed, and which, in rye, produced the remarkable feverish effects on the animal body, was the cause of similar effects in cattle, which, in many districts" of Great Britain, "prevails to such an extent that the farmers find it impossible to secure calves." Many other proofs, if necessary, might be adduced. My experience coincides entirely with the latter gentleman's positions. 1. That the poisoning in cattle, which affects their milk, butter, beef and calves, results from an *Ergot* or *fungal* production in *grasses seeds* which the cattle, at certain seasons, eat in grazing. 2. That this poisonous principle, affecting the cattle through their products, forms, in our communities, what is designated as the cause of *milk sickness*, formerly so common all around us. 3. That the Ergot in rye results from much wet just before seed or grain setting, followed by great heat or high temperature. The spurred rye is found more especially in low or wet grounds; if at all on up-lands, in very wet seasons. The same principles hold good in regard to all grazing or pasture grasses. The seeds are found diseased or ergotised chiefly in low, wet grounds, great heat having prevailed, in rank and vigorous grass. Hence, milk sickness prevailed fearfully, some years since, up the Licking river and in adjacent lands, opposite Cincinnati, near Brookville, and in perhaps one hundred other places, where it is now unknown. Why now unknown? The cause has been removed by clearing and cultivating the land, and draining the swamps. The remedy, then, is easy. Whenever drainage and cultivation are vigorously pushed, the disease is no longer found; because the strong pasture grass having air and sun light, the *nidus* of the fungus seeds is not furnished, and the fungus, which is a poison *parasite*, will not grow and ergotise the seed of the grass.

Early in November of 1839 and '40, by request, I visited a very respectable family. I found them all laid down with *milk sickness*. The house was an hospital—all were sick. The lady was retching and vomiting in a manner unusual to me. She died during the night after. What was the condition of the lands around? The family lived in a fertile place, 1 ½ miles from Memphis, Tenn., on the east bank of the Wolf river. The whole space, except a small strip of land, was frequently
overflowed by water. In this particular case I looked round carefully for a cause of the very distressing malady, and was satisfied it resulted from something produced in the vigorous grasses of those low lands, since which time botanical facts confirmed my impressions, and led to the sentiments above.

It has been noticed, that at harvest onward to the middle of winter, the disease is found in its worst form. It may have occurred in the spring, but of that I have no information. If so, it must have resulted either from some of the infected seed still remaining, or from the cattle, previously poisoned continuing diseased, grazing in the low swamp pastures.

The chemical character of ergot of rye and of grasses, I have not space to furnish. Indeed, no very reliable analysis of its poisoning parts and simple elements has been given. The smut in maize, Indian corn, is produced by a parasitic fungus of poisonous character. I have known many cattle, in the fall season, to die from eating the smutted corn ears left by the huskers when gathering the corn. The ergot of rye and other grasses, as shown, is produced by a parasitic fungus of the same genus as the smut in Indian corn. The ergot is possessed of a concentrated poison, or that which is quite active in its operation. In the deleterious principle of both Indian corn smut, or ergot of rye and other grasses, there is, no doubt, a small proportion of nitrogen. This is found to be the fact in regard to all poisonous vegetables. Let the nitrogen be in large quantity, and the vegetable article is, in general, nutricious as tea, coffee, chocolate; but in tobacco the nitrogen is small in quantity, and the poisonous character is frightful! It ranks, notwithstanding the unnatural use made of it, as a near relative,* in poisonous character, to prussic acid, the most terrific poison in the catalogue, to which arsenic is almost nothing in comparison. The essence of tobacco and prussic acid are both vegetable products. Let tobacco users beware; the affirmation here is no tale, but a solemn and impressive truth.

In conclusion, I propose to call the poisoning principle of ergot of rye and other grasses, Ergodeleteria, from ergot, (French) a spur or cock spur, and Deleterion (Greek) poison. Translation: The poisonous principle of ergot of rye and other grasses.—[Western Lancet.

* "Near relative." What the essence of tobacco is has not been decided, so that the expression "near relative," is in point. The prussic poison is an acid of peculiar character, not sour, but by combination with bases forming salts is its constitution decided. Nicotine C10 H8 N, by Turner; not very certainly decided, is an alkali, yet our positions above are by no means disproved.

In regard to the treatment of ergodeleteria I have said nothing; that is obvious to the experienced practitioner; it is to be removed from the system.
On the Use of Black Cohosh in Chorea. By T. J. Garden, M. D., of Wyliesburg, Va.

We present you a detailed and circumstantial account of two cases of Chorea of deeply interesting character, reported to us by our request, in a letter from Dr. L. T. Wootten, of Lunenburg; and, as the Doctor writes with precision and clearness, we give his letter entire, although we have no authority for so doing; yet we feel assured he will pardon the liberty we have taken.

"H. L. Coleman, æt. ten years, was taken, after exposure, with acute rheumatism, or arthritic inflammation of the knee joints, in the winter of 1842, attended with much swelling, and pain and high arterial excitation. He was visited and attended by Dr. H. May, of Lewiston. He was confined about six weeks. Early in the spring he commenced school, walking daily the distance of about two miles to and from school, and at night complained of fatigue and aching in his extremities.

"After attending school for about three weeks, he was unable to continue his exercise, on account of his inability to walk, symptoms of chorea having manifested themselves to such an extent as to alarm his parents, and Dr. May was again requested to visit him. He continued his services, in connection with Dr. Irby, for nearly twelve months. Failing to receive any benefit from the treatment of these two intelligent physicians, who tried all of the usual and ordinary remedies used in such cases, his parents sought the aid of two Thomp-sonians, who also drugged and steamed him for about twelve months, without any palliation or alleviation of the symptoms. The above is the imperfect history I obtained of the case when I first saw him (rather accidentally) about two years subsequent to his first attack. During the warm months of summer he suffered less than during the winter and spring. I found him much emaciated; anaemic; light hair, blue eyes and fair complexion; tongue thickly coated with a brown yellow fur, pointed and very tremulous; breath loaded and offensive; thirst; great difficulty in deglutition; pulse about one hundred and ten, soft and very compressible; bowels constipated; loss of appetite, &c. He was unable to control a single voluntary muscle for a moment. Pressure along the spine threw him into violent agitation, evincing much tenderness and suffering when the pressure was even moderate. With scarcely a ray of hope, I prescribed an alterative and laxative pill, composed of equal parts of rhubarb, aloes and blue mass, every other night, and directed, as soon as the pills evacuated the bowels thoroughly, to commence with the powdered cohoosh in teaspoonful doses, mixed in syrup of molasses. I left about 1 oz. (all I had at the time), and did not see or hear from him again until the 1 oz. was taken, when his brother applied to me for more, stating that H. Lee was evidently much improved. I sent him another oz. of a fresher and better article than the first, such as
I always use, and greatly prefer if I can get it, viz., the article which is put up in pound papers by the Shakers of Western New York. I directed it to be used as before, in teaspoonful doses three times a day; the root as it comes to us, having been previously reduced to a fine powder. In ten days or two weeks, without having taken all of the last oz., he was well, entirely free from every vestige of the peculiar symptoms which characterize chorea, and in a very short time again commenced school. The following winter he had a return of the pains in his knees, attended with symptoms of chorea, but in a much milder form. The cohosh was again resorted to without any adjuvant whatever, not even restricting his diet; the symptoms gave way as if by magic, and he was able to resume his usual exercise in about a week. The next winter the symptoms were again manifested in a still milder form. By proper attention to his clothing, and a few doses of the cohosh, he was very soon relieved, and has since had no return of the disease, and is now a grown young man, of active, industrious habits, and quite sprightly for his opportunities.

"John Wood, æt. about nine years, was exposed to the variable and inclement weather of the spring of 1850; was taken with feverish symptoms at night, restlessness and aching in his limbs, with loss of appetite, furred tongue, &c. In a very few days, which was about the 1st of March, symptoms of chorea came on, with occasional headache. The disease was so mild that his father brought him on horseback to my house. Before taking his seat, I observed to his father, that his son had St. Vitus's dance. He had never heard of the disease, and evinced all the anxiety of the parent; but upon being told that his son would in all probability soon recover, became reconciled, and carried him to a public gathering, where he remained all day, exposed to the excitement and curiosity of a large crowd, and reached home at night. John complained of great fatigue, with headache, and the symptoms of chorea greatly aggravated. The fever continued until morning, when he was observed to be delirious. He had taken, the night after reaching home, a small blue pill, which operated freely on the bowels, attended with a good deal of griping. The fever and delirium continued for twenty-four hours before I saw him. I found him with a hot skin, a tense and bounding pulse, dry tongue, relaxed bowels, perfectly furious with wild delirium, and unable to protrude his tongue, or to control a single muscle. I have never witnessed such violent and continued agitation of the whole muscular system. It was in a constant state of the most violent agitation, asleep or awake. I opened a vein and abstracted 10 oz. of blood, which was tarry and buffed, with great amelioration of the symptoms. Directed cold applications to the head, with warm pediluvia, with mustard in the bath, and cool elm injections, and directed a repetition of the bleeding if the fever returned, being unable to see him again until the next day. His fever and delirium returned, but he was not depleted until the day after the first bleeding, when I again resorted to the lancet, taking 8 or 10 oz. of blood, with decided relief to all the symptoms, and applied a blister to the nape of his
Passive Hæmorrhage from the Kidneys. [May,

neck. He became rational after the blister was dressed, but the symptoms of chorea continued still in an aggravated form. I was unable to obtain any of the cohosh until the 6th or 7th day after his attack or confinement. I commenced it in teaspoonful doses, given in syrup three times a day. In one week he was able to walk about the room, and at the end of the second week was apparently well—free from any muscular tremors whatever. The powders seemed to occasion distress, making him sick at the stomach after the first week, and the tincture, prepared in the proportions of 1 oz. of cohosh to 1 pint of good rye whiskey, was substituted, which was also given three times a day, which entirely eradicated every trace of the disease. During the last winter he had a slight return of chorea. The cohosh was used, and a bottle of the comp. syrup of sarsaparilla; since which time he has had no return of the disease, and is now in the enjoyment of robust health. In some six or eight cases in all, I have only seen one in which the cimicifuga failed to cure, and that one had suffered for some two or three years before any remedial measures were used. The child’s mind was almost fatuitous, and attended with irremediable organic lesion of his physical system. To you alone am I solely indebted for the knowledge of the use of the remedy in the treatment of chorea; and allow me to tender my grateful and kind acknowledgements and obligations for this as well as other equally important suggestions, which you have so frequently and so kindly made.

Faithfully, your ob’t serv’t,

Pleasant Grove, Sept. 24, 1851. L. T. Wootten.”

As you express a desire for short practical papers, we close this communication, with a single additional observation. We are fully satisfied the cohosh is adequate to the cure of all cases of chorea not complicated with incurable organic lesions, and where the intellectual faculties have suffered no impairment. We, ourselves, have witnessed a solitary failure only, and that was such an one as last described, nor do we know of any failures on record. The promptness too with which it arrests the disease, after the system has been properly prepared by purgatives, is almost incredible to those persons who have never witnessed or tested its action. For its mode of action, see our first paper. The doctrine we teach is, that one well authenticated medical fact is worth all the theory in the world.—[Stethoscope.


Of the many phases of renal disease, there is one so insidious in its progress and indefinite in its characteristics, that although attention cannot but be drawn to the condition of the urinary
organ, yet the exact locality of the disease is by no means evident. This arises from the obscure nature of the general symptoms; for as the local ones refer rather to the bladder than to the kidneys, the former may possibly be looked upon as the affected organ. Moreover, the action of chemical reagents upon the urine secreted in this form of disease, and the average specific gravity and quantity of that fluid, give little aid in leading to an accurate diagnosis, unless the microscope be used to assist in the investigation, when the presence of blood corpuscles, epithelial cells, with occasional casts of urinary tubes, evidence that the kidneys themselves are suffering from some lesion, functional or organic. When the urine, upon the application of proper tests, clearly indicates the presence of albumen, and when the blood-globules are in such quantity as to color that fluid, and subside to the bottom of the containing vessel, there can be no doubt as to the existence of hæmorrhage, active or passive, from some part of the urinary organs, but this form of "passive hæmorrhage from the kidneys" is not so easily discerned.

Several cases of chronic hæmaturia having occurred in the practice of the writer, he ventures to bring their general history under notice, more especially as he has been induced to think it probable that this form of renal disease is much more frequent than is supposed, and that it is often the first stage or forerunner of that condition in which free albumen is present in the urine—viz., of "chronic albuminous nephritis," and that when the "acute desquamative nephritis" following upon the exanthemata is supposed to have yielded to treatment, chronic hæmaturia is apt to remain, or to be induced upon the application of a slight exciting cause.

Symptoms.—Passive renal hæmorrhage offers to our notice two classes of symptoms—the general and the local. The general are those of anæmia, the result of a continual draining away of that vital fluid, the blood; the local refer chiefly to the bladder. The general symptoms are, a pallid complexion, of a dirty-white or muddy color, with dilated pupils; occasional headache and singing in the ears; the tongue is large, flabby, and furred, the edges thereof indented by the teeth; the bowels are open and loose; there is much flatulence and nausea, with irregular appetite; palpitation is frequent; the surface of the body is cool; the skin soft and relaxed, but dry; the pulse full, soft, and bounding, or small and soft, putting on the former condition upon change of posture; there is gradual but progressive emaciation, irritability, and gloominess of temper, with great disinclination to any exertion, bodily or mental.
These symptoms vary in degree according to the longer or shorter duration of the disease.

2nd. The local symptoms are in some cases an aching pain in the loins, but this is, perhaps, rather an exception than the rule. They, the loins, are rather the seat of an uneasiness and feeling of weakness, which is increased upon pressure: the calls to micturate are frequent and urgent, attended with pain, sometimes referable to the penis, sometimes to the inside of the thighs and to the perineum: the urine is not much, if at all, increased in quantity when compared with the amount of fluids imbibed.

Pathological Indications of the Urine.—The usual quantity of fluids being taken into the stomach, the average daily amount of urine excreted may be stated at about fifty ounces. The specific gravity ranges from 1015 to 1035, the latter being the standard of the urina sanguinis. A gradual reduction in the weight of the urine has been observed in those cases which have been attended with frequent relapses. The colour is that of pale golden sherry; the odour is sweet; when recently passed, it has barely any action on litmus paper. A distinct alkaline re-action upon reddened litmus has not, however, been observed. When poured into a test-tube, a very slight cloud may be seen floating near the bottom; if allowed to stand for an hour or so, a small opaline deposit, easily dispersible, will form. The recent urine is unaffected by heat, or NO₃ HO; but if allowed to stand after their action, a small flocculent precipitate sometimes forms; occasionally, however, no precipitate is visible to the naked eye. Of that portion which is allowed to stand, the supernatant liquid is unaffected by heat and NO₃ HO; the deposit, however, is dissolved by the latter, indicating the presence of phosphates; and when heat is applied to the mixed fluid, as in the recent urine, a precipitate may or may not be the result. Upon submitting a drop of the recent urine to the field of the microscope, blood-discs, turgid or collapsed, single and not aggregated, together with epithelial cells and occasional casts of the uriniferous tubes are seen; no pus-globules have been detected. Such are the usual characteristics of the urine; but the action of concurrent causes, as exposure to cold and the imbibition of diuretic fluids, renders the urine acid for a time, when crystals of uric acid and of the lithates, together with blood-discs, are seen.

It will be observed that the symptoms, general and local, are those of that form of renal disease termed by Rayer “Chronic Nephritis,” but that there is an important difference in the character of the urine. In treating of this "chronic nephritis,”
Dr. Christison states ("Lib. of Med." vol. iv. p. 270) "that the urine very seldom contains blood or albumen, unless other renal diseases concur." However, of that form of renal disease now under notice, blood-globules have been invariably contained in the urine, but could only be detected with certainty by the microscope. Liability to passive renal haemorrhage appears to be either constitutional or acquired. Persons constitutionally predisposed are those of lax fibre, fair complexion, with skin soft and supple, easily excited to action, but as readily depressed: persons of a tuberculous tendency, prone to affections of the mucous membranes, as catarrh, bronchitis, diarrhoea, &c., whose arterial system is in that state which may be termed irritable. Such a constitution appears, as it were, acquired by two other classes, who are specially prone to this haematuria—viz., those who are in the habit of consuming large quantities of diluent fluids, as hay-makers, reapers, engineers, stokers, bleachers, tenters, dressers, and spinners in cotton-mills—persons who, after exciting great cutaneous action by severe manual labour, or by working in a high artificial temperature, check the same by exposure to a much cooler atmosphere after the cessation of their daily employment. The habitual dram-drinker is most prone to the acute form of Bright's disease, or to that stage which probably supervenes upon this—viz., that in which the urine is of low specific gravity, and contains free albumen. May not the frequent use of spirits, from their direct action upon the kidneys, by over-stimulating the organs, produce this haematuria which may ultimately pass on to "chronic albuminous nephritis?" It may be observed, that of several cases of "passive renal haemorrhage" which have occurred in the practice of the writer, not one could, as far as the patient's recollection served, be traced to any dropsical affection, proximate or remote.

The average age of the persons affected was above thirty-five years; they were chiefly of the male sex, probably on account of the greater exposure of males to the predisposing and exciting causes, which latter appeared, as far as they were traceable, to be exposure to cold, damp air when in a state of perspiration, frequent use of diuretic spirituous liquors—in fact, any circumstances which, depressing the heat of the body, produced congestion of the viscera.

The Pathology of the Disease.—The presence of blood in the urine affords ample proof of the existence of haemorrhage from some part of the genito-urinary passages; the state in which the blood-discs are found, the inadequacy of chemical re-agents to detect them, the occasional casts of uriniferous
Passive Hæmorrhage from the Kidneys.

Passive Gallic distilled dilute secondly flannel a conclusion parative tubes, haemorrhage unless nephritis of without to The and astringent thereto with astringent from hydrochloric should irritability which should be the restoring haemorrhage, half, checking, restore Dr. Golding Bird:—"Gallic acid acts as a direct astringent, reaching the renal capillaries, and finding its way into the urine, which becomes strongly charged with it, &c." To relieve the irritability of the bladder, five grains of soap-and-opium pill should be used every night as a suppository. These medicines should be continued until the hæmorrhage ceases, and the vesical irritability which remains for some time after the cessation of the hæmorrhage, is relieved by tincture of cantharides, in doses of from ten to twenty drops, combined with an anodyne. When the urine is free from blood-discs, the general hygienic rules for restoring tone to the system should be enforced; animal diet, with a few glasses of sherry daily, may be allowed, and quinine with iron prescribed. As preventive measures, the warm bath with friction should be daily persisted in; flannel should be worn next the skin, and all exposure to exciting causes studiously avoided.—[London Lancet.]
Treatment of Psychical Disturbances in their First Stage.
By Dr. Erlenmeyer.

Upon the treatment of psychical disturbances at their commencement, often depends the whole course of the disease, and especially the final issue in recovery or hopeless idiocy. A very common method consists in making large abstractions of blood, which seem required by the frequently exalted temperature of the head, the accelerated circulation in the cranial arteries, and the over-distension of the veins; in a word, the cerebral congestion, as it is usually expressed. Although the experience of all countries declares this treatment inappropriate, in most cases even positively injurious—although the testimony of all our hospitals for the insane is opposed to it; yet numerous cases still occur in which patients are brought, with rapid strides, to incurable idiocy, by means of copious blood-letting.

The time is not long gone by, when in our best insane hospitals, the use of narcotics, in the treatment of psychical diseases, was wholly interdicted. This view was first changed by the recommendation of opium by Dr. Herman Engelken; and this remedy now began occasionally to be tried, and, indeed, in somewhat larger doses than usual. The excellent results which followed this practice, in certain cases, continually encouraged to further trials; so that now it is considered indispensable by our best physicians.

The form of psychical disturbances in which opium succeeds best, is melancholy, in its various shades. It animates the patient, exalts innervation, and gives to the despairing sufferer new courage. I have tested this remedy in private practice. With few exceptions, mental disturbances, in their first stage, accost us as a melancholic temper, so that these cases also appear appropriate for the administration of opium. Upon different occasions, when I have been called to the treatment of commencing mental disturbance, I have, therefore, decided upon the exhibition of opium, and have seen really surprising results from it, since many patients have not only been temporarily improved thereby, but for the most part have been completely cured.

Opium, administered in large doses, operates, in many respects, entirely different from small doses. It produces no congestion of the brain; it does not induce constipation—on the contrary, I have, in several cases, observed severe diarrhea following the use of this remedy, which required its discontinuance. I have, in all cases in which constipation followed the exhibition of small doses at the commencement, seen this
disappear upon its continued and increased administration. The nutrition of the patient is very quickly increased, and I have repeatedly seen the weight of the body gain from two to three pounds a week. The courage of the patient, which, in melancholy, is so depressed, becomes exalted; the constant complaints and lamentations are silenced; in short, the patient, in a brief time, is both corporeally and mentally changed.

In the hospitals, the exhibition of opium has been carried to six grains at a dose; and several physicians, especially those who first commended the practice, have carried it still farther, without observing any injurious effects. At the commencement of psychical disturbances, such doses, though they may be well borne, are not at once necessary; and the exhibition of from two to four grains twice a day will suffice completely to allay incipient melancholy.

The best form of opium is the powder, as such, or made into pills; whilst the tinctures and alkaloids have not been so efficient in my hands.

Whilst I now proceed to the indications and contra-indications, I should observe, in the first place, that the data brought forward are imperfect; and that I here mostly appeal to symptoms, will be excused by the reader, who knows full well that the diagnosis of the condition lying at the basis of mental maladies is infinitely difficult.

The highest indication for the exhibition of opium is the hyperæsthesia, which presents itself at the commencement of psychical disturbances in so manifold a manner. It matters not whether this hyperæsthesia be of peripheric or central origin; nor is it of any consequence in which division of nerves it occurs. The excellent effect of opium in pure neuralgias, should have long since led to its administration in hyperæsthesia of other nerves; and would certainly have done so, had not various fears, which were based more upon theory than practice, deterred therefrom. That opium is not so dangerous a remedy as it is generally represented in the manuals of Materia Medica, I have thoroughly convinced myself; and many of our German physicians, at the head of insane hospitals, will agree with me, whose authority must be acknowledged by every one.

Almost two-thirds of all psychical maladies commence as hyperæsthesiae. One of the most common is the hyperæsthesia of the Nervus Vagus, with greater or less participation of the sympathetic, in the well-known form of præcordial distress, which Fleming has so well described, and which, together with headache, he enumerates as the most constant symptoms
of psychical disturbances. I have observed the præcordial distress in very different constitutions, as well of central as of peripheric origin, and always perceived good effects from opium.

The result is surprising when this præcordial distress is connected with psychical hyperæsthesia, a condition which is usually designated as hypochondriacal melancholy. These patients are fearful tormenting spirits to the physician, because they cannot be dissuaded from their hypochondriacal ideas by any process of reasoning.

A more numerous class of hyperæsthesiae, which occur mostly at the commencement of psychical diseases, are the sensual. It is wonderful to what perversities patients are often led by this kind of alienation of the nerves of sense. A great part of the aversion to food occurring at the beginning of mental maladies, depends upon the hyperæsthesia of the glosso-pharyngeal or olfactory nerve. In food prepared in the ordinary manner, the patients smell and taste all possible singularities; when there is also simultaneously hyperæsthesia of other nerves, often of the vagus, they are sorrowful, anxious, distrustful, smell poison in their food, which increases and justifies their anxiety, and they begin to resist nourishment. Another complaint which we frequently meet with in patients of this kind, is that those about them know their thoughts. I have found this in many cases, where there was as yet no particular mental derangement; it is evidently a minor degree of hallucination of hearing, induced by hyperæsthesia of the acoustic nerve. Such a condition very commonly precedes the outbreak of peculiar hallucinations, as I have repeatedly observed in a patient who suffers periodically from hallucinations of hearing. A short time before the particular hallucinations, he has the sensation as if his thoughts were expressed by those about him, only that he does not clearly hear the particular words, as is the case upon the full development of the hallucination.

Most of the conditions which occur at the beginning of mental diseases, may be referred to these hyperæsthesiae, which are usually designated by all sorts of other names,—nervous irritability, exalted nervousity, nervous derangement, &c.

When these hyperæsthesiae exist in the manner just described, independent of any organic disease of the brain, manifested by anaesthesia, paralysis, &c., without the existence of any more serious affections of other important organs, of the heart, the lungs, the digestive apparatus, &c., which must be looked upon as the cause of the incipient mental disturbance, opium will do excellent service, and if it does not completely
and permanently cure, it still effects an important alleviation; but in the last-mentioned cases it does no good, and often may do harm.

There is also another contra-indication, which is not, however, very frequently in the way: it is vomiting occurring after administration of small doses. We need not be much disturbed, nevertheless, on this account, since no greater disadvantage is to be feared than that the opium will do no good. I must especially insist, that a coated tongue and other gastric symptoms should not deter us from the use of opium, since this is observed in almost all cases of psychical disease, immediately at the opening of the scene, and very commonly occurring as the first expression of alienated nervous function. Opium allays these so-called gastric symptoms generally very quickly, enlivens the appetite, and stimulates nutrition better than all stomachics. There are individuals in whom there exists an idiosyncrasy against the smallest doses of this remedy, who become thereby more excited, in whom a new train of symptoms is induced, as palpitation of the heart, ringing in the ears, greater disquiet, complete sleeplessness; in these persons we should desist at once from the farther use of opium.

Opium does excellent service, not only in melancholy, but in all other forms of psychical alteration which depend upon hyperæsthesia, if it is employed in the first stage of the difficulty, whilst in all psychoses of a torpid character, it produces little or no benefit.—[Deutsche Klinik. Amer. Med. Monthly.

The Efficiency of the Sulphuric Acid in Diarrhœa. By Good-\[ev\]e Bowra, Esq., M.R.C.S.E.

As much has been said and written lately on the treatment of diarrhœa, I beg to offer my testimony on the happy effects of sulphuric acid on persons of all ages, with the full conviction that it is the quickest and most palatable, consequently the best remedy for that disease.

I was requested two years ago to send medicine to a young lady subject to diarrhœa, who had taken a passage to China in a ship not carrying a surgeon. Thinking there must be some mistake, I went on board the vessel and saw the chief officer, who thought himself quite competent to treat (from books and a medicine chest) any disorder likely to arise on the voyage. On asking this gentleman what he would do in cases of diarrhœa, his off-hand reply was, "Never care for that; always carry plenty of sulphuric acid on board, and I have never known it fail."

On the same evening I was called to a lady, seventy-five years of age, very subject to these attacks, which always lasted a week
or more, and as it was of great consequence she should return into the country in two days, I made up my mind to try the sulphuric acid, believing I should not be more successful with the old chalk mixture than her medical friend at home.

The following morning I found her up, and so much better, that she had only taken two doses; I gave her a third, which completely cured her. Since then I have used nothing else (save a mustard poultice) in all cases, either with or without pain, both in private practice, and at an institution to which I was attached, and I confidently state that during the whole period I have used it I have not met with one unsuccessful case. The only difficulty is, to persuade some people that acids would not increase their disorder, particularly those accustomed to the old chalk and aromatic confection treatment.

I now constantly recommend patients subject to diarrhoea, or who are nervous about cholera, to keep a bottle of the sulphuric acid mixture in the house, and on the first symptom of their complaint instantly to take a dose, which is generally sufficient to effect a cure. Many of these patients (I fear, jokingly) tell me they shall expect double charges, as two or three draughts of the acid mixture have more effect than the same number of bottles of the chalk mixture; and I may add, I feel so satisfied with the success of a two years' trial, that I have no hesitation in asserting it as my full belief, that deaths from cholera and diarrhoea would be very materially diminished if the authorities would appoint an agent in all poor neighborhoods, to give a dose of the sulphuric acid mixture to every necessitous applicant suffering from bowel complaint. They would have plenty of persons desirous of availing themselves, of this remedy, if I may judge from the gallons I gave away last summer.—[London Lancet.

**Ergot of Rye in some forms of Retention of Urine.** By M. Passot, of Lyons.

Ergot of rye has not only the property of exciting the uterine contractions in cases of inactivity of the uterus, but is also very efficacious in the retention of urine which is caused by atony and paralysis of the bladder. MM. Baudin and Payan of Aix were the first who endeavoured to demonstrate that this agent does not act on the uterus alone, but rather on the lower part of the spinal cord. They also speak very highly of it as well in the affection which we have now under consideration, as in weakness or paralysis of the lower extremities.

Drs. Kinsley, Canuto-Canuti, Sainmont de Rocroy, Allier of Marcigny, have also recorded cases which bear favourable
testimony to the utility of ergot in paralysis of the bladder. I will now briefly mention some of them:

Captain B., aged 60, suffering from dysuria, which had increased greatly during the last three months, until it suddenly changed to a complete retention, which necessitated the employment of the catheter several times a day. For two months a host of remedies were used without avail; there was not the slightest improvement. The prostate became enlarged, and the patient suffered much from the use of the catheter, which had to be passed twice every day.

Fifty centigrammes (about eight grains) of ergot of rye, infused in a cupful of boiling water, was administered three times a day. At the expiration of six hours, the patient passed a small quantity of urine, and required the use of the catheter only once in the day. Afterwards it was only passed once in the forty-eight hours, and after ten days the bladder was left to itself (Kinsley's Journal des Con. Med. Chir. March, 1844.)

A lady, aged about 75, was affected with paralysis of the bladder, which for a long time required the use of the catheter. Ergot was prescribed in doses of fifteen decigrammes (about twenty-eight grains) in infusion. On the sixth day of this treatment, it was no longer necessary to pass the instrument, the patient being able to pass water spontaneously (Canuti, Bull. des Sciences Med. de Bologne, 1845.)

A man, named Rousseau, aged 58, of a nervous temperament, was, in consequence of a fit of passion, attacked with a complete inability to urinate. The bladder was obliged to be emptied by the catheter. The inertia of this organ continued in spite of cold injections into it, cold enemata, the application of ice, also a blister to the hypogastrium.

Strychnia applied, by means of ointment, as a dressing to the blister, also by frictions in the axillae, on the following day produced cramp in the legs and arms, and was presently accompanied by stiffness, so that it became necessary to discontinue the use of this remedy. There was not the slightest action on the bladder. It was at this stage that the author conceived the idea of giving ergot of rye. He prescribed six grammes (about ninety-two grains) coarsely powdered, to be put into a litre (about thirty-four ounces) of water, macerate for two days, filtered, and injected cold into the bladder. Seven minutes afterwards the patient experienced a desire to urinate, which, however, he could not then satisfy. The next morning the injection was again administered. Eight minutes after he had vesical tenesmus, and then spontaneous emission of urine. The injections were continued for some days. The cure was complete. (Sainmont, Gazette des Hôpitaux, 1848.)
In 1848, Dr. Allier, of Marcigny, sent a letter to the National Academy of Medicine, in which he gives as the result of his observations, that in only one out of fourteen cases ergot proved of no use.

I also am in possession of some cases which, in an incontestable manner, prove that ergot is capable of restoring the contractility of the bladder. The following is the most remarkable: In the month of July, 1846, I was consulted by M. H., aged 60, of a dry constitution and a very well-marked nervous temperament. M. H. admits having indulged both in venereal excesses and in the excesses of the table, and it is these that he blames for the vesical paralysis from which he is now suffering, and which requires the catheter twice a day; otherwise there is no symptom of organic alteration, no fever, no enlarged prostate. The canal of the urethra is free through its entire length, and the urine when drawn off is perfectly clear. After having experienced the uselessness of tincture of cantharides and blistering the hypogastrium, I used the following prescription:

Freshly powdered ergot . . . 2 grammes (30 grains.)
Mucilage . . . . . . . . . . . 120 " (31 ounces.)
A tablespoonful every half hour. Shake the bottle.
Ergot of rye, powdered . . . 15 decigrammes (23 grains.)
Cocoa butter . . . . . . . . . a sufficiency.
To be made into two suppositories; one of them to be introduced night and morning.

On the same day, at the expiration of some hours, M. H. felt a desire to micturate. At my evening visit, I ordered a bath. The patient was scarcely in it before micturition took place spontaneously and with force. From this time to his death, M. H. has always passed water freely and without the assistance of the instrument. I should add that, to make certain of the cure, I continued the remedy for three or four days, but in a decreasing dose. M. H. died the 30th of January, 1848, of an acute pleuro-pneumonia, during the course of which not a single morbid symptom appeared in the bladder. It is therefore certain that ergot cures retention of urine which depends on pure and simple atony or paralysis of the bladder. But with regard to paralysis consecutive to apoplexy, or depending on other affections of the nervous centres, it is well known that they are unaffected by the remedy we are treating of.


Use of Chloroform in Hooping-Cough.

Dr. Fleetwood Churchill, in a letter to Prof. Simpson, published in the Monthly Journal of Medical Science, (Aug. 1853,)
Chloroform in Hooping Cough. [May,

alludes to his having mentioned, in his work on Diseases of Children, his having tried the inhalation of sulphuric ether in hooping-cough, with great benefit, in about a dozen cases, and states that he has since tried chloroform with equal benefit. But he always found, he remarks—

"Two obstacles to its full and fair administration to young children. In the first place, you cannot get them to give notice of the approach of a cough, so as to enable you to have the chloroform in readiness before the paroxysm commences; and when the paroxysm has commenced, as it consists of eight or ten expirations to one inspiration, the chloroform will have evaporated before it has been fairly inhaled. And secondly, young children have such a horror of anything near their mouths during the cough, that they will resist your trying the chloroform as much as possible, until they themselves have felt its power in relieving the cough. Owing to these two causes, and perhaps also to a want of clever management on the part of the mother, we shall find it fail altogether occasionally, and in other cases only partially succeed. But when it is fairly tried, as I have already remarked, its use is most beneficial.

"I have all along felt very anxious to try it in young persons of twelve or fourteen years old and upwards, because with them we can avoid the two difficulties I have mentioned; but it was not until this year that I had an opportunity. Four cases have come under my care, and the results are as follows:

"Case I. Miss D., æt. 16, had had hooping-cough a month, when I prescribed chloroform. There was no complication, but the hooping was frequent, especially during the night. She was directed to have the chloroform in readiness, and to use it with each paroxysm; and she assures me that in two days the hoop ceased. The cough lasted a few days longer, but it was slight, and not in kinks.

"Case II. Miss A., æt. 20, had been ill with hooping-cough for about three weeks, when I prescribed chloroform. The cough was not very frequent, and there was no complication. Two days sufficed with her also to relieve her of the hoop; and the slight cough which remained subsided after a week or ten days.

"In these two cases, the effect seemed quite magical; both had the disease well marked, and the families of both were prepared for a disease of two or three months' duration, as was the case with these other children.

"Case III. Miss B., æt. 18, took the complaint from her brother, whom I was attending, and I therefore had an opportunity of giving chloroform from the commencement. She did not hoop any time she coughed; but she was directed to use the chloroform whenever she felt the tickling in the larynx, without waiting for a cough. By doing so, she found that she could postpone the cough indefinitely; and if it came on suddenly, the use of the chloroform instantly suspended it. About three weeks elapsed, before the tendency to cough and the use of chloroform ceased; but during that time she lost neither appetite.
nor flesh. She slept well, was in good spirits, and able to follow her usual occupation. She went to the country quite well.

"Case IV. Master B., aged 16, the brother of the last case, when I first saw him, had the disease most severely. The kinks were violent and prolonged, the efforts to inspire and the hoop excessive; it really seemed as if he would be choked, or that something would give way. He had lost appetite, sleep, and spirits, although the disease had not lasted three weeks when I saw him. I tried chloroform with him, and it at once reduced the number of paroxysms one-half, but without mitigating them when they did occur. He took the chloroform very freely; and as he was not readily influenced by it, the quantity seemed to give him a headache, and he begged to be allowed to suspend its use. I the more willingly agreed to this, as he had a severe attack of diarrhoea. I therefore substituted two drops of prussic acid (Dub. Pharm.) with two or three of black drops three times a day. The improvement begun under chloroform, continued under this treatment, and at the end of five weeks from the beginning of the disease the cough had ceased, and he had regained rest, spirits and flesh.

"Although this last case cannot be regarded as cured by chloroform, the paroxysms were first diminished by it, and I have no doubt that it contributed to the beneficial effect of the prussic acid. The first three cases are, I think, very conclusive as to its value; and, if farther experience confirms them, we shall possess a means of cutting short this disease in adults, who, when attacked, suffer so severely.

"One word as to the mode of exhibition. In order to avoid the possibility of an overdose, I have never given the chloroform on a handkerchief, or by means of an inhaler, but have directed the mother (in the case of young children) or the patient to spill a little, say about thirty drops, in the palm of the hand, and hold this before the mouth and nose, sufficiently near to inhale it fully, but not so close as to exclude a portion of atmospheric air. The best time to begin is just as the patient feels the irritation in the chest increasing to a cough, but, if possible, before the cough commences; and the inhalation should be repeated with each return of irritation, unless headache be produced."—[Amer. Jour. Med. Sciences.

Internal Administration of Chloroform.

[The following interesting facts, bearing upon the value of chloroform internally administered, are derived from the proceedings of the Medico-Chirurgical Society of Richmond, published in the Stethoscope:]

"The regular business being voluntary communications, Dr. Snead related the following very remarkable cases:

"I. Called last year, at 9 P.M., to visit a gentleman in intense agony; had been on duty as fireman and extremely fatigued; evi-
dently suffering from severe colic; gave opium in large quantities, 200 drops of laudanum, and 2 or 3 grains opium with camphor, calomel, &c., without relief; in my opinion there was spasm of the intestinal canal; gave chloroform half teaspoonful in water; in a few minutes gave a teaspoonful more, and in 30 seconds the patient was asleep; he continued relieved during the half hour I remained with him: next morning found him as well as usual; learned that he had awakened in two hours, and then used a small quantity of laudanum.

II. Called to see a negro man at night, suffering from colic, with diarrhoea and spasm of the legs; gave a pill of morphine and calomel with a teaspoonful of chloroform: he was relieved in ten minutes and slept two hours.

Called at night, to see a negro who had been suffering from colic the whole afternoon, with vomiting, purging, cramps of abdomen and legs; gave Dover's powder 10 or 15 grains, then a teaspoonful of paregoric; he had already taken calomel 15 grains, with morphia sulph. $\frac{1}{2}$ grain: as he was not relieved, and the symptoms urgent, I gave half a teaspoonful of chloroform, and in ten or fifteen minutes half a teaspoonful more, after which he vomited. So soon as his stomach became quiet I gave a teaspoonful more; in ten minutes he was asleep, and got well without further treatment.

IV. Was one of lead colic in a house painter; found him suffering from excessive irritable stomach; had had no evacuation, and could retain no medicine upon his stomach; after suffering three days without relief, I gave a teaspoonful of chloroform, which put him to sleep in fifteen minutes; his stomach was quieted so that a purgative was retained, and he was relieved. I believe that but for the chloroform he would have died.

V. A stout athletic negro; suffering from violent spasmodic pain with vomiting; no evacuation from Saturday until Monday; stercoreaceous vomiting; patient's countenance presenting a very bad appearance; I feared there was intussusception; felt a hard tumor in the abdomen with tenderness; gave calomel grs. xx; croton oil gtt. iv; used powerful emen, which merely unloaded the lower bowel; followed by three or four evacuations, but they did not indicate relief of the whole tract; gave a teaspoonful of chloroform; he was asleep in four minutes, and slept two minutes; gave another teaspoonful, which produced sleep in four minutes; in twenty minutes he expelled flatus; next morning he showed the action of calomel; eventually he recovered; suffered very little pain after taking the chloroform.

Dr. Cunningham asked if its internal use was followed by irritation of the mucous lining of the stomach?

Dr. Snead. No; the patient always went to sleep in five minutes at the farthest.

Dr. Johnson. Chloroform is one of the greatest discoveries of the present age. He related the following cases:

I. Gave 3 i to a lady for a violent colic, and she was asleep in less than one minute, although she had been suffering pain all night. During this sleep she discharged flatus freely; and had a large bil.
ious evacuation unconsciously. She was perfectly relieved, without
the use of any other remedy.

"II. Last night called to see a case of colic from over-eating.
Gave a salt and water emetic without relief. Then gave chloroform
3i internally, and the patient was asleep in thirty seconds. In a few
minutes an immense discharge of flatus occurred, and the patient was
tirely relieved. Believes it worth all other remedies put together.

"Dr. Bolton had given chloroform internally but rarely uncom-
bined. He frequently gave it with camphor, according to the formula
of Smith of Edinburgh. viz: B. Chloroform 3i, camphor 5iii, and ft.
solut. From 10 to 15 drops of this gave very prompt relief. At the
close of the cholera season many cases of violent colic occurred, in
which he gave this remedy with remarkable success.

"Dr. Wilson asked if the effects of the internal administration were
similar to those from inhalation.

"Dr. Snead considered them different. Certainly there was less
risk in the former than in the latter, since it did not interfere with the
due supply of oxygen to the lungs."

On the Internal Use of Chloroform. By Henry Hartshorne,
M. D., Philadelphia.

Since 1848, when some account was given in this journal of
experiments with chloroform, internally administered, it has
been variously and extensively used by practitioners in differ-
ent parts of the world. It is now generally recognized as being,
when so used, a narcotic of the mildest and yet most powerful
character, and as possessing in its pungency, also, a quality
which recommends it in some cases above other anodynes.

The object of this article is chiefly to make some remarks
upon its dose and mode of administration. Many practitioners
within the writer's knowledge hesitate, from their recollection
of its power as an anaesthetic to give it in doses of more than a
few drops; and as the drop is exceedingly small, such doses
are really often insignificant. The writer can assert, from
positive experience, that a fluidrachm of chloroform taken by
the stomach, is not more than equal, in soporific effects, to 30
or 35 drops of laudanum. In doses of 50 to 75 drops (about
15 minims) I have given it every half hour for several hours
together. It differs from the opiate preparations in the prompt-
ness of its hypnotic action, the much shorter period of its dura-
tion, a less degree of cerebral oppression, and the absence of
all stimulus to the circulation. It might be called a 'diffusible
narcotic,' comparing in this respect with opium as ammonia
does with alcohol. To produce much effect with it, repeated
doses, at short intervals, will be necessary.
The pungent property, already alluded to, causes it to require plentiful dilution, which is, of course, facilitated by the addition of some demulcent. Perhaps the orgeat syrup is the best. Every fluidrachm of chloroform should have at least two fluid ounces of water with it when taken; and it will need, if in ordinary gum mucilage, considerable agitation to resuspend the particles immediately before swallowing. When taken in aqueous mixture alone, however, unless in very small doses, it produces nausea with some persons. This is entirely prevented by the addition of a strong aromatic, or, still better, by giving the chloroform in aromatic tincture. From the ready solution and kindred action of camphor with chloroform, their combination has become a very common one. For many purposes, however, a still better preparation is a sort of chloroform paregoric, or tincture of chloroform, e. g.—β. Chloroform f 3ij; sp. camph. et tint. opii. aa f 3iss; Ol. cinnamon. gtt. viij; Alcohol f 3ij. M. et fiat tinctura. Dose, from 5 to 30 minims, or more, as required.

The most admirable effects have been witnessed from the administration of chloroform, as above combined, in malignant cholera. In the summer of 1849, my attention was first called to it while attending a very severe case of cholera with the late Prof. W. E. Horner. The prompt and signal restoration accomplished in that case, from a state of collapse, was evidently due to the exhibition by Prof. Horner, every five minutes, of a few drops of a combination of chloroform, oil of camphor, and laudanum, with ice, and warm frictions, externally. The writer's conviction was very strong that the short interval between the doses was an important item in the treatment.—[American Jour. Med. Sciences.

Chloroform in Hypochondriasis.

At a meeting of the College of Physicians in Ireland, in June, Professor Osborne stated that he had lately, in two cases, opportunities of observing a peculiar effect of chloroform taken into the stomach, in controlling the depressing and saddening feelings belonging to hypochondriasis. Considering that state to be produced by a depraved sensibility of the stomach or colon, and frequently of both, he was led to the internal employment of chloroform, which being promptly volatilized at the temperature of the stomach and before long being decomposed by the process of digestion, ought to be expected to act as a local anaesthetic, even though the dose should not be sufficient to produce any change in the functions of the brain.
The first patient who presented the conditions requisite for this experiment was a married woman, and a mother aged 33, of a querulous disposition, as well marked by her countenance, and who had been on a former occasion under his care, and that of another practitioner, complaining of a variety of pains in the abdominal region; and she, although relieved, still persevered in the belief that she still had some internal disease. She now appeared to labour under spinal neuralgia. After this had yielded to the application of nitrate of silver to the spine, and some other remedies, she still continued to feel an indescribable sensation of depression, and of internal annoyance, no longer to be referred to the spinal nerves—no cause for it could be detected. The appetite was good, and the action of the bowels regular. In two days after taking ten drops of chloroform thrice daily, she began, for the first time, to acknowledge that she was better, and in a few days afterwards was free from complaint. The second case was that of a caretaker in the Linenhall, aged 29. He complained of the deepest dejection of spirits, and of an uncontrollable aversion to any exertion. His countenance expressed sadness and moroseness. All the functions were in a healthy state, except that the heart's action became tumultuous when excited by either motion or exercise; but no organic disease could be detected. He stated that he had not been addicted to excess of any kind, and that there was no cause for his lowness of spirits. He got valerianate of zinc, and also pills to regulate his bowels; but, although the heart's action became steadier, yet the depression and inward sensation continued the same. After taking twenty drops of chloroform thrice daily for two days, he began to confess, what he never did before, that he was better. His sleep being still unsatisfactory and disturbed by disagreeable dreams, he was ordered to take forty drops at bedtime. He now stated that he slept with a pleasing dream of seeing his brother, who had gone to America. During the two following nights he took the same dose; and although the sleep was interrupted by the disturbance attendant on a man in a dying state in the same ward, yet when he did sleep his dreams were pleasant, being usually that he was enjoying the company of the most agreeable of his friends. He was dismissed with a marked improvement in his countenance, and acknowledging that he was better.

These cases are selected as being nearly free from complication. It must, however, be recollected, that there are several other uses to which chloroform may be applied in affections of the stomach and intestinal tube, but this appears to be one of the greatest value, insomuch as no other medicine can be
named which in this respect seems to come into competition with it. How far the effect is permanent and capable of completely removing the sensation of hypochondriasis, or in what degree it may require to be resumed or repeated, Dr. Osborne as yet has not been able to determine; neither did he think it necessary before this association to clear himself from the absurdity of bringing it forward as a universal napenthes.

With regard to the mode of administering chloroform internally—as its specific gravity is nearly 1-5, and it is insoluble in water, it must, when swallowed, soon settle at the bottom of the fluids in the stomach, and although it is vottallized, yet being covered, and under pressure, it may remain in contact sufficiently long to irritate the stomach at the part of the contact, as was proved to take place in the case of camphor by Orfila.

Hence, then, it is desirable that it should be diffused or diluted before it is taken. In aqueous mixtures, even when shaken up, it soon falls, so that it cannot be equally measured out, and its pungency is annoying even to the mouth. In gum Arabic mucilage it soon collects in larger globules at the bottom of the bottle, covered with a white powder of arabin which it has precipitated. To obviate this inconvenience, it has been proposed to give it suspended in syrup, but to make a syrup of the same specific gravity 1009 grains of sugar to the ounce of water would be required, while that of the Pharmacopoeia contains only 874 grains; besides, chloroform has a heavy sweet taste which renders the addition of syrup peculiarly objectionable.—The menstruum which Dr. Osborne used in the above and other cases was the decoction of Irish moss (carrageen.) With this chloroform forms a uniform mixture, and in the proportion of ten drops to the ounce they remain for an indefinite time without separation taking place. The taste of the mixture is sweet like that of a heavy syrup, to relieve which it may be well to add a few drops of some aromatic or bitter tincture.

Another mode of avoiding the pungency of chloroform, is by giving it in combination with tinctures, as it is soluble in alcohol, and remains dissolved even in proof spirit. The following is a specimen of this kind of formula, and is peculiarly grateful to the taste, and susceptible of various additions and alterations, according to the requirements of the individual cases—Chloroform, and tincture of ginger, of each half an ounce; aromatic spirit of ammonia, two drachms. Mix Twenty-five drops to be taken thrice daily in a wineglassful of milk.—[Dublin Quarterly Journal.]
Local Anæsthesia—Employment of Hardy’s Instrument.

The first essay with this instrument was made by M. Nela-ton, at the Clinique, upon a girl who was suffering from abscess of the axilla, and from a small wound upon the back of the wrist, both extremely painful. The instrument was composed of a caoutchouc reservoir of air adapted to a copper pump, made to receive the sponge for the chloroform. A valve at one extremity permitted the air to enter the instrument, which terminated in a caoutchouc tube. The first application of the chloroform upon the tumour of the axilla produced an insensibility which lasted three hours, during which time the part could be handled and examined with impunity. In the second essay, M. Dubois plunged a knife into the abscess, which was ripe, after the employment of the chloroformic fumigation. The patient declared that she was not conscious of pain, and became aware of the fact that the abscess was opened only by touching the part with her hand. From this time she had no more pain. The little wound on the wrist, fumigated in the same manner, remained quite insensible.—[Med. Times and Gazette.

Non-Recurrence of Dysentery.

We noticed in our last No. Prof. Flint’s suggestion in reference to the non liability of persons to a second attack of Dysentery. We now make, from the St Louis Medical and Surgical Journal, the following extract, showing the views of Dr. A. F. Jeter on the subject.

"Seeing, however, that a number of journals have published the article referred to, and knowing the importance that justly attaches itself to whatever emanates from Dr. Flint, I have thought it might be proper to give a few facts, and thereby prevent the permanent introduction of an error into medical literature.

"In 1846, I was the subject of an attack of dysentery, and judging from the amount of pain attendant, thought it a severe case. In 1847, however, I had an attack more violent and protracted than the one of the former year. Since that season I have practiced every year, where it prevailed epidemically—during which time I have had four additional attacks, two of which were of a character so grave as to render recovery for a time doubtful. So you will perceive, I have six several times in my own person, and in different seasons, suffered severe and unequivocal attacks of dysentery. Although I have kept no record of the number of cases, yet more than thirty instances of "recurrence" of dysentery among my neighbors and acquaintances, now occur to my memory, in some of whom the disease has occurred three or four several times. I have recently (Nov. 10, 1853,) at-
tended four members of a family severely afflicted with dysentery, all of whom I treated for the same disease, two years ago, and another member of the same family living in an adjoining county, has had the disease every summer for the last five. Inasmuch as the attack I had in 1847 was worse than the one of the preceding year, I was for a time inclined to the belief, that one occurrence of dysentery might render each succeeding attack worse; but further acquaintance with the complaint has not confirmed the opinion; but that one attack does not destroy our susceptibility to the "recurrence" of dysentery, let the foregoing facts declare. As regards dysentery proving a safeguard against other diseases to some extent, as Dr. Flint seems to imply, it may be remarked, that a considerable portion of our physicians believe in the malarious origin of dysentery, and that their principal argument in favor of their doctrine is founded in the fact, that in this district, at least, dysentery is almost uniformly followed by intermittent fever, which comes on as usual at intervals, during the remainder of the season.

"The above statement is concurred in generally by the medical men in this region, so far as I have made inquiry. Among others I may mention Drs. White, Bailey, Kibby, and Taylor, all of whom are reputable practitioners."

On the Dangers of Cauterization in Purulent Ophthalmia.

By M. Desmarres.

If there is one part of surgery in which the rashness of ignorance and the danger of limited knowledge is exemplified more than in others, it is the treatment of inflammations of the eye. We have long been struck with amazement at the routine practice adopted by many practitioners who were otherwise judicious, in this speciality. Medical men are not ignorant of the differences in texture of the component parts of the eye and of the influence which these structural diversities must exert upon pathological processes, but they seem to be forgetful of them. Whatever the disorder implicating the external tunics, it is met by the inevitable caustic. We have been led to regard the indiscriminate use of the nitrate of silver as a great evil, and we gladly give admission to the following remarks on the subject by M. Desmarres, whose opinions, deduced from an experience which probably equals that of any living ophthalmologist, are entitled to the highest respect:

"A child two weeks old was brought to my consultation, with purulent ophthalmia, which commenced in the right eye, and had existed for eight days. The cornea was gone, there was hernia of the iris, and the lens had escaped.

"On the second day of the disease, according to the mother's account, there was much supputation, the lids were swollen, but the
cornea was clear. The physician who was summoned cauterized the lids, and from that moment the swelling diminished, and the eye became perfectly white.

"Six days afterwards the left eye became involved; the conjunctiva was red, the lids tumefied, and pus escaped freely when they were separated. I feared that cauterization would destroy the cornea of this eye also, and accordingly scarified the conjunctiva of the globe and lids freely, and directed frequent injections of a feeble collirium of alum. The next day the scarifications were repeated; the swelling had nearly disappeared, and on the third day the inflammation was completely subdued.

"The pencil of nitrate of silver is a two-edged sword, and in some hands a most dangerous weapon in inflammations of the eye. My experience on this point makes me perfectly positive, and I do not hesitate to affirm that it would be well if this remedy had never been employed in eye diseases, so greatly has it been abused. Whether the cornea is the seat of abscess or ulceration, the disease chronic or acute, the iris protruded or not, the caustic is applied, without caution, the surgeon forgetting that a very different treatment is requisite and that the use of caustic is full of danger.

"A patient is suffering from catarrhal ophthalmia—caustic is applied whether the cornea is involved or not, whether or not it is capable of resisting traumatic inflammation.

"But it is in purulent ophthalmia, especially, that the greatest abuse is made of the solid nitrate; and it is in this affection that it produces the most disastrous consequences.

"If the conjunctiva is cautiously touched, in points remote from each other, in the incipiency of the ophthalmia, benefit results, for we then produce a relatively slight traumatic ophthalmia for a most dangerous inflammation. But when the solid caustic is applied extensively after pus has begun to form, and there is considerable tumefaction, the mucous membrane being pale, and especially if there is no certainty that the cornea is not involved, then, certainly, the eye is exposed to the risk of destruction in a few hours. I have often witnessed this melancholy result, but never in a more striking instance than that of a young man who had already lost the left eye by purulent ophthalmia, and whose right eye was invaded by the same disease. A consultation at which I was present, there apparently existed only an intense conjunctivitis, without appreciable alteration in the cornea; vision was perfect. The palpebral conjunctiva was freely cauterized. The next day the cornea was completely destroyed, the iris was prolapsed, and the lens escaped the moment an attempt was made to separate the lids.

"My aim, in these remarks, is simply to induce practitioners to be cautious in the use of the nitrate of silver, and if I attain this end I shall be well satisfied. I am convinced that cauterization with the solid nitrate is often dangerous, and that it is a remedy which cannot be employed too cautiously. I know that many surgeons will exclaim against this doctrine, and assert that they have cured this and that
affection, and have met with no accidents. I reply that I, like themselves, and, assuredly, oftener than they, have had occasion to judge of the effects of this remedy, and fortified by my experience, I am certain that the *lapis infernalis* should be applied in rare cases, and with the greatest reserve."—[Gaz. des Hôpitaux, and Virginia Med. and Surg. Journal.

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**EDITORIAL AND MISCELLANY.**

**BIBLIOGRAPHICAL.**

*Pneumonia: its supposed connection, pathological and etiological, with autumnal fevers; including an inquiry into the existence and morbid agency of Malaria.* By R. La Roche, M. D., &c., &c. Philadelphia: Blanchard & Lea. 1854. 8vo., pp. 502. (For sale by T. Richards & Son.)

It is always to us a source of much gratification to have to chronicle the appearance of a work altogether American, and in the present instance the pleasure is enhanced by the consciousness that the production must redound very much to the honor of our medical literature. The work before us is decidedly one of the most erudite which has emanated from the American press, and would do credit even to an encyclopedic German. While we thus freely accord merited praise to the distinguished author's learning, we regret that we cannot agree with him in the conclusions he deduces from his patient investigation. That Pneumonia, as it prevails in Northern regions, may be, and is, generally, a simple phlegmasia, recognizing no connection whatever with autumnal fevers, we do not deny; but that pneumonia, as seen in this section of the country, especially for the last seven or eight years, is intimately connected, pathologically and etiologically, with our fevers, termed malarial, is a fact too well established to be set aside by theory or by any array of written authority. We know of no physician of respectable standing, who has practised medicine for twenty years in this part of the country, who is not fully satisfied on this point, and who has not modified his treatment accordingly, and most manifestly to the advantage of his patients. The history of medicine is worth but little if it has not taught us that the type of diseases varies from time to time, and that the treatment found to be most successful for an affection in certain localities and at certain periods, may prove the reverse in other places and at other epochs. We believe that there is no point in which the sagacity of Southern practitioners stands in bolder relief than in the readiness with which
they have detected the peculiarity or the change of type to which we refer, and the success with which they treat pneumonia since they have recognized its connection with our fevers.

We regret that our limits do not allow us to go into a minute examination of the grounds upon which the learned author predicates his views. We hope, however, to be able to do so at some future time, as the subject is one of vast importance and should be freely and fully canvassed.

A Treatise on acute and chronic diseases of the Neck of the Uterus; illustrated with numerous plates, colored and plain. By Charles D. Meigs, M. D., Professor, &c., &c. Philadelphia: Blanchard & Lea. 1854. 8vo., pp. 140. (For sale by T. Richards & Son.)

We are much indebted to Prof. Meigs for having published in a separate volume this interesting and valuable monograph, originally comprised in the Transactions of the American Medical Association. This work will add another wreath to the brow of our distinguished countryman, and prove eminently useful to the profession.

Homæopathy fairly represented. A reply to Professor Simpson's "Homœopathy" misrepresented. By Wm. Henderson, M. D., Professor of General Pathology in the University of Edinburgh. Philadelphia: Lindsay & Blakiston. 1854. 8vo., pp. 302. (For sale by McKinne & Hall. Price $1 25.)

We noticed in our last the work of Prof. Simpson upon Homœopathy. We have now to direct attention to the reply of his colleague. Prof. Henderson is evidently fretted, and winces at the castigation received. A considerable portion of the work is devoted to the biography of the "persecuted" Hahnemann. Whatever others may think of the argumentative parts of the book, we regard it a complete failure. Prof. H. is, however, a spirited writer, and has probably done as well as he could under the circumstances. Those who have read Simpson ought certainly to read Henderson.

The Transactions of the American Medical Association—vol. 6. 1853. 8vo., pp. 570. (For sale by T. Richards & Son.)

We have been unusually late in receiving this volume of Transactions, probably in consequence of some error of address. It is by far the best volume yet issued by the Association, and reflects great credit upon the contributors to its pages. We understand that it can be purchased for $3—a small sum for a work which ought to be patronized by every physician in our country. It contains, besides the
Minutes of Proceedings and the Reports of Committees, the following papers:

On the Agency of the Refrigeration, produced by upward Radiation of Heat, as an exciting Cause of Disease—by Dr. G. Emerson.

On the Results of Surgical Operations in Malignant Diseases—by Dr. S. D. Gross.

Report on the Epidemics of Tennessee and Kentucky.—by Dr. W. L. Sutton.

On Acute and Chronic Diseases of the Neck of the Uterus—by Dr. Charles D. Meigs.

An Inquiry into the Nature of Typhoidal Fevers, based upon Considerations of their History and Pathology—by Dr. Henry F. Campbell.

On Coxalgia, or Hip Disease—by Dr. Alden March.

On the Surgical Treatment of Morbid Growths within the Larynx, illustrated by an Original Case and Statistical Observations, elucidating their Nature and Forms—by Dr. Gurdon Buck.

On the Sympathetic Nerve in Reflex Phenomena—by Dr. Henry F. Campbell.

Prize Essay. The Surgical Treatment of Certain Fibrous Tumours of the Uterus, heretofore considered beyond the Resources of Art—by Dr. Washington L. Atlee.

Prize Essay. The Cell: its Physiology, Pathology, and Philosophy; as deduced from Original Investigations, to which is added its History and Criticism—by Dr. Waldo J. Burnett.

We return thanks for the following interesting papers—some of which we hope to notice hereafter:

History of the Epidemic Yellow Fever at New Orleans, La., in 1853. By E. D. Fenner, M. D.

A Report on the Health and Mortality of the City of Memphis, for the year 1853. By Charles T. Quintard, A. M., M. D.

A Report to the Indiana State Medical Society, on Asiatic Cholera, as it prevailed within the State of Indiana, during the years 1849, 1850, 1851 and 1852; with Observations on the Laws which govern its progress. By George Sutton, M. D.


Outlines of the Principles and Practice adopted in the Orthopaedic Institution of Brooklyn. By Louis Bauer, M. D. and Richard Barthelness, M. D.

On the Subject of Priority in the Medication of the Larynx and Trachea. By Horace Green, M. D.
Remarks on Throat Diseases and Consumption, and the newest methods of treating them. By Ira Warren, M. D.

Constitution and By-Laws of the Medical Association of Texas.


Catalogue of the Officers and Students of Starling Medical College, for the Session of 1853-4.

Address to the Graduates of the Kentucky School of Medicine, Session 1853-4. By R. Breckinridge.

**Editorial Changes.**—There have been of late quite a number of changes in the corps editorial of the medical press of the United States. Dr. J. B. McCaw has become associated with Dr. Otis as Editor of the Virginia Medical Journal. The Stethoscope has been sold by Dr. Gooch to the Medical Society of Virginia, and is edited by Drs. Atkinson, Haxall, Bolton, Lewis, Merritt and Cabell, a committee of the Society. Dr. Bennet Dowler takes the place of Dr. Hester, deceased, as Editor of the New Orleans Medical and Surgical Journal. The New York Journal of Pharmacy has passed from the hands of Dr. McCready into those of Dr. Thos. Antisell. Dr. Bell has retired from the Western Journal of Medicine and Surgery, which is now conducted by Prof. Yandell alone. Dr. S. R. Hollingsworth has now the supervision of the Philadelphia Medical Examiner, in place of Drs. F. G. Smith and J. B. Biddle. In consequence of the death of Dr. Howard, the Ohio Medical and Surgical Journal is edited by Dr. John Dawson. Dr. Joseph Parrish having retired from the New Jersey Medical Reporter, Dr. G. M. Butler has taken his place. Dr. G. S. Jones is associated with Dr. J. V. C. Smith in editing the Boston Medical and Surgical Journal.

We cordially welcome our new confreres, and hope that they may realize their most sanguine anticipations.

**Necrological.**—Our exchanges announce the death of R. L. Howard, M. D., Professor of Surgery in the Starling Medical College of Columbus, Ohio—of Dr. John Ester Cooke, formerly Professor of Practice in the Transylvania University—and of L. W. Chamberlayne, M. D., Professor of Materia Medica in Hampden Sydney College, Va.

Deaths from Scarletina.—It is stated, that in 1852 there were 843 deaths from Scarlet fever in Massachusetts.
Lithotripsy Forty-eight times on the same Patient.—Mr. Coulson recently exhibited to the Medical Society of London the bladder taken from a man aged 83, on whom lithotripsy had been performed 48 times in the course of twenty years.

[We take pleasure in calling attention to the following circular. Dr. Wooten is an able man, and will doubtless present the profession a valuable work.]

TO PHYSICIANS OF THE SOUTH AND SOUTH-WEST.

The undersigned has in preparation a work on the Fevers which prevail in the South and Southwest, together with the Diseases of the Respiratory and Digestive Systems, with a view, in part, to examining their connections with each other, in aetiology and pathology, and the influences which they exercise in modifying the characters, special and general of one another, &c., &c.

In connection with this matter, I wish to procure all the correct information possible, concerning the Epidemic Dysentery which has prevailed so extensively, and severely, in many parts of the country for the last few years. I wish to know the circumstances attending its production, or origin—its relation to other diseases, which may have exerted an influence upon its character—what form, or type of disease, usually prevails in the localities of its occurrence—what were the peculiar, or special symptoms, or phenomena, which gave it identity of character, and distinguished it from the ordinary endemic inflammatory Dysentery,—and, in short, any thing of interest concerning it.

Physicians who have had opportunities of observing the disease, and studying its character, will confer a special favor by communicating to me, as early as convenient, the results of their observations.

My address will be, until the 15th of September, "Red Sulphur Springs, Hardin County, Tennessee." After that date, "Lowndesboro', Alabama."

Suit for Malpractice.—In the recent case of James McWha vs. Dr. Alexander McCandless, in Maryland, the decision of the court was rendered against the doctor, as follows: "That the defendant was bound to bring to his aid the skill necessary for a surgeon to set the leg so as to make it straight and of equal length of the other when treated; and if he did not, he was accountable for damages, just as a stonemason or a bricklayer would be in building a wall of poor materials, and the wall fell down, or if they built a chimney, and it should smoke by reason of a want of skill in its construction." Dr.
McCandless appealed to the superior court, who decided "that the implied contract of a physician or surgeon is not to cure or restore to natural perfectness, but to treat the case with diligence and skill. He does not deal with insensate matter, but has a suffering human being to treat, a nervous system to tranquilize, and a will to regulate and control. The ruling of the lower court is therefore set aside."

Prof. Mott’s Letter.—The following letter from the venerable, and celebrated Mott, shows that he is making an effort to have his name disgorged from the greedy stomach of charlatantry, into which it seems, without his knowledge or consent, it has been swallowed. We give place to the letter with great pleasure, and as a consequence, the statement of the November number of the Journal stands corrected.—[Ed. Ohio Med. and Surg. Journal.


Sir:—Will you be so kind as to correct a mis-statement in the Nov. number of the Ohio Medical and Surgical Journal, of which you are Editor.

I never recommended Dr. Hartly as an Occulist or Curist. If her refers to me therefore, it is wholly unauthorized.

In various directions of our country, I find myself set forth in connection with Pills, Powders and Balsams, which I know as much off as I do of Dr. Hartly, as an Occulist.

I hope you will give me the pleasure of seeing your Journal more frequently hereafter.

Respectfully yours,

VALENTINE MOTT.

Guano in Cutaneous Diseases. By Dr. Desmartis, of Bordeaux.—Guano is very worthy of the attention of physicians as a remedy in skin diseases. I have experimented with it, and have been struck with the results which I obtained. In a case of pemphigus, the eruption was permanently cured by two or three baths containing sixteen ounces of guano in solution; and I have observed several cases of tinea completely cured by lotions of this substance.

I have also seen cases of psoriasis, and of chronic eczema that had been called incurable, which yielded to a persevering employment of this remedy. By means of collyria, consisting of solutions of guano, I have succeeded in curing radically extensive opacities of the cornea. Leucomas, and even thick albugos have disappeared under this treatment, and the eye has regained its natural transparency.

I have found guano of great service in arresting the excessive suppuration and degeneration of tissue occurring in ulcerations of scrofulous subjects; in these cases, however, the lotions, injections and baths, should be very dilute, in order to avoid pain and severe irritation in the ulcerated surface.

In open cancer, guano causes great pain unless it is very much diluted; it acts as an astringent, however, in contracting these ulcers,
and prevents the development of the erysipelas which is so frequently manifested in their vicinity.

Although the curative agents contained in guano enter the economy by absorption, yet it is still proper to administer internal remedies; the iodide of sulphur in the case of favus; Donovan's solution, or arsenious acid in certain grave herpetic affections; iron and iodine in scrofula; mercury and iodide of potassium in syphilis, etc., and purgative in all cases.

What is the active principle in guano? We cannot say with precision. It contains potash and lime, which may act as detergent and siccative; ammonia, which stimulates the skin; oxide of iron, an excellent tonic; a fatty substance; uric, oxallic and phosphoric acids.

When guano is prescribed in skin diseases, sixteen ounces are usually dissolved in a bath.

In lotions, we must be governed by the inflammatory condition of the diseased parts. From one to four ounces of guano to a pint of water in the proper proportion. The lotion should be boiled and filtered. It then assumes a clear golden color. An ointment may be made with a drachm of guano to an ounce of lard.

M. Recamier was the first to recommend baths of guano; that celebrated practitioner has employed them with the best results. For my own part, I am convinced that they are destined to render immense services, not in the place of sulphur baths, or as succedanea to these; we believe that both remedies have their distinct applications.—Revue Therapeutique du Midi. Western Lancet.

Fistula in Ano, treated by Iodine Injections. By M. Boinet.—At a meeting of the Institute of August 1st, M. Boinet read a memoir, designed to demonstrate the efficacy of injections of iodine in the radical cure of fistula in ano, whatever their form, extent, or complications. Seven cases are detailed, which offer examples of almost every variety of fistula—complete, blind, or incomplete fistula, deep fistula, with loss of substance of the intestine, and fistula in tuberculous subjects. These observations tend to prove that iodine injections may be advantageously employed in all cases of fistula, but especially in those in which the method by incision is dangerous or ineffectual, such, for example, as extend deeply, or occur in phthisical patients, or depend upon some alteration of the ischium, the coccyx, or sacrum.

The advantages of iodine injections over the ordinary method, consist, in obtaining a cure more easily, and in a shorter time, in avoiding pain and the danger of hemorrhage, and in permitting the patients to continue at their usual avocations.

The following are the conclusions of the memoir:

1. Iodine injections, properly administered, can cure radically all cases of fistula, whether complete or incomplete, simple or complicated.

2. They cure them more promptly than the method by incision commonly employed, and with less danger.

3. They produce no pain, and are easily practised.
4. They permit patients to follow their occupations, and relieve
them from daily painful dressings.
5. They are applicable to all cases, and especially to those in which
incision or excision are dangerous or impossible.
6. They do no harm, even if they are ineffectual, and do not pre-
vent the subsequent use of the knife. It is therefore rational to employ
them before having recourse to a cutting instrument.—[Gazette des

New method of Testing Quinine. By Signor Pagliari.—Signor
Pagliari, a chemist of Rome, the inventor of a new haemostatic com-
-pound, has published in the Corrispondenza Scientifica of Rome, a
procedure for determining the purity of the compounds of quinia with
the greatest exactness; and, after repeated experiments, he has ren-
dered the execution of his method extremely simple.

This method consists in heating a small quantity of the preparation
of quinin in a spoon over burning charcoal. In a very short time
the powder melts, leaving a residue of which we shall speak present-
ly. The examination of this residue must be conducted with the
greatest care, for its peculiar tint serves to characterize each com-
pound.

Characteristics presented by perfectly pure sulphate of quinine—
residue of clear ruby colour; very pure quinine—residue of the colour
of oil of sweet almonds; citrate of quinine—residue of clear citron co-
our, with excess of acid, dark citron colour; valerianate of quinine—
residue of the colour of the preparation itself.

When either of these preparations is adulterated with foreign mat-
ter, the residue, after fusion, will be wanting in polish and transparen-
cy, and will present a blackish, porous appearance. If they are mixed
with cinchonine or salacine, they become opaque; to be certain of
the presence of salacine, concentrated sulphuric acid may be added,
which will give rise to a red colour.

These trials should be made with about a half a grain of the salts
in question. The author hopes that these simple experiments will
add one more obstacle to the falsifications of the salts of quinine.

Exsection of the entire Ulna.—The American Medical Monthly for
March contains the report of an exsection of the entire ulna by Prof.
Carnochan, which resulted favorably.

"The functions of the arm are preserved in a remarkable degree
of perfection. The power of prehension is unimpaired; and flexion
and extension at both the elbow joint and at the wrist joint can be
performed with facility—supination and pronation can also be ef-
fected—abduction and adduction at the wrist joint can be performed;
as also flexion and extension of the fingers, as before the operation;
sensation and nutrition are as perfect as on the arm and hand of the
opposite side."
New Instrument for injecting the Perchloride of Iron in Cases of Nevus, &c.—During the last two months we have witnessed several trials of the acid solution of the perchloride of iron, as an injection for producing the coagulation of the blood in nevus, etc. In more than one instance, very severe inflammation of the part has followed its use, and in one, a nevus on the scalp, sloughing, and even exfoliation of a portion of bone resulted. There appeared, however, some reason to think that the powerful agent had been too freely used, and that, had a much smaller quantity been injected, the promises made by its introducers might possibly have been borne out. Other objections also applied to the method and instruments in ordinary use; they required that an opening should be made for the introduction of the syringe; and the flow of blood produced by the puncture, to say nothing of the smallness of the aperture, sometimes rendered the latter difficult of accomplishment. We have been shown, during the past week, an ingenious little instrument contrived by Mr. Fergusson, of Giltspur-street, which looks likely to aid very materially the efficient accomplishment of this procedure. It consists of a very small glass syringe, the point of which terminates in a fine platinum tube. This tube is encased in another one, about a quarter of an inch longer than the first, ending in a sharp trocar-like point, and having, near its extremity, an oblique opening in one side. By rotating the outer tube on the contained one, their apertures may be made to correspond or otherwise, at the will of the operator. Thus, then, the necessity for two instruments is quite done away with. The syringe having been charged, the operator rotates the outer tube, so as to conceal the orifice of the inner one entirely, and protect it from the ingress of blood. In this state the instrument is passed into the centre of the tumour, and, having been stirred about as much as may be thought desirable, the tube is turned back, so as to expose the orifice; and the piston being at the same moment depressed, a drop or two of the solution is squeezed out. It may be supposed, that the smallness of the whole instrument, and the diminutive size and oblique position of its aperture, will afford considerable guarantee against the injection of too large a quantity, while on its advantages, in case of employment, it is scarcely necessary to insist.—[Med. Times and Gaz.

Remedy for Poisonings.—A French chemist recommends, in cases in which the nature of the poison taken is unknown, the immediate use of an emetic—after which, equal parts of calcined magnesia, pulverised charcoal, and sesqui-oxide of iron (precipitated carbonate of iron of our shops will answer), should be freely administered in water. This combination may neutralize most of the mineral poisons, especially those of arsenic, mercury, and copper.

The Minutes of the Proceedings of the recent meeting of the Medical Society of the State of Georgia were received too late for this number.