ORIGINAL AND ECLECTIC.

ARTICLE XVII.


Et primum de dysenteria loquemur, horribile isto, ac consuetissimo his regionibus malo, quod plures hic homines necat, quam affectus quispiam alius præter naturam.

Nearly two centuries and a half have elapsed since Bontius (de Medicina Indorum) used the above language in his history of oriental dysentery, and the same sentiment may, not inappropriately, be entertained in regard to its prevalence in many sections of our own country at the present day. For many years past, the popular, as well as the professional mind, cherished a well grounded fear of pneumonia and typhoid fever visitations; but of late, all of this trepidation has, for the best of reasons, been reserved for dysentery.

This disease has prevailed in an epidemic form from time immemorial:—Thus, Hippocrates (1st Book of Epidemics,) alludes to it in these words. "In the summer and autumn dysenteries, tenesmuses, and lienteries were complained of; so were bilious purgings, of a thin, crude, griping nature, and much in quantity. Others again were watery; and many complained of painful fluxes that were also bilious, watery, ragged, purulent, and strangurious; not from any fault in the kidneys, but from one humor or complaint coming upon another. They likewise
O'Keeffe, on Epidemic Dysentery. [June,

vomited bile, and phlegm and indigested food. They sweated too, in general, the humidity being great everywhere. To many these things happened without a fever or confinement, to others with a fever as we shall see hereafter. Where all that is here mentioned happened, they became consumptive, not without pain.” In this record of the Coan sage, no one will fail to recognise the principal features of epidemic dysentery.

Again, among the earliest medical records of our own country, and during the prevalence of the devastating epidemics of yellow fever, that occurred in different parts of the country about the close of the last and beginning of the present century, we find that epidemic dysentery existed in many states of this Union. In Hanover, N. H., the whole number of inhabitants in the summer of 1797, including members of the college, (Dartmouth) was 520; of this number 203 had dysentery, and 16 died.*

In 1805, New York and vicinity suffered from its visitation, as we learn from the following paragraph: “In delineating the character of the season just passed away, it ought not to be omitted that intermittents were extremely prevalent in this city (N. Y.) and its vicinity, during the last spring, and throughout the month of June. With the beginning of July, the dysentery appeared, and continued to be more or less epidemic till the middle of September. In some parts of the country, we learn that this disease raged for many weeks with great violence and mortality.”† Heberden informs us that “dysentery is common in camps, but does not often infest those who live in healthy places with the conveniences of life about them, except at certain seasons, when it becomes epidemic, particularly among children, old women, and infirm men, and it is then fatal to many.” (Commentaries.) It is in tropical climates, however, that this disease displays unusual virulence; in Bengal 13,900 persons were attacked with dysentery from 1820 to 1825. During a series of years, when the troops (Bengal army) were not actively employed in the field, the annual rate of admissions in hospitals was 35 per cent. of the effective strength.† In London, during the seventeenth century, the number of deaths set

* Medical Repository, 1804. † Ibid, 1805.
† On Dysentery, its Forms and Consequences, in Warm Climates, especially in India. By James Annesley, Esqr.
down in the bills of mortality was never less than 1000 annually, and in some years exceeded 4000. For five and twenty years together, viz., from 1667 to 1692, they every year amounted to above 2000. During the last century, the number gradually dwindled down to twenty; and this decline is alleged to be cotemporary with that of the plague, agues, and continued fevers, and is ascribed by Dr. Watson to the great fire of 1666, which consumed every thing that was efficient in producing these several disorders.

Thus, it will appear that the disease we are considering has existed in an epidemic form from the earliest dawn of medicine, and for aught we know to the contrary, may be coeval with the history of the human race; that no country is exempt from it, but that its ravages are most destructive between the tropics.

The first notice of its appearance in this State was published by Dr. H. F. Campbell, of Augusta, under the caption:—"Cases of an unusual form of fever and dysentery," that had occurred in his practise in the month of July, 1851, and proved of a very malignant character.* Dr. J. S. Weatherly, a few months afterwards, favored the profession with an account of an endemic that commenced about the 1st of June, and swept over the country (Gordon and Cass counties) "with a baneful and noxious influence." Scarcely a family escaped in the visited region, "and many, particularly the very young and very old, succumbed to it."† Dr. W. C. Brandon also reported the prevalence (in 1851) of epidemic dysentery in Floyd and adjacent counties of this State and Alabama, which commenced in the early summer months, but presented nothing to distinguish it from ordinary sporadic dysentery until the month of October, when its type was changed, and it invariably assumed a typhoid character.‡ During the year 1852, we heard of its ravages in various parts of this state, but have seen no authenticated account of it.

In our own practice, sporadic cases appeared in the spring and summer months of 1851, and although not numerous enough to indicate an epidemic prevalence, still it was noted that the tendency to bowel affections was more strongly marked than

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* Southern Medical and Surgical Journal, September, 1851.
† Ibid, December, 1851.
‡ Ibid, March, 1852.
usual. Pulmonic affections are generally the gravest forms of disease in our section during the spring months, and after summer sets in, diarrhoea and sporadic cases of typhoid fever. During the spring of 1852, pulmonic disease was unusually rare, and we were, at the time, impressed by the fact that the season heretofore devoted to the treatment of the latter, was now occupied in the management of dysentery. This substitution of intestinal, for pulmonic disease, is very remarkable in tropical countries. British physicians who visit India are struck with the difference in the morbific influence of atmospherical vicissitudes in that climate; an exposure which, in Great Britain, would produce a catarrh, a pleurisy or pneumonia, would be followed in India by an intestinal derangement—probably dysentery. Would that we could appreciate the changes in our climate that produce this substitution!

About the middle of October (1852) the cases began to multiply, and to assume a graver character. On the 21st, we saw Mrs. M., æt. 35, and her son æt. 17, who were seized about the same time with acute dysentery; in six days from its inception, six white members of this family were prostrated with the disease, two only remaining intact. From this time till the 1st of December, our whole time was occupied with it; there were few instances of an isolated case occurring in any family, and this gave rise to the popular opinion that it was contagious.

In the following year (1853) it set in early in summer and continued, though not extensively, till late in autumn, the cases being more isolated, (at least in our county, but not so in others) and more manageable, with a few exceptions, than the preceding year. It is proper to state, however, that in other parts of the State, it prevailed with unprecedented malignity.*

**Symptoms, &c.—** For convenience of description, and not upon any pathological grounds of difference, dysentery may be divided into two species, viz.—(1) *Acute*, and (2) *Chronic*.

**Species 1.—** Acute dysentery presents two distinct aspects, viz.—(A) the sthenic or highly inflammatory variety, charac—

* A Medical friend who has practiced Medicine upwards of forty years in this State, informs us that he had never seen dysentery prevailing in an epidemic form until within a few years.
terized by high febrile action; and (B) the asthenic or typhoid variety in which the inflammatory action is of a low grade and the vital powers very much depressed.

(A) The sthenic variety of acute dysentery may be profitably considered as presenting two degrees of existence, viz.—(1) the mild, and (2) the severe form—the intermediate degrees being almost as numerous as the subjects affected.

(1) The mild form of sthenic dysentery offers but few points for consideration. The stools are not frequent, consisting principally of mucus and serum, sometimes tinged with blood; the pain and tenesmus may be considerable at the periods of evacuation, but there is entire ease in the intervals. There is seldom pain or tenderness in the abdomen; no fever, and the tongue is generally of a normal appearance. A single cathartic, followed by an opiate, will, not unfrequently, cure these cases.

(2) The severe form of sthenic dysentery is surpassed in violence by few diseases. The following case, from Dr. Campbell's article already alluded to, so accurately represents this form of the disease as it occurred to us, that we take the liberty of inserting it in detail for the illustration of the symptoms:

"Case 3rd.—Mr. E. A., aged about 35 years, was attacked with dysentery on the 14th of July. The passages were frequent and bloody, but not attended with much pain; skin hot and dry; pulse somewhat depressed, and 90 per minute. He manifested great depression of spirits. Prescribed 5 grs. of calomel with one gr. of opium every three hours, with laudanum and camphor in the intervals when the passages were frequent. The passages became less frequent, were dark and very offensive, but were followed by great prostration of strength. The calomel was omitted and 5 grs. of blue mass substituted, with acetate of lead, nut galls and opium after each passage. The discharges became less frequent, and the quantity of blood and bloody mucus was greatly diminished, but the prostration of strength was still very great. Fever continued without remission; pulse 110 per minute. On the fourth day the skin is hot and dry; thirst very urgent; the dysenteric appearances had subsided from the passages, but they were thinner than previous. On the fifth day, the pulse is more rapid and weaker, the skin cooler and clammy; the passages are very frequent and watery, having the appear-
ance of the washings of bloody beef, though sometimes darker, resembling muddy coffee; they contained no mucus, or fecal matter whatever. After consultation with Dr. J. A. Eve, we prescribed a large blister to the abdomen, and directed laudanum injections with starch in combination with acetate of lead after each evacuation. These injections were speedily rejected; the passages were very copious and passed involuntarily, often unconsciously. The pulse ranged from 130 to 140 per minute—every thing marked a state of actual collapse. Brandy and other stimulants were administered in large quantities, but the pulse did not respond. The passages continued large, and were often of clear water. A blister was applied over the sacrum, but without effect. All stimulants were of no avail, only serving to distract the last moments of the patient, which, without them, were characterized by great calmness and collectedness of mind. He died on the morning of the 7th day."

(B) The asthenic or typhoid variety of acute dysentery does not present such a formidable array of violent phenomena as that just described by Dr. Campbell, and yet the issue, not unfrequently, is little more satisfactory. The subject is not so speedily hurried to his doom, but his fate is not the less certain; the tyrant dallies with his victim, engendering painful anxiety and flattering hopes, destined, with cruel certainty, to bitter disappointment.

This variety of the disease can be readily distinguished from the preceding. At its onset, it rarely happens that the typhoid features are present, for the first few days, if dysenteric symptoms appear, they are of a mild character; and it more frequently happens that they are absent, and nothing marks the case but a moderate fever, which, if it have fully declared itself, is apt to be of the typhoid type. In due time however—generally from three to six or eight days—the dysenteric condition becomes manifest, and continues to be the paramount element of the case during its whole progress.

The case maturely developed stands thus:—Temperature a little elevated, sometimes not at all; sometimes the skin is cool and clammy, moist, or dry and harsh. The tongue may be red from the beginning, or it may have been furred, then cleared off, and finally red, glazed and fissured—blood may be seen some-
times oozing from these fissures. The pulse is usually feeble, about 100 to the minute, and perhaps always exhibiting more or less remittency—the remission, however, is not as notable as in the severe sthenic variety. Thirst here is urgent, though, à priori, we might expect but little; nevertheless, there is an incessant craving for cold drinks—even ice is urgently demanded. The dysenteric distress is not as great as in the sthenic form—the stools are not as frequent, and consequently the torments and tenesmus are not as troublesome; the character of the evacuations is also different—instead of being small, and of a muco-sanguinolent appearance, they are generally large, thin, dark, and offensive, resembling in colour and consistence a watery solution (or mixture) of snuff or soot, and not often presenting many traces of blood. Perhaps the most troublesome and persistent of all these symptoms is a tympanitic state of the abdomen, accompanied by an incessant and painful flatulence; this, in some cases, is an early development, and harasses the patient beyond endurance. Delirium seldom occurs at any stage of this variety, but we have noticed a sluggish torpid state of the mind in nearly all.

Species 2.—We have, now, according to our arrangement, arrived at that part of our subject which, to physician and patient, is the most perplexing feature of the disease under consideration. Chronic dysentery is a termination of the disease little preferable to death itself; for in many cases, after months or even years of unparallelled suffering—after the cup of affliction has, so to speak, been sipped to the dregs—the grave puts an end to this painful bondage. It is fortunate, however, that the chronic state is not a common termination of the disease in this part of the country; according to our observation, it would not exceed three per cent. of those affected with the acute species. In tropical climates, it is a not unfrequent disease among Europeans who visit those countries, and particularly among armies, and has its origin, no doubt, in irregular modes of life and dissipated habits.

It usually happens that after the subsidence of the inflammatory symptoms of the acute stage, the bowels are still loose—the patient may have six to twelve evacuations a day, attended or not with pain—the stools are moderately large, containing mu-
cus, and sometimes even a little blood. This condition may last several days, and sometimes two or three weeks; but under the use of opium and the astringent tonics, it will gradually improve, and convalescence will be finally established. Under this state of things, the patient will improve in appetite and strength, and yet it is not devoid of danger; for the least intemperance in food or drink will convert this otherwise safe condition into an acute disorder. But sometimes, and especially in feeble constitutions, this great diarrhoæal drain will not yield as indicated, but continues for months producing great emaciation and debility. The following case will serve to illustrate this state of the disease.

A medical friend, of delicate habit and who was incessantly engaged in treating this disease, had an attack of sthenic dysentery in the summer of 1853; the acute symptoms were subdued by bleeding, purging, opium and astringents. In due time his appetite became normal, but did not gain any strength. About one month from date of seizure, there was great debility and much emaciation, having from one to three discharges a day; these were copious and loose, containing sometimes an ounce or more of thick tenacious mucus entirely separate and distinct from the fecal part of the evacuation. (It is thought that the debility attendant on such a state as this is owing to the impoverishment of the blood from the large proportion of fibrin these mucous passages contain.) There was no pain nor tenesmus, nor any other derangement, but an uneasy sensation, sometimes amounting to a pain, in the sigmoid flexure. The quantity of mucus in the stools gradually but slowly diminished until at a period of about four months from the time he was taken, it did not exceed a tea-spoonful. During this time, he improved but little in strength; and even now (seven months from its onset) he is feeble, though enabled to attend to the duties of his profession. In other cases, (and these are the most numerous) the patient is a constant sufferer. He may have three to six stools a day, attended with tormina and tenesmus, and containing more or less pus; he may have an occasional fecal evacuation entirely devoid of purulent matter, as well as of pain and tenesmus. These cases prove more rebellious to treatment, and are marked by a greater fatality than the preceding.
Complications.—Epidemic dysentery is said to be complicated with periodical and continued fevers, and that its epidemic prevalence is owing to its being associated with one or the other of these affections. It is urged, moreover, that when the disease is marked by high febrile action, or a low adynamic state of the system, other pathological elements co-operate with the colitis in the production of these phenomena. How far these suppositions are correct, our observation does not satisfactorily enable us to ascertain; but a limited number of autopsies has satisfied us that the intestinal lesion is sometimes extensive enough to give rise to the most intense symptomatic fever. In sporadic dysentery, but little, if any, symptomatic fever is generally found to exist; and hence it is inferred that when fever is present, it is not a simple but compound disease, for an uncomplicated colitis gives rise to but little constitutional disturbance. All this may be readily granted; but to give force and precision to this reasoning, we would require to know what extent of the intestinal mucous membrane was inflamed in these apyrexial sporadic cases, as well as in those marked by high inflammatory fever. It is well known that no disease presents greater diversity in degree than dysentery; in some, the inflammation may be limited to a small extent of the mucous lining of the rectum; in others, the disease may involve the whole track of the intestinal canal from the stomach to the anus. Is it not reasonable to expect a wide difference in the amount of constitutional disturbance produced by these causes? Such a result would be produced by a similar state of things in other parts of the animal economy. A case bearing on the point under consideration is subjoined:

A negro man, strong and athletic, aged 28, was attacked with dysentery on the 20th of May, 1853, and seen by Dr. Hall on the 22nd. His pulse was 100; skin hot and dry; discharges, consisting chiefly of blood, were passed every 30 minutes. 23rd. Pulse 120—other symptoms the same. Evening of 24th the pulse rose to 140, and the next evening it ranged from 140-150, and feeble. No permanent improvement took place and he died on the 13th day of his illness. Autopsy seven hours after death: Rectum highly inflamed and as thick as sole leather, and thickly ulcerated in small pits. The colon presented the same appearance as the rectum, except that the thickness had
diminished, and the ulcerations enlarged, varying in size from two to four lines in diameter. Above sigmoid flexure it presented a dark (nearly black) appearance, and continued so to and in the arch of the colon. In the ascending colon and cæcum the mucous membrane was of a deep blue colour throughout. Nothing notable at the ileo-cæcal valve, but the whole extent of the ileum presented a blue congested appearance. The remainder of the small intestines and stomach were not as much diseased as the ileum, but they too were highly congested. Liver healthy.

Is it necessary in this case to invoke the aid of remittent or any other form of idiopathic fever to explain the exalted febrile action? Is not the intestinal phlegmasia (which, in extent of surface, has no parallel in the human system) amply adequate to account for it? But, although we deem it best to regard inflammation as the main pathological element of epidemic dysentery, and that the ends of treatment will be more securely attained by acting upon this opinion; yet we must admit that in a few cases the fever was of the remittent, and in many of the typhoid type. In one case only were the remissions more decided than ordinarily occur in most, if not all, inflammatory diseases; but there was no abatement of the dysenteric symptoms corresponding with the febrile remission. The sulph. quinia relieved this case of the febrile action, but the dysentery continued the usual time; the quinia was used in other cases of less marked remittency, but the phlegmasia was uniformly aggravated by it.

In many of our cases the typhoid condition was very prominent—so much so that if the colitis were not considered, the disease would be very readily denominated typhoid fever. Indeed, the evidence of the connection of typhoid fever with the dysenteric inflammation, was so palpable in some of our cases, that we must, though reluctantly, admit the fact. Our unwillingness to this admission arises from the apprehension that the name of typhoid fever may bias the practitioner's judgment, and induce him to rely on a palliative course of treatment, which, while it is usually the most judicious plan in this affection, is wholly inadequate to the management of dysentery.

We subjoin two cases tending to illustrate the connection
under consideration, the notes of which have been kindly furnished us by our friend, Dr. J. E. Walker, of this place.

Reuben D., aged 18, was attacked, August 28th, 1853, with a burning fever, preceded by a chill; furred tongue, great thirst and headache. The fever being remittent, he was treated with a mercurial followed by quinine, with mitigating effect on the fever. Dysentery set in on the fourth day of his illness, slight at first, but continued to increase. The bowels became very tender, and much distended, the tongue became dry, red and glazed; the discharges, at first composed of mucus and blood—resembling the washings of fresh meat—were attended with great tenesmus and pain, but very soon changed to the colour of snuff or rather soot. There were few shreds of mucus in the matter voided, but to me (Dr. W.,) it appeared to be decomposed blood. About this time, tympanitis, harassing and persistent, came on which was but mitigated by anything that was used. Turpentine, nit. argt. per oram et rectum, chlor. soda, acet. plumbi, quinia, the saline and opiate treatment, were all used at different stages of the case with but temporary benefit, and he died on the 21st day of his sickness. This was but one of three deaths which occurred among the white members of this family in the course of a week or two from this disease, despite the well directed efforts and solicitous care of the attending physicians; the third case, however, was treated by the family, under the conviction that “doctor’s medicine did no good,” which, in this instance at least, was painfully true.

Thos. B., aged 19, was seen by Dr. Walker for the first time on the 24th of June, 1853. Had been sick ten days of a mild dysentery, which was at this time converted into a diarrhœa. Dr. W. found him with headache, feeble pulse—98 per minute, tender bowels, red tongue and considerable thirst; dejections now three to five a day, much reduced and great loss of strength.

There was a profuse perspiration on the surface almost the whole time, and the temperature was not elevated; the tenderness in the bowels, especially in the right iliæ fossa, was prominent and persistent; there was considerable dullness of intellect, but no delirium. He was dismissed as convalescent on the 36th day from the first invasion. “I accord,” says Dr.
W., "to opium, turpentine and brandy the credit of cure in this case; quinia, although used freely, I doubt not, did little, if any good."

In the first of these cases, the febrile condition existed four days before the dysenteric action commenced, and in the last, the latter was replaced by a laxity of the bowels so common in typhoid fever. In cases like these, the dysenteric inflammation must be regarded an epi-phenomenon of typhoid fever, but very important in a therapeutical point of view. The complication with periodical fever, if it ever exist, is not of much practical importance, as the intestinal disease is the controlling indication for treatment.

It is said, also, to be complicated with typhus fever, an instance of which we have not seen, and to which we have nothing to say. Its connection with hepatic disease has been wonderfully magnified by Dr. James Johnson; but this connection, as well as all of this author's views of dysentery and hepatic derangements has been disproved by modern pathologists, though the treatment founded on these same views still lingers in the profession.

In one case, about the fifth day of the disease, there was a slight erysipelatous affection of the face, but soon yielded to appropriate remedies. Prolapsus ani is a not uncommon occurrence among children affected with dysentery, and proves a distressing complication.

Pathology.—"I am in every case inclined to regard inflammation rather as a sequence than a cause of dysentery, as a contingent effect, and not an uniform result."

Such was the teaching of that truly enlightened physician—a writer almost of the present generation—Dr. Johnson; and he contended strenuously for this pathology to the end of his life. The first links in the morbid chain of action, insists Dr. J., are a suppression of the cutaneous and biliary functions, and that the other conditions, viz., inflammation and its consequences, are effects from this first cause; the success of treatment, too, will depend, in his opinion, in the restoration of these functions to healthy action.

It is, of course, unnecessary to pronounce these views exploded at the present day; and we only mention them for the purpose
of introducing the remark, that although the pathology of Dr. Johnson is condemned, the treatment founded thereon is still in vogue with some practitioners.

Thus the observation is frequently heard that the liver is torpid, and overwhelmed with vitiated bile—that its secretions, viscid and poisonous as they are, are locked up in this vitally important organ, and that no peace can accrue to the organism until this peccant humor is removed. These views prevailing, it is easy to conjecture the remedy for this indication, and mercury is literally "thrown" into the stomach; so that instead of suffering this reputedly poisonous bile (which Dr. J. says is like boiling lead) to remain harmlessly in the liver, (which, for aught we know to the contrary, has little else to do during the presence of dysentery than to accommodate it) it is "thrown out" and "brought down" over an acutely inflamed mucous membrane.

We admit that this reasoning is sustained by all the force of venerated authority, yet we cannot but suspect it of a want of logical argument.

On the whole, we are disposed to take issue with the very name of the disease; dysentery conveys to the mind the idea that one symptom (tenesmus) constitutes the disease, and the fact cannot be gainsaid, that there is to some, something in a name. We therefore cheerfully agree with Sir G. Ballingall, that colonitis is a better name than dysentery—indeed, we would have it so named that its inflammatory nature should stand out prominently to the practitioner's gaze, so that for one moment, he could not lose sight of it. Nor should it be considered that the inflammation is confined to the colon alone, for as in the autopsy given previously, the small intestines and even the stomach may participate in the disease. It is unnecessary to give in detail the pathological appearances of this disease, for they may be all comprised under the head of inflammation and its consequences, variously modified according to the intensity of the disease and peculiarities of the patient.

Cause.—The etiology of this, as of most other diseases, is involved in much obscurity. Dr. Rush enumerates it among the summer diseases produced by miasmata, and so does Dr. McCulloch; Dr. Cullen records his opinion of it thus: "And upon the
whole, it is probable that a specific contagion is to be considered as always the remote cause of this disease.” Heberden states that he has seldom seen two dysenteric patients in the same house; yet, the belief in its contagiousness was prevalent in his time. Watson thinks it may depend indirectly on marsh effluvia, but that it prevails where there is no other evidence of the presence of malaria. Dr. Wood is of opinion that “exhalations from putrid animal substances, and vegetable miasmata are also among the causes.” These conflicting opinions could be multiplied, and the truth of the maxim “quot hominum tot sententiae,” established; but it would serve no useful purpose.

Of fifty epidemics of this disease in Europe, thirty-six occurred in summer, twelve in autumn, one in winter, and one in spring. Of 13,900 persons attacked with dysentery in Bengal from 1820 to 1825, 2,400 were attacked in the cold season, 4,500 in the hot and dry season, and 7,000 in the hot and moist season. Thus, it will be seen that epidemic dysentery usually prevails in seasons of the year favorable to the production of malaria, and yet there are some exceptions.

Dr. Wragg relates (Charleston Med. Journal, Nov. 1851), the extensive prevalence of dysentery in the vicinity of Charleston in the month of March, 1851, which existed in different localities during three seasons of the year, viz., winter, spring, and summer.

In the limits of our practice, the disease is of most frequent occurrence in autumn, though spring and summer are not exempt from it. Dr. Wragg excludes every other agency from the production of his epidemic, but some altered condition of the atmosphere.

Thus it follows that the same causative theory will not answer for all its epidemic visitations; for while in one, its miasmatic origin may be very plausibly entertained—the hygrometric and thermometric conditions of the atmosphere being favourable to that hypothesis—in another it would be wholly inadmissible. No one could suspect the agency of malaria in its production in the depth of winter.

On the 21st. of October, 1852, we saw Mrs. M., and son who were labouring under a severe form of sphenic dysentery; six days from this time, six of the white family were prostrated with it, two only remaining intact. The febrile phenomena reminded
one of remittent fever, but the remissions availed but little for
the administration of quinine. This family resided on the brow
of a hill about a quarter of a mile from a branch, which, after
the heavy rains of the previous month, inundated the flat lands
through which it ran, to a very great extent.

The atmosphere, after these rains, was humid and warm, and
the materials for vegetable decomposition were abundant on
the banks of said rivulet. So that in this instance we regarded
it as of malarious origin, the more so that in previous years, in-
termittent and remittent fever abounded in the same locality.
The adynamic or typhoid type of the disease we look upon as
of analogous origin with typhoid (continued) fever, viz., an ani-
mal poison. And as to its contagiousness, we consider it con-
tagious in the same sense, and to the same extent that typhoid
fever is contagious.

There was, according to our observation, a remarkable ex-
emption of the negro race from this disease. In 1852, the
proportion was one black to eight white cases; in 1853, perhaps
the ratio of blacks was a little greater. The same fact is re-
corded by Dr. Campbell; "It will be observed from our report,"
says Dr. C., "that the disease attacked only the white residents
of the neighborhood, and although a number of negroes were
subjected to exactly the same morbid influences as those whites,
still not one of them, that we are aware, was the subject of this
form of dysentery." Dr. Brandon's experience on this point is
thus recorded: "Dr. Campbell, in his article before referred to,
remarks it as a singular fact, that negroes were not attacked by
the disease, as it occurred to him. My observation was the same,
at a distance of two hundred miles from where Dr. C's cases
were located, and at a different season of the year. While the
disease was prevailing, I heard of one case in the person of a
negro child, in the neighborhood of my practice." It may not
be out of place to state that negroes enjoy an immunity from
typhoid fever also within the limits of our practice, but not to
such a degree as in dysentery.

On the other hand, observers in other parts of the South have
met with the disease (dysentery) chiefly among negroes. Such
was the case with Dr. Wragg's epidemic already referred to.
He says: "It had been confined principally to the negroes, but
not entirely, for several white persons had also suffered." Here are conflicting facts, for those who interest themselves in the morbid peculiarities of the different races. We have already with-held too long the main object of this paper, and we therefore enter upon the

Treatment of the Sthenic Form. Blood-Letting.—From what has been advanced under the head of pathology on the inflammatory nature of this disease, it will be expected that blood-letting should occupy a prominent rank among remedial measures. We sincerely regret that this remedy was but little used in our practice, and the sole cause of its omission was an inadequate appreciation of the highly inflammatory character of the disease; and we would here frankly state a fact, deduced from our own experience, that the practitioner must have strong, and unequivocal views of the pathology of this disease to counter-act the influence exerted against blood-letting by its apparently prostrating tendency. It requires a firm and decided judgment to practice venesection, for a case that is being depleted already in the ratio of twenty to forty bloody evacuations a day; and yet most mortem revelations will demonstrate the absolute indispen{sibleness of its use. Blood-letting then should be practiced at the very outset of sthenic dysentery, and if the case be not seen at this stage, it should not be neglected at any time thereafter that the general condition of the patient would seem to tolerate it; and if the symptoms do not moderate after the first venesection, it should be repeated in connection with other remedies hereinafter specified, again, and again until the disease is subdued.

Fears may be entertained that this treatment itself may be fatal to the patient; but we believe it to be far better to take such cases as those entirely out of nature's hands, and carry them to the very confines of eternity, if necessary, than to suffer the intestinal inflammation to continue in any degree. If prostration be produced by the treatment, we have stimulants and tonics to restore the sunken energies, which can be safely and profitably given after the subduction of the phlegmasia.

Veratrum Viride.—As an adjuvant to venesection, veratrum viride may exercise an important influence, and this would be a
legitimate deduction from its effects in other inflammatory affections; we cannot recommend it, however, but from a limited experience.

Mrs. S. was seized, while riding in a carriage, with fever and dysentery. Saw her soon afterwards, and found her with high febrile excitement, (pulse 120) and all the symptoms of acute dysentery. Ordered four doses of hydr. submur, and Dov. powd., to be followed next morning by a dose of ol. rici.; other minor remedies were employed. Next morning her condition was no better. Prescribed 10 gtt. tr. ver. vir., with as many drops of tr. opi. every three hours until the pulse is reduced. About 12 o'clock at night was sent for in haste to see Mrs. S., whom I found quite prostrated from nausea and vomiting. After having taken the third dose, she commenced vomiting, which continued, intermittently, for three or four hours, and the bowels had not acted during the same time. Her pulse was at 60, and the surface was cool—two quarter grain doses of sulph. morph., at intervals of half an hour, promptly arrested the vomiting, and ensured a good night's rest. Her pulse continued under the healthy standard for a few days, and the dysenteric inflammation was, as it were, jugulated. Convalescence was complete in a few days.

In such cases as the above, where there exists high febrile action, and no tendency to depression of the energies of the system, the veratrum cannot fail to exercise a beneficial effect.

Salines.—The first notice we have seen of the saline treatment of dysentery in modern times was published in the Charleston Medical Journal for 1849; in former times the neutral salts were recommended by Heberden, on account of "their power of controlling and quieting the irregular motions of the bowels, and their aptness to stay upon the stomach without being vomited up. At first I gave (says Dr. H.,) only one drachm every six hours, which evidently soothed the pains very soon, and before it had any effect as a purge. In other cases, larger quantities were given, and with the double good effect both of affording present ease, and afterwards of entirely removing, by effectual evacuations, the cause of the disorder." (Commentaries, p. 124.)

A true and faithful medical historian may be profitably consulted at all times by the physician of the present day, even
though the lapse of centuries has intervened since the observations were recorded; and so we find the effects of the saline treatment of dysentery nearly a century ago almost identical with those of our own time.

We have used the neutral salts in the management of the sthenic form of this disease, since it became an epidemic in our section, and have had much reason to regard them with favor. Sulph. mag. and sulph. of soda were generally preferred, but in a few cases, the phos. soda and Seidlitz powder were used. Our method of giving them was as follows: Half an ounce of sulph. mag. or soda was given every three hours, until several free, copious and watery evacuations were obtained. These discharges being large and serous, devoid of blood and unattended by tenesmus or tormina, are readily distinguished from the small dysenteric actions, and afford more respite from suffering than can be secured by any other remedy. Opium was then given after each discharge, generally by the mouth, until the dysenteric actions returned, when it was suspended, and the salts given as before. This course was kept up, alternating the salts and opium, until the disease was subdued. Should it occur again in our practice, we should, in connection with the above plan, avail ourselves of the valuable aid which, in our opinion, may be derived from blood-letting. Of all the neutral salts, the sulph. soda seems to be the most efficient, and consequently we gave it the preference. Dr. Walker informs us that he has used the phosphate of soda with as good, if not better effects, than any of the others; but our experience on this point is different. We used the phos. soda, sulph. mag. and sulph. soda, successively in the same case, with the result that the sulph. soda alone answered our purpose. Yet, in young children, the phosphate ought to be preferred on account of the facility with which it may be given. It may be taken in gruel or chicken broth, without the child knowing that he is taking medicine.

We cannot too strongly insist on the advantages of this saline treatment over any other method that has come to our knowledge; it is the only one known to us, that will effectually, and with certainty, relieve the patient of the distressing pain and tenesmus. As sure as two to four half ounce doses are given, the bowels will act freely and without pain; and then the opium,
given with that freedom which ensures its effects on the system, will bring quiet, and calm, and rest, from the most distressing agony and pain. But the tenesmus and suffering will return in the course of eight to twelve hours; combat it again with the saline, and give opium afterwards, as before, and continue this alternation until the disease is subdued.

Dr. Wragg, already alluded to, treated his epidemic with the super. tart. pot. and Dov. powd., with occasionally a mild cathartic; and the practice was signally successful. He treated eighteen severe cases, with but one fatal case; and this could not be fairly attributed to the failure of the remedies, but to the patient's own imprudence. His success is the more striking, because, under every other system of treatment, the mortality of the same epidemic was considerable. The proportions of the remedies varied from 5 to 10 grs. Dov. powd., and 15 to 30 grs. super. tart. pot., every three hours for 36 or 48 hours; and when it was necessary to open the bowels, the powders were suspended, and castor oil given. Dr. Wragg thinks it acts on the secretions; the discharge, under its use, soon lost their bloody mucus and lumpy character, and became, first serous, then bilious. It may have a chemical effect, also, observes Dr. W., not only on the matters already excreted from the blood, but on morbific matter in the blood, which has caused the disease.

The therapeutic value of the cream of tartar must depend on different principles from those that govern the agency of the sulphates of magnesia and soda; the former acts not by purgation, but by its influence over the secretions—the latter generally relieve the complaint by the free serous evacuations produced. This, however, cannot be their sole mode of action; for we have seen (what Heberden saw before us) small doses of salts afford more relief from suffering—have more actual control over the dysenteric actions—than large doses of opium, and that too without any purgative effect whatever. We have seen and heard many theories of the methodus medendi of salines in this disease; but they are of little value in a practical sense. We conclude our notice of this class of medicinal agents by the remark, that wherever, to our knowledge, they have been tried, they have been attended with better success than any other plan of medication.
Mercurials.—We introduce this class of remedies for the sole purpose of pronouncing unqualified condemnation on them in the treatment of epidemic dysentery. Most, if not all, the practitioners in this locality have abandoned mercury, and taken up the saline treatment; and we have heard of no regrets for the change. Dr. Walker says: “My cases all died that took mercury, but not one that was exempt from it.” So we will not detain the reader with any further consideration of this article.

Astringents, in the acute stage, we have found decidedly pernicious; they increase the turminia, and, in our opinion, are of minor importance in the management of this affection. The acet. plumbi produced tympanitis in one case, and was attended by no beneficial result in any shape whatever. When, however, the acute dysenteric symptoms give way, and there is yet frequent action from the bowels—perhaps six to twelve stools a day—astringents will exert a good influence, and of these the tannate of quinine will fulfil the double indication of astringent and tonic. The following combinations will be found serviceable in this stage:

B. Quiniae Sulph.
   Acid. Tannicurn aa xlviij grs. M. F. pill. xxiv.
One three times a day.

B. Morph. Sulph. iij. grs.
   Hyos. Extr. xxxvi. "
   Acid. Tannicurn xxiv. " M. F. pill. xii.
Dose—One after each stool.

Opium and brandy must be given freely in this stage—particularly the latter.

Enemata, especially if astringent, are of little value; indeed we consider them prejudicial in the acute stage, and if used at all, nothing but opium should be entertained. In most of our cases, there was such excessive irritability of the rectum, that nothing would be retained an instant; in very few instances, did we perceive any good result from injections.

Of blisters, we know but little, experimentally, in this disease; when used, no advantage seemed to accrue from them. Cupping, leeching and cataplasms to abdomen, are important adjuvants in the management of this affection.

The typhoid type of epidemic dysentery, will not admit of the
saline treatment; at least, in some cases where it was tried, it seemed to exert but little influence, and we are much at a loss to know what will have much influence in violent forms of this type. We cannot but think, however, that even in some cases of this form, when the skin is hot, pulse frequent, and thirst urgent, blood-letting would be beneficial at the very outset, and that local depletion with cups and leeches would be proper at a later period of the disease. In the majority of cases, however, our main reliance will rest on spts. turpentine, nit. arg., opium, brandy, and quinine. We have seen marked benefit from the simultaneous use of turpentine and nitrate of silver, ten to thirty drops of the former, and one-fourth of a grain to a grain of the latter, given alternately every two or three hours, and continued for twenty-four or forty-eight hours; after this, omit the remedies for a day or more, and resume them again as before, keeping up this course until the symptoms improve.

Blisters are more advantageous in this than in the sthenic type, and opiate and astringent enemata are better borne. Opiates and stimulants are indispensable in some of these cases, and they will be freely tolerated.

The tympanitis which is present in some of these cases, will tax the medical attendant's therapeutical resources to their utmost extent. Cloths wrung out of hot water and applied to the abdomen will relieve it quicker than anything else we have seen tried; an injection of a warm solution of assafcetida will sometimes answer a good purpose, and frequently every remedy will fail until a purgative action is obtained from the bowels. The spts. of turpentine and creosote will also have a tendency to improve this condition.

For the treatment of chronic dysentery, we will recommend only such remedies as we have derived marked advantage from. These are nit. argt. by the mouth and rectum; sulph. cupr. when the stomach will bear it; extr. nux vom. in combination with opium, and opiate injections. Many other valuable remedies are spoken of in the works on practice, which may have to be used if the above fail; but those we have specified have succeeded with us after the failure of many others. The chalk mixture in combination with opium is a good auxiliary to any of the above remedies.
Wilson: Common Salt in Fever. [June,

We have now presented our experience in epidemic dysentery, and fear that our views may be considered too exclusive. Very many and able physicians have urged upon the profession modes of treatment totally different from ours, and totally differing one from the other.

This diversity arises, no doubt, from some essential modifications of different epidemics, requiring corresponding modifications of treatment. We cannot better conclude this paper than by inserting, in his own words, the following judicious observations of Sir James Macgrigor on this point:

"My opportunities of seeing this disease (dysentery) have been no common ones. Rarely, I believe, has it fallen to the lot of an individual to see so very many cases of one disease in such a diversity of climate and situation. In the 88th Regiment, during the course of upwards of ten years, I saw the same man the subject of this disease on the Continent of Europe, in America, in both extremes of Africa, and in India. Of late, it has afforded me not a little amusement to review my notes, as well as my journals of practice, in this disease, in all these quarters.

I became convinced, in Alexandria, that with change of climate and country, we had a different disease. This is one proof, how improper, and how unsafe, it is for the practitioner of one climate to sit down and describe the diseases of another. They, only, who have studied the same disease, in various opposite climates, can fully comprehend the extreme absurdity, as well as fallacy, of this." (Med. Sketches.)

ARTICLE XVIII.

An Obstinate Quartan cured with the Chloride of Sodium. By Jno. Stainback Wilson, M. D, of Airmount, Ala.

Participating in the desire, now so prevalent in the profession, to obtain that great desideratum, a cheap and efficient substitute for the costly preparations of Cinchona, in the treatment of Intermittents, I have been induced to try common salt, in accordance with the recommendations of M. Pierry, Professor Dugas,* and others. And as the desire alluded to can be con-

* Vide Transactions Med. Soc. State of Georgia, 1852, p. 79.
summated only by experiments and reports, to which each should contribute a share, I hope that no apology is necessary for reporting even a single case, especially when its interest is somewhat enhanced by an obstinacy which defied the more ordinary and established remedies.

Case. On the 24th March, I was requested to prescribe for G. W., a young man of sanguine temperament, and of sound constitution, naturally; but this had been impaired by frequent attacks of intermittent fever, which had produced, as usual, a pale cheek, and tumid spleen; these effects were accompanied by headache, mental and corporeal torpor, together with that indescribable sense of general indisposition characteristic of this abominable disease. And, as an evidence of the severity of the paroxysms, it may be added, that the last-mentioned symptoms were persistent, continuing, more or less, on his "well days." He stated that several physicians had prescribed for him—that they had given him opium, and (perhaps) quinine, &c., &c., without "breaking them;" and I had, myself, several weeks previously, put him on Fowler's solution, with the same unsuccessful result.

Prescription: Blue mass, 10 grs., to be followed by castor oil, if necessary. Then, on chill-day, (26th.) begin ten hours before the time of the paroxysm, and take one of the following powders every two hours, with camphor mixture and laudanum, in willow-bark tea: 8. Chloride Sodium, 360 grs. Make six powders.

27th. Says that he had his paroxysm at the usual time, and that it "shook him worse than usual;" pain in side (spleen) less, while fever was on: this was shorter, also. These symptoms considered favorable. Prescription: Omit all other remedies, and take 60 grs. chloride sodium, three times a day, on well days. Then begin nine hours before chill time, (29th,) and take 40 grs. of the same every hour, in warm gruel.

31st. Has had no paroxysm. Take Fowler's solution, 5 gtt. ter in die, as a prophylactic.

Remark.—The cure in this case must be attributed to the salt, as he took nothing else on 29th; for it can hardly be supposed that the gruel had any agency in it.
ARTICLE XIX.

A Case of Twins of different color. Reported by A. F. Attaway, M. D., of Madison county, Ga.

Mrs. C——, a white woman, the mother of three children, gave birth to twins on the 16th of January, an interval of an hour intervening between the births.

The first born was very dark, and had every appearance of being of African paternity. Not being willing to suggest such a thing, I tried to explain the matter, by attributing the color to cyanosis. At the expiration of one hour, the second child was born, and had very light colored hair, fair skin, and blue eyes, which made the contrast very striking.

The condition of the mother and children was such, that they required medical treatment for several weeks, during which time I marked the great difference between the children with peculiar interest.

After the recovery of the woman and her children, seeing the African characteristics more and more developed, I asked the mother to give me a correct relation of the circumstances connected with her conception, &c.

After some hesitation, she gave me the following history of her case:—She said that five days after the cessation of her last menstruation, she had sexual intercourse with the white man, whom she considered the father of the white child. Three days thereafter, making eight days after menstruation, she cohabited with a negro man, who she said was the father of her other child. She assured me that this was the only coitus she had with the negro man for more than one month after she menstruated. If this be true, she conceived at that time.

The precise period of her other conception is less definite, in consequence of the fact that she had connection with the father of her white child, at different times, during the month following her last menstruation.
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. (Continued from May No. of this Journal.)

In the preceding case was exemplified that form of metritis in which the internal surface of the womb remains free from all organic growth, but in other cases symptoms similar to those described seem to depend on the presence of various organic productions on the surface of the mucous membrane of the body of the womb, as in the following case:—

Mrs. L—-, an American lady, placed herself under my care in 1850. She was thirty years of age, anaemic, and much debilitated. The menstrual flow first came at fifteen years of age, and she was regular until pregnant. She married at twenty-five, had a child at twenty-seven, and soon recovered her strength. At twenty-eight she again conceived, and during the whole of that pregnancy suffered much from abdominal pain. The placenta was adherent, and removed with difficulty. It was long before she recovered her health, but it remained tolerable for a few months, when she was obliged to wean the child for want of milk. Menstruation then returned, and was unusually painful and abundant. When the flow ceased, the abdominal pains remained, and hysterical symptoms super- vened; the menstrual flow returned several times at the regular epoch, but always more or less as a flooding, and the abdominal pains increased. The flooding next came on during the intermenstrual periods, and when that ceased there was a discharge like water, which sometimes had an offensive smell. Alum injections had been tried, steel and tonics given; but the patient’s health completely failed, and a sea-voyage was recommended. During the sea-sickness the uterine discharge had almost ceased, and the patient rallied; but a few weeks after her arrival in England the old symptoms returned, and the patient, when I saw her, had been for some time confined to her bed or the sofa.

On examination, the neck of the womb was found larger than usual, but pressure gave no pain; the os uteri was patulous, but the mucous membrane lining the neck was pale, and the os uteri without any lesions. The body of the womb was double its usual size, and very painful on pressure. On introducing the curette, the os internum was found dilated, and the end of the curette, evidently moved in an enlarged womb; its internal surface felt rough. I gently moved the instrument backwards and forwards, and brought away about half a tea- spoonful of what I could only compare to proud flesh, broken
off from the surface of a wound. This was followed by consider-
able pain and flow of blood, but both abated during the next day, and there was evident improvement during the week. Ten days after, the operation was repeated, and I removed about a teaspoonful of similar products. This operation was also followed by great pain and loss of blood, but both symp-
toms soon abated, and the patient had no more sanguineous or serous discharges. The abdominal pains and tendency to hysteria lasted for a long time, but steel and tonics removed them at last. About three months after the last operation, menstruation returned, and on making an examination some time afterwards, I found that the os internum admitted the cu-
rette with difficulty, and the body of the womb had contracted to little more than its habitual size. In this case the adherence of the placenta seems to have originated the disease, and the menstrual nisus gave it a first impulse. The flooding and the serous discharges were evidently caused by the morbid pro-
ducts on the internal surface of the womb; after their removal the patient rapidly recovered. This sudden improvement has been noticed in some of the cases published by Recamier in the Union Médicale, 1850. Recamier first drew attention to this form of disease; cases have been recorded by many French practitioners of note, and Professor Nelaton has met with these uterine vegetations in some women who died of cholera at the Hospitals of St. Antoine and St. Louis, of Paris. I have seen cases of this description in Recamier's practice, and three in my own during the last three years. Still, this form of disease has not been noticed in the most recent works on uterine pathology, either as a form of internal metritis or a cause of menorrhagia, most likely because it has been con-
fooled with other lesions under the name of menorrhagia. It deserves, however, to be taken into consideration on account of its being the cause of sero-sanguinolent discharges lasting for years, notwithstanding all treatment, and reducing the patient's strength to the lowest ebb, even if the result be not fatal. In the last case the symptoms were caused by the pro-
duction of flesh-like excrescences on the internal surface of the womb. They are fragile, and can easily be detached with the finger nail. Recamier has termed them uterine vegetations.

Robin, of Paris, a well-known microscopist, has examined them microscopically, and says, "they are formed of a small amount of cellular tissue, while the proportion of fibro-plastic tissue is even more abundant than it is in the uterine mucous membrane itself."

In other cases the uterine curette has removed from the womb round bodies varying from the size of a hemp seed to
that of a pea, which Robert (Des Affections du Col de l'Uterus—Paris, 1848) supposes to be the hypertrophied glands of the uterine mucous membrane. The products removed from some patients by Recamier had the appearance of bunches of small currants, leading to the inference that they were hydatid formations in the earliest stage of their development, and it is open to discussion whether such products can in any way be said to depend upon inflammation.

With respect to the symptoms by which these various abnormal productions may be recognised: they are likely to be met with in women who, having borne children, continue to suffer from uterine symptoms, notwithstanding prolonged judicious treatment, although nothing amiss can be found in the neck and orifice of the womb, while its body is larger than usual, and painful on pressure, the more so if there have been frequent miscarriages not to be explained by the patient's antecedents. Internal metritis is also to be suspected in patients who have for years been subject to abundant sanguineous discharges, or of red coloured serum, a species of discharge which the French call "eaux rousses."

With regard to the sanguineous discharges as a symptom of internal metritis, there is a concordance of testimony; some authors even regard it almost as characteristic of internal metritis, as rust-coloured expectoration is of pneumonia. Here I must observe that this abundant sero-sanguinolent discharge cannot be confounded with the scanty, thick, brown discharge of the sub-acute inflammation of the mucous membrane of the neck of the womb. As for the menstrual flow, it is sometimes very abundant; but it is often absent, or at least is not to be distinguished from the habitual sero-sanguinolent discharges. The diagnosis is confirmed by the freedom with which the uterine sound enters the body of the womb; and if the uterine curette is made use of, it will sometimes detect roughness on the internal surface of the womb, or at all events will bring away some of the morbid products I have described.

When the foregoing facts were lately brought forward at the Medical Society of London, Dr. Bennett implied that the uterine curette had only removed the products from the neck of the womb; but it seems to me that when the uterine sound or the uterine curette are used by intelligent practitioners, the diagnosis must acquire in their hand the greatest precision. If an instrument be passed to the depth of from two to three inches into the neck of the womb, where can it go except into the body of the womb, unless it makes a false passage? Recamier used to say that in the space of fifty years he had seen and operated on about 100 of these cases, and that three ter-
minated fatally. A post-mortem examination showed that the instrument had penetrated into the womb, the fundus of which in two instances offered evidence of its having been softened before the operation in which it had been transfixed by the curette—a warning to use the instrument only when absolutely required, and then to use it with the greatest caution.

Having sketched the pathology of internal metritis, as far as it is now possible to deduce it from the recorded experience of others and myself; I shall now discuss the treatment of the disease, which is beset with difficulties, and often unavoidably protracted to a great length of time.

There are certain general indications of treatment available in all cases, whether the uterine mucous membrane does or does not present organic products on its surface. Thus it is necessary to ascertain by a careful examination, whether the haemorrhage does not depend upon some erectile development at the orifice of the neck of the womb, as in cases alluded to in the previous papers. The menorrhagia must be restrained by the means usually recommended, among which we may mention the horizontal position in a cool temperature; the application of cloths steeped in cold vinegar and water to the pubis and the inner part of the thighs; the injections of cold water, or cold aluminated water, to the vagina and rectum, two or three times in the course of the day. Such measures, however, will seldom succeed unless they be associated with the internal exhibition of ergot of rye in doses of from five to ten grains three or four times a day, from which we think the most benefit is to be derived, though in some cases the practitioner will be obliged to ring the changes on mineral acids, acetate of lead, tannin, gallic acid, &c., according to the rules laid down in works on therapeutics, to which I refer the reader.

The patient's strength must be kept up by such an amount of food as can be digested; but it should be taken cold. Wine and stimulants should be avoided, and all drinks should be as cold as possible. Water, or cream ices, flavoured according to the patient's taste, may be advantageously given between meals. Should the complaint determine continued insomnia and hysterical symptoms, acetate of morphine must be given, and the doses progressively increased until such symptoms abate. In the interesting case I related in a previous paper, the patient for many days took from two to three grains of acetate of morphine, and I believe that it not only brought on sleep and diminished hysterical phenomena, but was also instrumental in curing the uterine disease, for the manifest improvement only set in when the patient was brought under the influence of opium.
When the violence of the disease has abated, and instead of flooding, there remains, amongst other symptoms, a moderate discharge of serum, sanguineous or not, then benefit will be derived from the application of a seton or issue above the pubis, either of which should of course be kept open for several months. This is a disagreeable remedy, and therefore seldom proposed, but it will be found beneficial not only in cases of internal metritis, but also when dysmenorrhae is attended by uterine exfoliation; indeed we have found nothing so useful in this obstinate complaint.

If it has been ascertained by means of the uterine curette that the internal surface of the womb is free from all morbid products, all further instrumental interference would be objectionable, inasmuch as it could do no good, and must do harm. Should the curette, on the contrary, detect roughness, and bring away some of the morbid growths previously described, their removal from the womb is an indication of first-rate importance, since a rapid cure has sometimes followed the operation, and no improvement can take place so long as they remain.

As this method of treatment is almost unknown amongst us, and as it is also applicable to the cure of menorrhagia when caused by retained portions of placenta, or by hydatid growths in the early stage of their formation, I shall enter into some details. Recamier, in one case, finding the neck of the womb much dilated, introduced his finger into the cavity of the womb, and scraped off the vegetations with his nail. This suggested to him, some forty years ago, the idea of doing the same with an uterine sound made of pewter or steel, and he called it a curette, because it was destined to remove morbid growths from the cavity of the womb. The curette is an uterine sound, blunt, somewhat curved at its extremity, and hollowed out on its curved side. It should be introduced into the cavity of the womb like Dr. Simpson's uterine sound, and then gently pressed on the internal surface of the womb so as to detach any soft bodies that may be there. In some rare cases in which the internal orifice of the womb was widely dilated, Recamier used a larger instrument. Whatever instrument was used, the speculum would only render the operation more difficult. Recamier generally followed up this treatment by cauterizing the internal cavity of the neck of the womb with the solid nitrate of silver, by means of an instrument resembling Lallemand's porte-caustique. Two cauterezations were in general sufficient, and in some of the cases published by Recamier, this treatment had for effect not only to stop the menorrhagia, but also to cause the womb to contract, and
thereby to return to a right position from retroflexed, that it had been for years. These operations have been performed in the presence of Paul Dubois, Blandin, Guerin, and many others; and repeated by Maisonneuve, Robert, Gosselin, and myself. In the course of last year, Nelaton and Nonat have published several cases of it in the Gazette des Hôpitaux. The first effects of the operation are to increase considerably the habitual hypogastric pain, but this does not last long, and when it disappears, the habitual pains likewise disappear, as well as the faintness of the discharge, and those sero-sanguineous discharges which have lasted for years sometimes completely cease in a few days.

Many will doubtless be afraid of this operation, but is nothing to be risked when menorrhagia is interminate, and when the patient's health is sinking from the effects of abundant sero-purulent discharge, for which the neck of the womb gives no explanation? In such cases, fortunately rare, is it not rational to enter the cavity of the womb with a blunt instrument, in order to interrogate its surface, and to remove those superficial abnormal productions which have been known to produce the symptoms I have detailed? The risk is not so great as might be supposed, for Recamier performed the operation on 100 patients, and only lost three by peritonitis. In two cases, peritonitis was caused by the passage of the curette through a previously softened portion of the womb, which was thus transfixed by the instrument. In the third case, Professor Nelaton, who made the post-mortem examination, was not convinced that death was caused by the operation; no trace of metritis was found, neither had the curette made a false passage. Pus was found in both the Fallopian tubes, but as the patient was opened twenty-four hours after the operation, it is difficult to suppose that it was produced by the operation. I have not heard of any other fatal termination to the numerous similar operations performed by other surgeons. A very large volume could be filled with the fatal effects of false passages made in attempting to sound the bladder, and still surgeons continue to perform this operation. We have heard of several fatal results of false passages made with the uterine sound, and still most practitioners feel justified in using an instrument of which Dr. Simpson has well indicated the utility. For the same reason I feel justified in advocating the use of the uterine curette, notwithstanding accidents, which will impress upon you the necessity of using it with intelligent gentleness. You will, moreover, doubtless observe that the plan of treatment I have shown to be useful in some rare instances is not more dangerous than that proposed by others for similar cases. Velpeau advocates
injections and cauterization of the internal cavity of the womb; and Dr. Bennet, in his notice of internal metritis, says "that he has carried the solid nitrate of silver into the cavity of the womb in internal metritis, or else the acid nitrate of mercury as a last resort, and sometimes without success."

I must not omit mentioning that you will find the curette, very useful to remove portions of retained placenta from the womb, when its size and sensibility, as well as continued flooding subsequent to confinement, lead to such a diagnosis. Recamier first used it for this purpose, I and others have imitated his example. Vidal de Cassis, Hourmann, and other French practitioners, have tried injections of a solution of nitrate of silver in what they call uterine catarrh. Acute peritonitis occurred in some of their cases, several of which ended fatally; but I have already shown that French pathologists have confounded some half-dozen different diseases under the name of uterine catarrh.

To give an idea of the kind of cases in which the French have tried uterine injections, I shall relate what Becquerel did at La Pitié in 1850. He chose seven women, in all of whom the neck of the womb was more or less acutely inflamed; the orifice of the womb was larger than it ought to have been, and surrounded by erosions; the discharge was muco-purulent. An india-rubber sound was introduced into the womb to the depth of an inch and a half, and by means of a syringe, a solution of nitrate of silver of two grains to the ounce of water was injected. Three out of the seven patients were suddenly seized with symptoms of severe metro-peritonitis, from which it is true they recovered, but without even being cured of the original uterine disease, of which only one out of the seven was cured. These cases could not have been worse chosen, for while the neck of the womb was acutely inflamed, the body of the womb was most likely in a healthy state; and although the india-rubber sound did not penetrate into the cavity of the womb, the solution of nitrate of silver did, and coming in contact with a surface, the sensitiveness of which had not been blunted by long-continued morbid action, metro-peritonitis ensued.

The fatal results of uterine injections in such cases does not imply that they would not be useful in well-selected cases. Although such is my opinion, I have never employed injections into the womb, for I have been deterred from their employment by the knowledge of the uncertainty of their action. Sometimes a strong solution of nitrate of silver can be injected into the womb without much reaction; at others, a decoction of nut-leaves brings on acute peritonitis. This uncertainty of
action is met with even in the same patients; thus, in one of Recamier's cases, the vegetations had been removed from the womb, its cavity had been twice cauterized without determining any reaction, when it was thought advisable to inject a little tepid water into the womb, but this was very soon followed by violent symptoms of peritonitis. In three of Becquerel's cases peritonitis ensued after a second, a third, and a fourth injection, the previous injections having produced no ill effects.

In case uterine injections should be deemed useful, a weak solution of tincture of iodine would be the best fluid to be used, and the best instrument, that which was suggested to Dr. MacKenzie by the sight of Mr. Coxeter's ingenious instrument for laryngeal injections. I should, however, caution those who might use it to press lightly on the fundus of the india rubber receptacle, otherwise the fluid would be projected with too great force.* In two instances I have removed the vegetations from the internal cavity by means of the curette, and Nature did the rest.

In another case, after applying the speculum, and removing as much as possible of uterine mucus, I covered the extremity of the uterine sound with cotton wool, which, when saturated with tincture of iodine, I introduced into the cavity of the womb. The neck of the womb took up part of the tincture; so, removing the sound, I again saturated it, and re-introduced and pressed it about in various directions. This was not followed by much pain. Three days afterwards some of the vegetations came away, with a sero-purulent discharge. Ten days after, I repeated the operation with similar results, and then the case did well.

In the wards of Baudeloque, at the Hôpital des Enfants at Paris, I had been often struck by the good effects which followed the application of caustic iodine to the ulcerated surfaces of scrofulous patients, and I was led to try the same application, according to the strength indicated by the Pharmacopœia, or diluted with water, to various morbid lesions of the mucous membrane of the womb.

The benefits to be derived from the topical applications of iodine to the womb are little known to the profession, and are well deserving of more extensive trial than has hitherto been given to them, not only on account of the favourable results of their application in the cases under consideration, but also from the well-known fact of the innocuity of the introduction of iodine into our tissues. Within the last few years, in France,

* For further details relative to the dangers of uterine injections, I may refer the reader to p. 156 of my work on Diseases of Women and Ovarian Inflammation, 2nd edition.
tincture of iodine has not only been injected into the tunica vaginalis, to cure hydrocele, but also in fistulous passages of acutely inflamed extensive mammary abscesses, into large ovarian and other cysts, and even into the peritoneal cavity to cure ascites, and without determining those symptoms of violent inflammation that might have been expected.

Having thus briefly sketched what is known relative to uterine catarrh and internal metritis, it may be well to state some of the points in which they differ, as the last complaint has but little occupied the profession of this country.

Uterine catarrh is very frequent; internal metritis very rare. Uterine catarrh almost exclusively affects the neck of the womb; internal metritis, its body. Uterine catarrh is as frequently observed in the single as in the married; internal metritis seems to affect almost exclusively those who have borne children. In uterine catarrh the discharge is viscous: in internal metritis, serous or sanguineous, and very abundant. Uterine catarrh gives rise to no abnormal growths; internal metritis frequently does. In uterine catarrh life is never compromised; it is not unfrequently so in internal metritis. Injections have been found useless and often dangerous in uterine catarrh, but are sometimes serviceable in internal metritis.—[*London Lancet.*

MEDICAL SOCIETY OF LONDON.

Dr. Fuller read a paper—*On the Excretions as guides to the Administration of Remedies in Rheumatism and Rheumatic Gout.*

The author began by stating that no great advance can take place in our knowledge of disease, nor any material improvement in its treatment, unless we endeavour to discover the primary cause of each morbid action, and trace its influence in modifying and deranging the various functions of life. After briefly illustrating this important truth, he proceeded to point out how close a relationship the amount and character of the various excretions must necessarily bear to the condition of the general system, and how certain an index they afford to the energy of those processes by which the effete materials of the body are got rid of. Hence he deduced the inference, that no plan of treatment can be proposed, with a well-founded rational prospect of success, which is not based on a due regard to the different excretions, and varied with their varying condition.

He then proceeded to apply this general law to the elucidation of the treatment of rheumatism and rheumatic gout, and showed that, inasmuch as these disorders depend on the presence of a morbid matter, the product of imperfect or faulty
assimilation, a proper action of the excretory organs is more than usually necessary. The alterations usually produced on the character of the excretions by the existence of rheumatism and rheumatic gout, were next alluded to, and some remarkable exceptions pointed out; and the author stated his opinion that the chief aim of treatment should be, by producing, as far as possible, an increase of those excretions which are scanty or deficient, to make each and all of the excretory organs assist in eliminating the materies morbi, and to endeavour, by close attention to the character of the excretions, to correct their morbid condition. He then referred to the good effects resulting from treatment regulated according to these views, and mentioned many facts to prove and illustrate the ill success which attends every mode of treatment in which the condition of the excretory organs is not attended to. Having fully established these general principles, his next endeavor was to point out the means by which they can best be carried out. He first premised that if all the excretions are scanty or suppressed, and if at the same time the pulse be full and bounding, venesection will not only relieve the general tension of the system, and alleviate the pain and general distress, but will be followed by action of the excretory organs. He then proceeded to discuss each of the excretions separately, and in regard to the perspiration, stated his conviction that much mischief is often done by interfering with Nature's mode of operation. No bath should be administered as long as perspiration takes place naturally, but if the skin is dry or acting sluggishly, a bath is essential to stimulate its action. He strongly recommended a water bath of 100° Fahr., rendered alkaline by potash or soda, but in the event of its being impracticable to make use of a water bath, the vapour or hot-air bath may be substituted. In either case the effects of the bath should be sustained by guaiacum and Dover's powder, or tartarized antimony and saline diaphoretic medicines. The only exceptions to this general rule are met with in persons of a weakly constitution, or towards the close of lingering cases. In such instances the perspiration is sometimes very profuse, but loses its distinctive empyrheumatic odour, and much of its peculiar acid character, and is accompanied by a soddened state of skin, a quick, feeble, irritable pulse, and not unfrequently by an eruption of sudamina. Tonics, such as quina and sulphuric acid, are then requisite, instead of diaphoretics and salines, and as soon as all feverishness has subsided, the cautious administration of iron is almost always beneficial. The urine was next appealed to, and made to furnish its quota of evidence. Dr. Fuller insisted strongly on the fact that the mere appearance of the urine, its colour, clearness, or torpidity,
affords no clue to its real condition—to the amount and character of its solid ingredients, which can only be ascertained by careful examination. This he proved by reference to facts, and then went on to show that the amount of solid matter excreted by the kidneys is usually much diminished, and that diuretics are necessary to increase their action. A most important question is, as to what diuretics should be employed. A state of congestion and irritation exists consequent on the abnormal condition of the blood, and the exhibition of ordinary diuretic medicines, which operate merely as renal stimulants, is more likely to increase that congestion, than to cause an abundant flow of urine. Hence cantharides, squills, nitric ether, scoparium, and other similar remedies are of little or no service, whilst alkalis and the neutral salts, such as the acetate of potash and the potassio-tartrate of soda, which correct the condition of the blood, are most active in promoting diuresis. So also are the preparations of colchicum. Water, too, proves of service by promoting the absorption of the salts, and assisting not only in the excretion of the solid matters, but in their subsequent solution. The condition of the urine, as to specific gravity, turbidity, and activity, was shown to be the best practical test as to the dose in which alkalis should be administered, the frequency of their repetition, and the propriety of persevering in their use. The alvine evacuations were next referred to, the necessity for strict attention to their character was pointed out, and the peculiar conditions which call for the administration of different remedies were clearly indicated. Dr. Fuller insisted upon the powerful cholagogue influence of aules and the acetous extract of colchicum in these cases, and urged the administration of these remedies, in conjunction with blue pill or calomel, whenever it appears desirable to excite an increased flow of bile. The principles of treatment already laid down were next applied to chronic rheumatism, and subsequently to rheumatic gout, and it was shown that in the latter form of disease the treatment requisite to produce the desired effects need considerable modification according to the stage of the disorder, and the constitution of the patient. A disregard of this fact, together with the practice, too prevalent in the present day, of prescribing each medicine separately, constitute, in Dr. Fuller’s opinion, the chief cause of the frequent failure of the treatment ordinarily employed in rheumatism and rheumatic gout, and form additional grounds for a close examination of the excreta, inasmuch as such an examination proves that no two cases are alike, but necessarily require remedies differing widely in their character, no less than in the dose in which, and the period of the attack at which they should be administered.
Dr. Semple, after speaking of the unsatisfactory results of the treatment of rheumatism which he had formerly pursued, by bleeding, &c., observed, that for some time past he had treated all cases of acute rheumatism with lemon-juice, and the result had been invariably satisfactory. For the first few days of treatment he placed the patient on strictly low diet, and administered the juice of six lemons daily; this, with opium, given in the form of the soap-pill, formed his entire treatment. The opium was given in doses sufficient to relieve the pain, and might consist of one, two, or even three grains. Under this plan the pain gradually became less, the fever subsided, and the disease abated. The return to health was more rapid than when exhausting treatment had been resorted to. Care was requisite, after convalescence, that the diet was not too stimulating. This treatment had the advantage of allowing us to use more energetic measures when any local complication, as heart disease, took place, as the system had not been previously exhausted by treatment. The plan had also the advantage of simplicity, and surely that was a very great one. He did not profess to determine the modus operandi of the lemon-juice, but its beneficial results were unmistakable.

Dr. Theophilus Thompson thought that in Dr. Fuller's paper the importance of the state of the excretions as an indication of the mode of treatment to be employed, had been overrated. The author had accidentally touched upon a more important point—viz., the state of the blood in rheumatism. In this disease we must have a careful regard to the general condition of the patient, as well as paying a strict attention to the state of the secretions, for a similar state of the excretions might exist under very different conditions of the system, and different modes of treatment be therefore indicated. The excretions, too, instead of being guides to treatment, might only show that the disease was passing off. Respecting lemon-juice in rheumatism, he had found it of more service in inflammatory cases of the disease, in which the patient was not robust, and depletion could not be resorted to.—[Ibid.]

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Of Certain Pathological states of the Blood, and of their Treatment. By James Copland, M.D., F.R.S., President.

The author, after describing various symptoms and signs of irritation of the blood, and noting more particularly the changes observed in the excretions, &c., deduced a series of inferences as the bases upon which he founded his practice and treatment. He arranged the vitiations of the blood under certain heads or
categories, according to the causes, extrinsic or pathological, producing them, with reference to the indications of treatment, and these comprehended the following seven orders:

1. Vitiations produced by imperfect assimilation or development of the blood-globules.

2. Vitiations occasioned by the increased action of the organs, which waste or decompose the hæmato-globulin—which increase the fibrine and augment the urea.

3. Contaminations arising from the absorption of purulent, sanious, or other morbid matters, into the circulation, or from the imbibition of any of these by the veins or cellular tissue.

4. Alterations sometimes supervening on the foregoing, or complicating the latter, such as fibrinous coagula or concretions, or inflammation of arteries, veins, or lymphatics, puriform infiltrations, or fomentations.

5. Vitiations occasioned by the imperfect performance, or by the interruption or suppression of a depurating function.

6. Contamination produced by morbid miasms, or by specific seminia, as in malignant, pestilential, and septic maladies.

7. The inoculation of poisonous secretions or fluids, as the fluids from erysipelas or inflammation, from asthenic or diffusive inflammation, from bodies recently dead from malignant diseases, or from putrid animal matters.

The treatment appropriate to each of these orders or categories of blood vitiation might be differently estimated by different observers; the author professing, however, to give only the results of his own observation and experience. His practice had been based upon a close observation, and upon rational inferences from such observation. The treatment adopted by the author in these various conditions was then detailed, illustrated here and there by some very instructive cases. The author dwelt at some length on the treatment of that morbid state of the blood which occurred in acute rheumatism, and which is characterized by the redundancy of the fibrinous and ureal constituents of the blood. What medicines would counteract the disposition to fibrinous attraction in the blood, or such as might exist? Calomel, and calomel and opium, diaphoretics, emetics, purgatives, were doubtless excellent initiatory means to diminish excrementitious plethora; but to promote the depuratory functions he had found the greatest advantage from magnesia and its citrate, the carbonates and citrates of the fixed alkalies, the bibrates of soda and potass, the nitrate and chlorate of potass, sublimed and precipitated sulphur, &c., &c., as well as the various preparations of cinchona and turpentine. For the treatment of the sixth category, the advantages derived from large doses of turpentine were detailed; and the
author concluded by expressing his hopes that he should be excused for having made so frequent reference to his own writings, where many of the matters comprised in this extensive subject were more fully discussed; but he had his own originality in some topics to vindicate, as several authors who had recently written, had considered that opinions and ideas were fair objects of plunder, if they could be conveyed away without reference to their originators, and in a different array of words.—[Ibid.

**Prognosis and Treatment of Epilepsy.**

The *Union Médicale* for May 17th and 19th, contains an article by Dr. Herpin, of Geneva, on the above subject, of which we now give an abstract.

In the *Union Médicale* for December 1, 2, and 7, 1852, M. Moreau, of Tours, relates nine cases of epilepsy, in which oxide of zinc had failed to arrest the disease, a remedy stated by Dr. Herpin to be of considerable efficacy. Seven of the cases were of the class stated by Dr. Herpin to be most amenable to treatment, and the medicine was administered according to the rules laid down by him in his essay, *Du Prognostic et du Traitement curatif de l'Epilepsie*, published last year at Paris. Dr. Herpin points out the causes of M. Moreau's want of success, in the following manner:—

1. The first remarkable point which may account in a great measure for the different results obtained by M. Moreau and Dr. Herpin was, that eight of M. Moreau's cases were hospital patients, while Dr. Herpin's were private patients. Dr. Herpin observes, that physicians who have the charge of epileptic wards in hospitals regard the disease as almost always incurable; while those who see the patients at home, as far as can be judged from their writings, form a very different prognosis. Tissot, Odier, De la Rive, and C. Vieuxusseux, all believe in the curability of a fair proportion of epileptic cases. A principal cause of the difference between the opinions of the two classes of practitioners is, that those in private practice generally see the disease from its commencement, while hospital physicians almost always have to treat severe or obstinate cases.

2. M. Moreau had only male patients; Dr. Herpin had more females than males. From an analysis of his cases, Dr. Herpin arrives at the following results:—

Of twenty-six female epileptic patients, sixteen were cured, six were improved, and four were incurable.

Of twenty-four male epileptic patients, twelve were cured, four were improved, and eight were incurable.
There were thus twice as many incurable cases among males as among females.

3. With regard to age, Dr. Herpin has obtained the following results:

Of thirty-five patients under 20 years, eighteen were cured, nine improved, and eight were incurable.

Of nine patients aged from 20 to 50, five were cured, one was improved, and three were incurable.

Of six patients aged from 50 to 80, five were cured, and one was incurable.

The period of life from 30 to 50 furnishes a third of incurable cases; while the other two do not together supply a fourth. All M. Moreau's cases were from 19 to 50 years of age, the most unfavourable period.

4. With regard to the previous duration of the disease, Dr. Herpin finds that

Of twenty-three cases, which had existed less than a year, fifteen were cured, five were improved, and three were incurable.

Of twenty-seven cases of from one to twenty years' duration, thirteen were cured, five were improved, and nine were incurable.

While nearly one-half of Dr. Herpin's cases were of less than a year's duration, three of M. Moreau's patients had been ill from fourteen to twenty months, one for two years at least, three for six years, and one for about twenty years; the ninth had recent attacks of vertigo, but had probably had an epileptic attack six months before.

5. With regard to the number of attacks previous to treatment:

Thirty epileptic patients, who had had less than twelve attacks, furnished only three incurable cases.

Twenty-two patients who had had at least from thirty to a hundred attacks, furnished twelve completely obstinate cases, being at least five times as many as in the preceding category.

Of M. Moreau's nine cases, one, who was seized with vertigo, had perhaps had a fit; one patient had had only four attacks; one had had about fifty; four from seventy to eighty; one more than a hundred; and one more than five hundred. Besides this, one of the patients had, before the commencement of treatment, paralysis, denoting organic lesion of the brain, which was proved by the autopsy; and another had been twice insane. This latter circumstance was met with in one of Dr. Herpin's cases, in whom, though the conditions for treatment were otherwise favourable, the disease remained incurable.

Besides these causes of failure in M. Moreau's cases, Dr.
Herpin points out that the want of sufficient judgment in the choice of treatment is perhaps a more powerful obstacle. He observes that as long as we are unacquainted with the indications of each remedy for epilepsy, we must begin by giving that which experience has shown to have succeeded in the greatest number of cases; then, in case of failure, we must have recourse in succession to other remedies of efficacy. By employing only one, especially in a number of patients placed in the same conditions as to age, sex, etc., we render ourselves liable to fall on the medicine which is not indicated. This is precisely what, it seems, has accidentally happened to M. Moreau.

Oxide of zinc is believed by Dr. Herpin to fail generally in epileptic patients in the vigour of their age, especially in men. Taking the whole of the cases placed in favourable conditions as regarded the number of previous attacks, and which were treated by oxide of zinc, he finds that there were twenty-six cures and five failures—all the latter being in patients between the ages of seventeen and fifty-nine years. On examining into the results of the treatment by oxide of zinc in men of between 20 and 50 years, in order that the conditions of sex and age might be the same as in M. Moreau's patients, Dr. Herpin finds six patients who were almost all in the most favourable conditions for treatment. In one, venesection appeared to have more influence than the zinc in producing improvement. Of the remaining five cases, there were—one cure without relapse, in a patient who had had only three attacks; two cures followed by relapse—in one of these the oxide of zinc failed on the subsequent trial; one in whom improvement was produced at the age of 15, but in whom the same remedy failed ten years later; and lastly, one in whom the disease altogether resisted treatment, although it had been commenced five days after the first attack. Thus, while the total number of favourable cases treated by zinc are in the proportion of five to six, adults furnish only three cases out of five, and in only one of these was the cure permanent.

In adult age, it is necessary to give zinc in large doses and for a considerable time; in childhood and old age, the same result is obtained from smaller doses, and, in some cases, from almost insignificant quantities.

The preceding observations appear to Dr. Herpin to afford sufficient reason for arriving at the following conclusions:

1. Oxide of zinc seems to be indicated as an anti-epileptic in children and old persons.
2. It often fails in persons of middle age, especially in men.
3. If it be employed in females, it must be given in large doses and for a long time.
Whatever, Dr. Herpin observes, may be the remedies employed, it is of the highest importance that the disease be treated at as early a period as possible. He is convinced that, by perseveringly treating epilepsy from its earliest manifestation, there is a certainty of cure in a large majority of cases. At present, some mistake the first symptoms of the disease; others treat it for a time by means almost always inefficacious, such as bleeding, anthelmintics, etc.; others again try useful remedies, but timidly, and without effect. A small number, chiefly hospital physicians, form a tolerably accurate notion of the choice of medicine and of the results obtained; but they are placed in the worst conditions for acting at the most favourable moment.

Dr. Herpin promises, at a future period, to publish in the Union Medicale the details of some cases in the private practice of himself and others, giving both the successful and the unsuccessful cases in the proportions in which they have been met with.—[Association Medical Journal. American Journal of Medical Sciences.

On the Cause of Permanent Flexion of the Knee Joint, after Amputation of the Leg. By J. M. Carnochan, M. D., Chief Surgeon to the State Emigrants’ Hospital, &c.

The improvements of late made in mechanical inventions to supply the defect resulting from amputation of the lower extremity, have been practically useful as regards amputation made below the knee. It is now no longer good surgical practice, in injuries or diseases of the foot and of the lower part of the leg, to amputate at the former place of election—that is, four fingers’ breadth below the tuberosity of the tibia. The more rational principle is adopted, to remove the offending part by incisions made as far as possible from the trunk, or from the centre of circulation. The former reason given for amputating the leg, in injuries or diseases of its lower third, was the necessity of having a short stump, in order that the knee might be more conveniently flexed and adjusted to the mechanical apparatus intended to serve as a substitute for the original limb. It was supposed that the knee bent would present the most suitable surface to rest upon the artificial member, such as those formerly in use. From this doctrine two evils resulted. In the first place, nearly two-thirds of the leg were sometimes unnecessarily removed; and in the second, the motion of the knee joint was unavoidably lost.

Artificial limbs, as they are at present made, are constructed
upon a different principle, so as to preserve the motion of the knee joint; and to attain this end, it is necessary to preserve the power of flexion and extension, and the capability also of maintaining the stump and the remaining portion of the leg in a straight position. These important points are to be accomplished by attention to the manner of fashioning the flaps or the incisions of the operation, to the care observed in applying the dressing, and to the position in which the limb is placed and maintained during the process of cicatrization.

It frequently happens, after amputation of the leg below the knee, from neglect of proper precaution, that the stump, or remaining portion of the leg, becomes permanently flexed, so that it cannot be extended in a straight line with the thigh; and, on this account, it is not possible to adjust an artificial limb made according to the recent improvements. Under such circumstances, it happens that a patient presents himself, some four or five months, or longer, after the amputation, to have the stump made capable of perfect extension by an operation. In such a case, it might be supposed that the flexion of the joint was maintained by the long flexors running from the pelvis to the upper part of the leg, such as the semi-tendinosus, the semimembranosus and biceps.

A recent dissection which I had an opportunity of making upon a limb amputated many months previously, satisfied me that such was not the fact. The limb had been amputated about five inches below the joint by the posterior flap operation, and had been kept in a flexed position during the healing of the stump. When examined by me, it was found that the stump could not be extended farther than to make an obtuse angle with the thigh, although natural flexion could be easily effected. In a similar case, I had known the entire muscles bounding the popliteal region on both sides of the limb, to be divided without producing the desired straight position of the limb. The operation in this instance was performed for the purpose of effecting extension of the joint, preparatory to the adjustment of an artificial leg.

Observing the entire failure of the division of the muscles of the ham to change the mal-position of the joint, I concluded that the heads of the gastrocnemii or the ligamentary part of the joint must be at fault. The recent dissection I made in relation to this point verifies the supposition, that the joint is maintained in the state of permanent flexion by the action of the upper part of the gastrocnemius. While the dissection was being made, Dr. Gould, one of the House Surgeons to the Hospital, noted down the following details: The subject placed face downwards, the integuments and subcutaneous adipocel-
lular layer of tissue were removed from the posterior surface of the lower half of the thigh and the posterior portion of the leg forming the stump. The fascia thus exposed was found perfectly healthy, neither contracted nor thickened. The sartorius was relaxed, and its tendon being divided, no extension of the limb could be effected. In like manner the tendons of the gracilis, semi-tendinosus, semi-membranosus, and biceps were divided successively, but still no disposition of the limb to become extended was manifested, although considerable force was used to effect this result.

The tendons of the above-named muscles were neither contracted nor bound down by effused lymph, thus proving conclusively that they were not the cause of the permanently flexed position of the knee joint. The ligaments of the knee joint were then closely examined, but not cut away; they also seemed perfectly natural. On severing a fold of the fascia lata attached to the external margin of the vastus externus, the leg yielded slightly, but by no means to any extent. Thus far everything had been removed on the posterior aspect of the thigh down to the bone, and nothing detected which could account for the obstinate flexion. The external head of the gastrocnemius was next separated from its insertion at the femur, and the leg yielded considerably; the internal head being also separated from its origin, the leg at once resumed the extended position to the full extent. The popliteus was found relaxed—the crucial ligaments slightly contracted from want of the natural movements.

The cause of the permanent flexion of the knee joint, after amputation of the leg, is thus clearly shown to be seated in the faulty condition of the upper portions of the gastrocnemii running between the posterior surface of the lower part of the femur and the extremity of the stump. The fascia lata may be slightly contracted; but the flexor muscles, which take their origin from the pelvis, and form the lateral boundaries of the popliteal region, are in no way implicated in maintaining the permanent flexion of the joint.

It is apparent, from what has been stated, that tenotomy of the hamstring muscles would be unavailing to restore the limb to a straight position. The dissection of the heads of the gastrocnemii from their origin is an operation of too serious a character to be practised in such a case upon the living; and when the angle of permanent flexion is considerable, and has been of long standing, it is improper to resort to such mechanical violence as would be requisite to effect extension of the limb. It is better, under such circumstances, to use an artificial limb, which can be adapted to the flexed condition of the
knee joint. In order to preserve to the patient the power of full extension of the stump after amputation below the knee, attention must be given to maintain the extended position of the knee joint during the cicatrization of the stump; and by accomplishing this, an artificial limb can be adjusted to the stump, and in such a manner as to retain the free extension and flexion of the knee joint during progression—an advantage which, if possible, should always be secured to the patient.


On the Signification of the Milk-crust in Infants.

Dr. F. Van Willebrand observes, that, both among the profession and the public, the idea prevails that the milk-scab is innocent and curable, and that it is the result of an effort of the system to throw off some acrid scrofulous humour by the skin. He denies the scrofulous nature of the above-mentioned disease, and proceeds to offer some remarks upon scrofulosis generally.

Recent investigations, and especially those of Lebert (Traité des Malad. Scrof.,) have shown that in scrofula there is no peculiar matter or deposit, nor any special disease of the organs; and that, therefore, we are not justified in regarding scrofula as a specific disease. The glandular swellings upon the surface of the body, which have for so long been regarded as characteristic of scrofula, are, as proved by Andral, Velpeau, and Rokitansky, only a secondary affection, which arises from irritation in parts from which the absorbent vessels proceed, but which may continue long after the cessation of the local irritation. As a cause of glandular swellings in the neck, the author mentions irritation of the mucous membrane of the mouth by dentition; in older children, by carious teeth; irritation of the Schneiderian membrane; chronic conjunctivitis, inflammation of the mucous membrane of the ear, inflammation of the brain (according to Griesinger,) and especially cutaneous eruptions of the head and face. The peculiar ramifications of the lymphatic vessels in the places here enumerated explain the frequent occurrence of glandular swellings of the neck in consequence of affections of the skin, in which the different degrees of irritability of the lymphatic system exercise a most important influence. As instances of glandular swellings occurring at a distance from the local irritation, the author mentions swellings in the axilla, consequent upon vaccination, and remarks, that he has seen glandular swellings, terminating in suppuration, in the neck from the same cause. As, however, a morbid irritation once excited in the lymphatic system may
spread after the cessation of the local cause, so may glandular swellings continue or increase after the cicatization of the vaccine puncture; a fact which the author affirms he has often witnessed. He considers these swellings in no way connected with the protective influence of vaccination; on the contrary, he pronounces them the results of a morbid process complicating vaccination, and he deems it best for the health of the child to make as few punctures in the arm as possible, because many of them tend to excite glandular swellings. Although these enlargements of the cervical glands depend, in by far the greater number of instances, upon no corruption of the blood, but are secondary, and excited by different external causes, yet it cannot be denied that morbid conditions of the lymphatic system, let them proceed from whatever cause they may, exert a prejudicial influence upon the composition of the circulating fluid. All investigations, however, upon the deviations from the normal constitution of the blood in scrofula are valueless, because our conceptions of the disease are too fluctuating and arbitrary.

From the preceding, the author concludes that the milk-scab is not to be regarded as dependent upon scrofula; he rather supports a totally converse view to that, which attributes a purifying effect upon the blood to these cutaneous eruptions. He thinks that most eruptions of a chronic character proceed from external causes, and he especially mentions eczema and impetigo. As external causes, he enumerates deficient attention to the skin, both dirtiness and excess of cleanliness, especially constant bathing in hard water, by which the integument loses its oil, so necessary for its lubrication and protection; rubbing and irritation of the skin by rough coarse hands. The custom, in Finland, of washing and dressing children before a stove is to make up for the want of the sun's warmth. The author has often noticed the first appearance of an eruption after exposure of the child to a sharp raw air. As internal causes, he speaks only of dentition and disturbances of the digestive organs. The spread of eruptions he explains by the ramifications of the lymphatic vessels under the skin. The effect of prolonged irritation is to cause congestion and inflammation of particular spots of integument, upon which vesicles, and pustules, and other simple forms of skin disease may appear. For an example, he brings forward the itch; the occurrence of eczema, after the application of blisters. No hypothetical acrid state of the blood is allowed by him under any conditions. All Dermo-pathologists agree that this eruption—viz. the milk-scab—so long as it is of limited extent, may be cured without harm, and, indeed, must be cured. But, when the disease has
The Treatment of Erysipelas Analyzed. By Sanford B. Hunt, M.D.

I propose to bring the various remedies employed in the treatment of erysipelas to the test of a critical analysis, based on the ascertained facts of the disease; laying down first the proposition, that we should exhibit no remedies without knowing why we do so.

When a few years since malignant erysipelas first prevailed to an alarming extent in this section of country, the views of
medical men both as to its pathology and tendencies, and as to its treatment, were unsettled and unsatisfactory. The epidemic of 1844 and '5, was exceedingly fatal, as might have been expected in this state of medical opinion. Sundry points of pathology were at that time settled in the minds of thinking and observing men. Among these the following may be laid down as propositions, then verified and placed among the facts of the profession:

1st. Erysipelas is a contagious exanthem, originating in the presence of a specific blood poison, either conveyed into the system by contagion, or developed there by certain morbid processes not understood.

2d. The tendency of erysipelas is toward recovery by the self elimination of the blood poison.

3d. The action of this poison depresses the vital powers, but not usually to a fatal degree. When the poison is directed from the surface toward the nervous centers, we shall have symptoms much more alarming than when it expends itself in cutaneous inflammation.

Probably these propositions are no novelties, and will be readily acceded to by all who have carefully watched the disease in question. I shall not, therefore, enforce them by any argument, but shall confine the scope of this article to sundry deductions as to treatment, devised from these data.

1st. If erysipelas is a contagious exanthem, analogy would lead us to suppose that its management should be governed by the same rules which guide us in the other principal exanthemata, viz., scarlatina, rubeola, variola, varicella, and continued fever. All these disorders belong to the same family, and are subject to the same laws. All have their origin in contagion, though some of them may be self-developed. All of them depend upon blood poison as their cause. All are self-limited; in all of them an abortive treatment is perhaps impossible; in all of them the degree of danger depends upon the degree to which the nervous centers are affected by the poison; and in all of them that treatment will be most successful which most favors the elimination of the specific poison. These analogies are worthy of consideration. We may argue with tolerable certainty from one to the other, and may readily conclude that one principle of treatment should govern the whole. And in the whole art of therapeutics no principle is better established than that depletion is inadmissible in all this class. Erysipelas is a blood poison. Therefore any merely local treatment must be generally insufficient. I say generally, because there are many cases in which this poison expends itself almost as locally as does vaccinia in its usual mild career. Of course, in such
cases local treatment will be not only sufficient but superfluous. Prof. Bennett saw in the Hotel Dieu, a number of cases which were receiving no treatment—M. Louis asserting that erysipelas of the scalp was never fatal. And this accords with all our pre-conceived notions of eruptive disease. When the eruption comes out fair, thus affording the best chance for elimination, when it occupies only its natural locality, the skin, and is thus uncomplicated with visceral inflammation, we expect a recovery *tuto, citoque, jucunde*, without much, if any medical interference, and the only judicious treatment in any of these diseases, is that which directs the morbid matter in common with the whole tide of circulation toward the surface.

The elimination of the specific poison of erysipelas is conducted by the usual emunctories—the skin and the kidneys. Free diaphoresis exerts a most favorable influence upon the progress of the disease, tending to shorten the process of elimination. The occurrence of desquamation, even when no bullae exist, indicates the effusion of fluid beneath the cuticle, and it is not improbable that this effusion subtracts its quantum from the sum total of disease. The relative quantity of urea in the blood seems to have in this, as in all other exanthemata, an influence upon the severity of the disease. But what this influence is we do not know, though we may hope that with our present means of investigation, the thing may soon become clear.

In erysipelas, as in other desquamative disease, we find frequently—not always—the accompanying sign of albuminuria. This occurs at the period of declination, and depends upon the solution of the renal epithelium in the urine. That this is a part of the process of elimination is not proven, and it may be found to depend upon a local disorder of the kidneys, incident to the increased secretion of urea occurring at the period of declination. The plain indications of treatment derived from these natural phenomena, are to encourage the secretions of both the skin and the kidneys.

2d. The tendency of erysipelas is toward recovery. This is proven by the small average of deaths—the recovery of many cases in which the disease has run its course uninfluenced by medication, and finally by the analogy derived from the natural history of other eruptive diseases.

3d. Whenever the symptoms become alarming it is not from the acute or destructive character of the inflammation, but from a depression of the nervous energy. Gangrene is of extremely rare occurrence. Abscess is more common, but still so unusual as not to be classed among the natural sequelæ of the disease. When erysipelas assumes a bad type, we find
the inflamed surface loses its lively red, and acquires a dark, purple hue; the skin is dry; the urine suppressed; the tongue has a dry, brown crust; the teeth are covered with sordes; the pulse grows frequent and fluttering; delirium and coma are present; in a word, we have typhoid symptoms. All this retinue of bad signs have their origin in a morbid impression on the great nervous centers, and we readily draw the indication of a supporting treatment. If the disease pursues its natural course, finding outlet by the skin and kidneys, we shall have the vital powers unimpaired, the reason clear, and the pulse—the great indicator of nervous disorder—undisturbed. But when from any cause, the poison is retained in the circulation, and goes on increasing by zymosis, we shall find that the brain becomes congested—that the disease has left its wonted channels, and is expending itself upon organs more important—upon the great moving power—the nodus vitae itself.

It seems to me that if what I have advanced be true, we have a sufficient basis for a scientific and successful treatment of erysipelas, which by a parity of reasoning will apply to the other eruptive zymotics. It is not probable that those things yet unexplained will have the same important bearing upon treatment as the facts already in our possession.

Treatment.—Most of our systematic authors speak of bleeding as admissible, and even praiseworthy, in the country, but not admissible in the form seen in cities. But if what has been said about the tendencies of the disease to typhoid action, the little danger of an unfavorable result from the extent or violence of inflammatory action, and the importance of maintaining the nervous system in full vigor be of any moment, then is a bleeding in erysipelas as unphilosophical as in continued fever, variola, or any other exanthem. The safety of the patient lies in the activity and lively character of the local inflammation; for the extent of the inflamed surface is only an indication of the amount of blood poison and the activity of zymosis.

The diaphoretic treatment seems, at first view, to be theoretically and practically correct, as indeed it is. But to secure diaphoresis, we should not administer those drugs which, by their depressing influences, lessen the nervous energies—e. g., antimony. There are, however, diaphoretics of a different class to which no such objections can apply, as the acetate, and carbonate of ammonia. Whiskey punch, which at first view would seem a good stimulant diaphoretic, is objectionable on account of the reaction and torpor of the nervous system following its use.
Diuretics are also indicated, but the antagonism of the skin and kidneys renders it difficult to meet both these indications at once. Perhaps colchicum, tending directly to the removal of urea, might be found the best diuretic.

But even these indications, important as they are, yield to the necessity, in serious cases, of supporting the nervous powers. Quinine is thus valuable, and here do we find what I conceive to be the true theory of Hamilton Bell's treatment by the Tinct. Perri Muriatis. He himself argues that the capillaries are in an a tonic state, and that the system being rapidly saturated by this powerful astringent, the atony is removed. Evidently if this were true, cold affusion would be equally successful. In the only case in which I have had the opportunity to observe the action of this remedy, it was commenced twelve hours after the appearance of the eruption. The pulse was 100, full, and firm. Fifteen drops of the muriated tinct. were given every two hours. A cathartic was given with the first dose. The patient was a blacksmith, aged 35. There was no other treatment, either general or local. Under the remedy he sweat profusely, and forty-eight hours after the treatment commenced, the pulse was 72 and soft, and the swelling, which had occupied the whole face above the mouth, closing both eyes, was declining. He convalesced rapidly. This is a single case. Perhaps a collection of cases might give a different result, though this case is similar to those reported by Dr. Bell in all particulars. In attempting to explain the action of the remedy we say this much: The iron is a good tonic, and is prima facie, as well adapted to the disease as quinine. Perhaps by the action of the iron, the nervous system is exalted to a pitch which enables it to exert its whole energies in throwing off the poison.

Cathartics.—Probably there is no case of erysipelas which will not at some time in its course, be the better for cathartic action.

Another corollary to our proposition is, that all local applications further than those tending to relieve itching and pain, are unnecessary and mischievous. If by local applications you cut short the inflammation, you lengthen correspondingly the disease. This may not hold true in a far advanced stage of the disease.

It will be seen that by this process of analysis from established facts, we rather subtract from, than add to our armamentaria against this disease. The whole treatment is reduced to a simple combination of tonics, diaphoretics, and diuretics. The peculiar remedies which have my preference I have indicated, viz., iron, colchicum and the acetate of ammonia; but it is
probable that other articles of the materia medica may fulfil the same indications, nearly, if not equally as well.—[Buffalo Medical Journal.

Sesquichloride of Iron, etc., in Erysipelas.

Many instances have lately occurred in the London hospitals, in which the treatment of erysipelas by the much-vaunted tincture of iron has appeared to be very successful, but none of the experiments have been sufficiently crucial in their character to warrant us in considering their results as conclusive. Still, however, the evidence in favor of the remedy is very strong. Some of the patients on whom it has been tried have been young children. With regard to local applications in this disease, it may be stated that the wrapping up the affected part in a large and thick sheet of cotton wool, appears to be very superior in its protecting influence to all others. In several severe cases of erysipelas of the scalp, lately, in St. Thomas's Hospital, Dr. Goolden had the whole affected parts smeared over with a thick coating of white paint. The patients did very well, but the remedy is not an agreeable one to use. It is, we believe, in common employment in some of the pottery districts, where erysipelas of the face and head, from the alternate exposure to cold draughts and to furnace heat, is very frequent.—[Med. Times and Gazette.

Pityriasis Versicolar curable by Local Application.

This common disease, known vulgarly as "liver spots," and in the nosology of Wilson as chloasma, is one generally acknowledged to be of extreme intractability. Mr. Paget, we notice, among his out-patients at St. Bartholomew's, does not adopt any constitutional treatment whatever, but simply orders a wash of the bichloride of mercury (gr. j. ad 3 j). He informs us that he has never known a case long resist the influence of this remedy regularly applied to the whole affected surface once in the day. At the Skin Hospital, although an arsenical course of internal medication is always prescribed at the same time, yet a mercurial lotion is also used, and may possibly be the chief curative agent. In the hands of Dr. Jenner, at the University College Hospital, the sulphurous acid has, we understand, succeeded very well. There can be little doubt but that the disease is almost invariably curable by local applications solely (parasiticides ?). In relation to this mode of cure, it is important to connect the observation of Eichstedt and others as to the eruption depending on the presence of a cryptogamic
Cure of Toothache by Emetics. By Cesar Fredericq, of Ghent.

The pain caused by a carious tooth, observes the author, is sufficient to induce the sufferer to try every means for relief. Of all topical anti-odontalgics, creasote, as a cautery, appears to me to possess most advantage. But besides these remedies, there is one too much neglected in my opinion: I mean, the use of emetics. Ipecacuanha, given in a vomitive dose, in case of toothache, has been followed by a success wholly unexpected. It answered even in cases where the neuralgia has remained after the extraction of the tooth. Emetics constitute a valuable resource in cases of odontalgia without caries. There are many varieties of toothache. It may be symptomatic of other affections, or it may be produced by an ephemeral cause. Commonly the pain is attributed to the caries, but, if so, why should not the pain be permanent in a carious tooth? Why do not people suffer continuously? Some determinate cause must be at work for the production of pain; and this varies considerably. The author believes that gastric disturbance often coincides with odontalgia, and that the close sympathy which exists between the stomach and the brain, explains why a powerful impression made on the former should exert an influence on the nerves of the head.—[L'Observateur des Sciences Médicales, and London Lancet.

MISCELLANY.

Minutes of the Fifth Annual Meeting of the Medical Society of the State of Georgia, held in the City of Macon, April 12th, 1854.

MACON, GEORGIA, 12th April, 1854.

The Society met in Adelaide Hall at 10 o'clock, A. M., Dr. R. Q. Dickenson, 1st Vice President, in the Chair. Dr. O'Keeffe being absent, Dr. Nottingham was appointed Recording Secretary, pro tem.

On calling the roll, the following members answered to their names: Drs. R. D. Arnold, of Chatham County; H. L. Battle, of Bibb Co.; Thos. W. Bell, of Houston Co.; J. R. Boon, of Bibb Co.; S. W. Burney, of Monroe Co.; H. Coe, of Fulton Co.; P. B. D. H. Culler, of Houston Co.; R. Q. Dickenson, of Dougherty Co.; L. A. Dugas, of

The minutes of the last annual meeting having been read, were confirmed.

On motion, the rules were suspended, and the following gentlemen, upon written application, were duly elected members of the Society, viz.—


The election of officers being next in order, a ballot was ordered, and the following gentlemen duly elected:

R. Q. Dickenson, M. D., President.
S. W. Burney, M. D., 1st Vice-President.
J. M. Green, M. D., 2nd " "
G. F. Cooper, M. D., Corresponding Secretary.
D. C. O'Keeffe, M. D., Recording Secretary.
C. B. Nottinghamb, M. D., Treasurer.

On motion of Dr. Arnold, the election of Delegates to the ensuing meeting of the American Medical Association, was deferred for the present.

Reports having been called for, Dr. Arnold stated that he was prepared to report in the matter of Dr. H. A. Ramsay.

Whereupon, Dr. Dugas begged leave to state, that as soon as he learnt that he had been appointed on that Committee, he addressed a note to the President of the Society, declining to serve.

Dr. Ramsay stated, that he had never been officially notified that any action was to be taken against him, and that he had never received any written communication.

Dr. Arnold replied that he had not sent any manuscript notice to Dr. Ramsay, but that soon after the publication of the Transactions of last year, he had had a copy mailed to Dr. R., at his residence.

Dr. Mackall, Chairman of the Committee on Publication, then said that he had mailed a copy to Dr. R. in November last.

Dr. Ramsay replied that he had not received a copy until February last, which was less than three months ago, and therefore he had not received the notification in the time required by the Constitution.

Dr. L. A. Dugas offered the following preamble and resolution,
which, together with the whole matter pertaining to Dr. Ramsay's case, was, after some discussion, on motion of Dr. Nottingham, referred to a Committee of five, (Drs. Nottingham, Burney, Franklin, Mackall, and Gordon,) with instructions to report at the earliest practicable moment:

By Dr. Dugas: Whereas, Dr. H. A. Ramsay affirms that he did not receive until last February the copy of the Transactions of this Society, which was mailed to his address in October or November last by the Chairman of the Committee appointed to notify Dr. Ramsay of the action of the Society in reference to the tender of his resignation: And whereas the Constitution of this Society requires that any member of the Society accused of a violation of its sections shall be notified of such accusation in writing three months anterior to the next regular meeting:

Resolved, That the whole subject be now laid upon the table, and that the resignation tendered by Dr. Ramsay be accepted.

Dr. Mackall offered the following resolution:

Resolved, That the President appoint a Committee of one from each Congressional District represented at this meeting to prepare business for the Society. (Passed.) The President reserving the appointment until the afternoon meeting.

On motion the Society adjourned to half-past three o'clock, P. M.

C. B. NOTTINGHAM, Rec. Sec'y, pro tem.

**Afternoon Session.**

Society met at half-past three o'clock. The President called to order and business was resumed; requested Committees to report according to Article 5th of Constitution.

The President having called for reports from auxiliary societies, Dr. H. Coe stated that the report of the auxiliary society of De Kalb County was ready, and in the possession of the proper officer, who had been detained on account of sickness.

**Reports from Special Committees.**

1st. Dr. Dugas, after stating the general purport of his report "On the relative value of Lithotomy and Lithotrity," was, on motion, permitted to amend it, and hereafter to submit the same to the Committee on Publication.

2nd. Dr. J. A. Eve made a report on the use of anaesthetic agents in obstetric practice. Report received and referred to the Committee of Publication, with a request that the author add cases illustrative of the report.
Dr. Arnold presented the excuse of Dr. P. M. Kollock for failure of his report.

Dr. Nottingham presented the report of the Committee on Dr. Ramsay's case, which was as follows:

We, the Committee appointed to investigate the charges preferred by the Medical Society of the State of Georgia, against Dr. H. A. Ramsay, in consequence of his voluntary retraction of all harsh epithets and accusations, charging the Society with corruption, hereby recommend the adoption of the following resolution:

Resolved, That the difficulties heretofore existing between Dr. H. A. Ramsay and the Medical Society of the State of Georgia have been amicably and honourably adjusted.

C. B. Nottingham, R. C. Mackall, S. W. Burney, M. A. Franklin, J. M. Green

Committee.

Dr. Ramsay's Retraction.

Believing that the various charges of cliqueism and corruption, which I have from time to time preferred against the Medical Society of the State of Georgia, have had their foundation in a misconception of what has in fact been the action of that body in reference to me and my publications, I respectfully beg to say that I have done the association injustice, and hereby unconditionally recant all matter which may be found in a Pamphlet issued by me (in the form of an Address to the Medical Profession) in 1852; in an Essay designated the "Necrological appearances of Southern Typhoid Fever in the Negro"; as well as in any anonymous publications that I may, at any time, have penned, which may be considered as disrespectful or offensive to the Society.

Macon, Ga., April 12th, 1854.

H. A. RAMSAY.

The above Report and Retraction were received and accepted by the Society.

Dr. Wm. Bunn, of Wilna, Houston County, was elected a member of the Society.

The President announced as the Committee on Business, consisting of one from each Congressional District represented at this meeting the following gentlemen:

1st. Dr. R. C. Mackall; 2nd. Dr. J. S. Clements; 3rd. Dr. Harrison; 4th. Dr. Coe; 5th. Dr. Weatherly; 7th. Dr. Cornwall; 8th. Dr. Dugas.

Drs. G. F. Cooper, of Sumter County, and D. C. O'Keeffe, of Greene County, arrived and took their seats as Secretaries of the Society.

The following statement and report on the finances of the Society were submitted by the Treasurer:
C. B. Nottingham,
To Cash of Dr. S. W. Burney, former Treasurer, $60 00
  " " " R. C. Black 15 57
  " " " J. F. Alexander. 20 00

To Cash arising from Initiatory Fees, $24 00
  " " " Assessment of 1852, 50 00
  " " " 1853, 198 00— 272 00

$367 57

By Cash p'd J. T. Blain, for Trans-
  actions of 1852, $202 00
  " " " Sundry Pap'rs for adv'ng 24 70
  " " " Postage, 49
  " " " Dr. Mackall Ch'man Com-
  mittee Publication, 1853, 102 10
  " " " Ga. Tel. for Circulars &c. 5 50
  " " " Fr't on box Transac. 1852, 50
  " " " For Treasurer's Ledger, 1 80
  " " " For Cash Book. 1 00— 338 09

Balance— $29 48

Macon, Ga., April 12th, 1854.

The Treasurer of the Medical Society of the State of Georgia, begs
to make the following

Report.

In compliance with a resolution passed at the last annual meeting, I early, after my return from Savannah, issued a Circular to all the members of the Society, who were in arrears under the several acts or assessments, stating the amount of their dues, &c. Many of them responded promptly to my notice. I regret, however, that some have, in their forgetfulness, entirely overlooked their obligations; so that the dues remaining unpaid amount to about four hundred and seventy (470) dollars. The Society is, I am happy to say, nevertheless, out of debt, and has a small surplus in the Treasury.

I also addressed, as instructed, a communication to Drs. Burney and Alexander, former Treasurers, calling upon them for a settlement, and am pleased to say that they both turned over to me the funds in their hands.

All of which is respectfully submitted.

C. B. Nottingham, Treasurer.

The report was received and referred to a Finance Committee, consisting of Drs. Arnold, Burney, and Bell, who reported as follows:
The undersigned, the Committee to whom were referred the accounts of the Treasurer, respectfully report that they have examined them and the accompanying vouchers, and find them correct.

RICHARD D. ARNOLD,

THOMAS W. BELL,

S. W. BURNEY,

Committee.

On motion of Dr. Harrison, an assessment of one dollar each was levied to defray expenses of current year.

Dr. Mackall, by request of Dr. J. J. Robertson, presented the following resolution, which was passed:

Resolved, That a Committee of eight, one from each Congressional District, be appointed by this Society to investigate the question—what quantity of Opium, and preparations from Opium are sold and used in the State of Georgia for non-medicinal purposes.

Committee.—8th District, Dr. J. J. Robertson, Wilkes Co.; 1st. Dr. R. C. Mackall, Chatham Co.; 2d. Dr. J. Killsman, Lee Co.; 3d. Dr. D. W. Hammond, Bibb Co.; 4th. Dr. R. F. Stell, Fayette Co.; 5th. Dr. S. J. Word, Floyd Co.; 6th. Dr. C. W. Long, Clark Co.; 7th. Dr. A. Means, Newton Co.

On motion, the Society adjourned to 10 o'clock to-morrow morning.

THURSDAY MORNING, 10 o'clock

The Society met pursuant to adjournment, the President Dr. Dickenson, in the Chair.

Minutes of yesterday were read and confirmed.

Dr. A. Means, of Newton Co., and Dr. Ira E. Dupree, of Twiggs Co., appeared and took their seats as members of the Society.

The first business requiring action, being the election of Delegates to the approaching meeting of the American Medical Association, the following gentlemen were duly elected:


On motion of Dr. Dugas, each Delegate to the American Medical Association was authorized to select an alternate in case he could not attend.
On motion, the rules were suspended, and Dr. R. H. Nesbit, of Bibb County, on written application, was elected a member of the Society.

On Motion of Dr. J. M. Green:

Resolved, That a Committee of three be appointed to consider whether the constitution requires any changes, or amendments, and that the said Committee report at the next meeting of the Society. (Drs. J. M. Green, Thos. W. Bell, H. Coe, Committee.)

A report was read from Dr. T. S. Denny, Secretary DeKalb County Auxiliary Society, which, on motion was received.

In reference to said report, Dr. Arnold stated that this Society was not a representative body; that every duly qualified physician has a right to its membership, and consequently that there is no need of sending Delegates from Auxiliary Societies.

A letter of resignation from Dr. B. O. Jones of Fulton County, was read by the Treasurer; whereupon Dr. Arnold moved to grant his petition after he shall have paid his dues. (Carried.)

Dr. L. Holt arrived and took his seat.

Dr. H. A. Ramsay signified, through the President, his desire to withdraw his letter of resignation, which he had tendered last year.

On motion, his petition was granted.

The following Communication was read and received from the New-Hampshire Medical Society, viz:

"At the Annual meeting of the New-Hampshire Medical Society, holden at Concord, June 1, 1853, the following Resolutions were unanimously adopted:

Resolved, That it is the decided opinion of the New-Hampshire State Medical Society that no Delegate should be admitted to membership in the American Medical Association, who represents a Medical Society which numbers among its members any person or persons who adopt as their system of practice any form of empiricism.

Resolved, That the Secretary of this Society be instructed to transmit a copy of this Resolution to the Secretaries of each of the State Medical Societies, and to the Secretaries of the American Medical Association, previous to their next Annual meeting."

E. H. Webster,

Boscawen, June, 1853.

Whereupon, on motion of Dr. Arnold it was

Resolved, That this Society concur with the Resolution of the New-Hampshire Medical Society, and that it adopts it; and that its Secretary be requested to transmit a copy of the proceedings in this matter to the American Medical Association at its ensuing meeting in May next, and also to the New-Hampshire Medical Society.
The Committee on Business reported the following subjects and essayists for the next Annual meeting:

1. On the relations between Remittent and Yellow fever. Dr. R. D. Arnold.


3. On the connection of Pneumonia with Remittent fever in the South. Dr. L. D. Ford.

4. Upon the Diseases of the Spinal Marrow. Dr. C. B. Nottingham.

5. Typhoid fever as it prevails in Georgia. Dr. R. C. Word.


7. Is Urinary Infiltration necessarily followed by Sloughing. Dr. S. N. Harris.


9. On the use and abuse of the Speculum Uteri. Dr. G. Harrison.

10. Upon the value of Diet in the Management of Disease. Dr. G. F. Cooper.


14. Changes in the diseases of the State of Georgia during the last thirty years, and in their treatment. Dr. R. Q. Dickenson.

Dr. Dugas moved that each essayist be authorized to select an alternate in case he cannot perform the duty assigned him. (Carried.)

On motion of Dr. Dugas, Dr. H. L. Battle of Macon was appointed Orator for the next annual meeting, and Dr. R. H. Nesbit of the same place his Alternate.

On motion, it was decided that the Annual Address be delivered at 12 o'clock on the second Wednesday in April next.

On motion to select a place of meeting for next year, a considerable discussion sprung up, in which many of the members participated. Finally, it was, on motion of Dr. Arnold, unanimously agreed that the city of Columbus be selected as the place for the next annual meeting.

Drs. Thos. Hoxey, Wm. Flewellen and F. A. Stanford were appointed the Committee of Arrangements.

On motion of Dr. Nottingham a committee of three (Drs. Nottingham, Hammond, and J. M. Green,) was appointed, to whom shall be referred the Transactions of this meeting, with power to print, or not to print, such portions of the same as may seem to them proper.
On motion of Dr. Arnold, the Recording Secretary was directed to have published with the forthcoming Transactions, a corrected list of the members of the Society, together with their address, and a proper indication of the deceased members.

On motion of Dr. Dugas, the Committee on Publication were instructed to publish the Constitution and By-Laws with the proceedings of this meeting.

On motion of Dr. Arnold, it was

**Resolved**—That the following Amendment be made to the Constitution:

**Resignations.**

All resignations shall be tendered to the Society in writing, and no resignation shall be accepted until all dues to the Society shall have been paid.

On motion of Dr. Mackall:

**Resolved**—That the thanks of the members from abroad, present at this annual meeting of the Medical Society of the State of Georgia, are due, and are hereby cordially tendered to their medical friends of the city of Macon for the politeness and courtesy with which their arrival in this beautiful city was greeted, and the kindness and hospitality which has rendered their short sojourn so entirely agreeable.

The minutes having been read and confirmed, on motion, the Society adjourned **sine die**.

D. C. O'KEEFFE, Recording Secretary.

Greensboro', April 21st, 1854.

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**American Medical Association.**—The St. Louis papers contain full reports of the proceedings of the National Medical Convention, which convened in that city on Tuesday, May 3d.

After the delivery of an address from Dr. Washington, of St. Louis, welcoming the members to St. Louis, and a speech from the senior Vice President, and the usual preliminary business, the following officers were elected:

Charles A. Pope, M. D., of Missouri, President. Vice Presidents: E. D. Fenner, M. D., of Louisiana; N. S. Davis, M. D., of Illinois; Wm. T. Wragg, M. D., of South Carolina; John Green, M. D., of Massachusetts. Secretaries: E. S. Lemoine, M. D., of Missouri; Frank West, M. D., of Pennsylvania. Treasurer: D. F. Condie, M. D., of Pennsylvania.

On the second day the reports of the various standing committees were read. These are generally elaborate papers upon important medical subjects.

The committee on the prizes offered by the association reported that they had resolved to award but a single prize, and that would be to Professor Daniel Brainard, of Chicago, the author of the essay
entitled "An essay on a new method of treating ununited fractures and certain deformities of the osseous system."

Resolutions were unanimously adopted commending the suggestions of the Secretary of the Treasury to abolish, or materially modify the duty on such crude drugs, not producible in this country, as are used in the laboratories of the country in the manufacture of chemicals.

Dr. Mendenhall, of Ohio, read a report on the epidemics of Ohio, Indiana and Michigan, during the years 1852 and 1853.

Dr. Holmes, of Missouri, read a paper on erysipelas.

Dr. Fenner, of Louisiana, read a report on the epidemics of Louisiana, Mississippi, Texas and Arkansas, with particular reference to yellow fever and cholera.

Dr. Linton, of St. Louis, gave his views on yellow fever, in which he repudiated the idea of malarious influence in producing the disease, and attributed it to heat and northern blood.

Dr. Davis read a report on typhoid fever.

Dr. Davis, of Illinois, called attention to the necessity of supplying large cities and towns with wholesome milk, and referred to some specimens of milk prepared, so as to make a voyage of any distance without losing its nutritive qualities. This was tested with perfect success by Dr. Kane on the Arctic expedition.

On the third day, a resolution on spirituous liquors was referred to Dr. Mussey, of Cincinnati.

Dr. W. S. Edgar offered a resolution in regard to the compounding of medicine, and recommending apothecaries to use different colored paper in putting up poisonous drugs, with an appropriate stamp upon it, in contradistinction to other medicines.

[From the New Orleans Medical and Surg. Journal.]

Prof. J. L. Riddell's Opinion on the Causes of Yellow Fever, &c., &c.

To the Sanitary Commission of New Orleans:

Gentlemen—In compliance with your resolution of Dec. 21, I have the honor to present you the accompanying records of testimony, respecting the origin and spread of Yellow Fever this year, in some of the Southern towns, as high up the Mississippi as Lake Providence.

Deep interest is universally manifested in the labors of our commission; and all possible facilities were tendered me in the prosecution of my inquiries. My constant regret has been, that want of time would not permit me to prosecute them further.

Of course I found conflicting opinions, and now and then statements more or less contradictory; yet from all, as well as from data previously in possession, it appears to me the following inferences are deducible:

1st. That our yellow fever of 1853 has not been personally contagious; that the poison, virus or material cause producing it, does not emanate in an active condition from the person of the patient laboring under the disease.

2d. That the disease has been marked by characters of infection
and infectious communicability, the poisonous matter (doubtless some species of living organism) maturing its germ or spores on the surface of solids devoid of life, surrounded by confined or impure air; which germs become diffused in the impure atmosphere.

3d. Three peculiar conditions seem to favor the development of the infection. 1st. The absence of ozone, the great chemical promoter of oxidation, which absence permits the undue development of obscure cryptogamic life. 2d. Abundant emanations from decomposing and disintegrating organized matters, complex products, gaseous, liquid and solid, the pabulum or blastema of cryptogamic growths. 3d. The presence of the specific organism, whose perfected spores constitute the material cause of yellow fever.

4th. That the towns and plantations of the Southwest have this year derived their yellow fever from New Orleans.

5th. That although black vomit fevers or types of yellow fever may perhaps originate in this region, yet that the germs of our epidemic of 1853, have probably been derived from countries further South.

6th. That the mixture of equal parts by weight, of black oxide of manganese, sulphuric acid and water, which in the cold will continue for many days to develop ozone, promises to be the most convenient, most economical and most efficient disinfectant ever used; and therefore deserves hereafter a fair trial.

7th. It is proper and feasible for New Orleans to have some kind of quarantine in certain months of the year, which will exclude filthy persons, filthy clothing and filthy ships, until they are fumigated; and goods from West Indian, South American and Mexican ports, until they are fumigated.

8th. The city should be kept cleaner than heretofore, by efficient drainage, and sanitary regulations carried into effect.

9th. Legal ordinances should be framed and carried into effect, to prevent the undue huddling together of human beings within the limits of the city.

Respectfully, J. L. RIDDELL,
Member of the Sanitary Commission of New Orleans.
New Orleans, January 1, 1854.

Uses of Strychnia.—Perusing a reference to Dr. Corson’s late paper on functional disease of the heart, we noticed an allusion to his use of strychnia in debility of the heart.

This drug is but little in use among the generality of practitioners. Probably its active poisonous nature has deterred them; yet it is no more dangerous in its use than many other drugs which we employ without hesitation. Early in our practice we prescribed the solution of strychnia in acetic acid, in a number of cases of habitual constipation with very satisfactory results. We looked upon the constipation in these cases as a result of debility, inaction, or perhaps partial paralysis of the muscular coat of the intestines. By restoring vigor to the muscular tissue we reinstated the function of the bowel.
All those who have made nervous disease a subject of special study, are inclined to enlarge its boundaries, and to include the nervous pathology in many of those diseases considered as purely zymotic. But it is evident that blood poison operates not unfrequently, (and perhaps always) first upon the nervous system. And it is the ganglionic system which is especially affected by these poisons. The elimination of the poison is a natural process, but its rapidity must depend very much upon the integrity of the nervous centers which govern secretion. It is from looking at the subject in this light, that we were first enabled to recognize the philosophical nature of the quinine treatment in typhus. This theoretical opinion has since been confirmed by actual observation.

Now there is no great difference in the actions of quinine and strychnia. Both of them are stimulants directed especially to the ganglionic system; both are, therefore, anti-periodics, and they differ only in relative activity. Cases of typhoid fever occurring under the care of Prof. Rochester at the Buffalo Hospital of the Sisters of Charity during the past winter, which were in that low, sinking condition, verging towards coma, and marked by great debility of those organs depending on the ganglionic system for life, were greatly benefitted, and apparently saved by the administration of strychnia.

We have not space to pursue this matter further, but we express our conviction that strychnia is a remedy of application almost as universal as brandy or quinine. In another number it is our intention to write more fully upon it.—[Buffalo Medical Journal.

Gonorrhœa.—Dr Boinet (L'Un. Méd., Sept.) speaks highly of the effect of tincture of iodine when applied to the mucous membrane of the vagina in the gonorrhœa of women; a single application was sometimes sufficient. At the same time a solution of equal parts of tincture of iodine and water was injected into the urethra, but was not allowed to penetrate into the bladder. Dr. Boinet has employed the local application of iodide in inflammations and ulcerations of other mucous membranes, and with great success.—[British and Foreign Med. Chir. Review.

Gout.—Dr. Goolden (Med. Times & Gaz., Nov.) uses with good effect, as a local application, spirits of wine. The relief to the pain is said to be sometimes very great. In the same journal the utility of an old remedy, the carbonate of soda, as a local application in gout and rheumatism, is referred to. A drachm of the carbonate is mixed with a hot bread poultice, and applied over the joint.—[Ibid.

Menorrhagia.—In cases of abundant menstrual flow without physical uterine lesion, Dr. Tanner speaks highly of the effect of tincture of cinnamon, in drachm doses in cinnamon water every six hours.—[Ib.

 Neuralgia.—Periodic neuralgia of the face and head have lately been common in Paris, and have occasionally withstood the action of
M. Aran (Bull. Gén. de Thér., 1854, ii. p. 84) has employed in such cases the aconite in large doses. The preparation employed was the extract of the French Codex.—[Ibid.]

**Grave-Yard Poison.**—The following paragraph is copied from a late number of the London Lancet, and is a specimen of many cases that are reported, showing conclusively that intramural burials may be injurious to the living, in large towns and populous cities. "Dr. Sutherland, one of the grave-yard inspectors to the Home Office, has been seriously indisposed from inhaling poisonous gas, the escape from decaying corpses in a grave-yard that he inspected. He is however now recovering. Dr. Walter Lewis is ill from the same cause."—[Ib.]

Died, in Boston, March 18th, Dr. Geo. C. Shattuck, in the 71st year of his age. Dr. S. was a man of great professional and personal worth, as well as a liberal patron of Dartmouth College and Harvard University.

**Legacies of the late Dr. Shattuck.**—It will be recollected that mention was made in this Journal, sometime since, of a donation of $14,000 by Dr. George C. Shattuck, towards sustaining the professorship of Morbid Anatomy in Harvard University. At his death it appears by his will that he has given $10,000 more to the same institution; but the specific object to which it is to be appropriated, we have not yet learned. In addition to the above legacy, he has given the third of the income of certain manufacturing stocks for three years to the Massachusetts Medical Society, of which he was once the honored President. It is said that this income will amount to ten thousand dollars in the three years. Besides the above legacies, he gave some $40,000 to several charitable and religious societies in this city.

[Boston Medical and Surgical Journal.]

**Too good to keep!**—A newly appointed Professor of Theory and Practice in a Western medical school, more familiar with politics than physic, started on a pilgrimage to the east. At Buffalo he called upon one of the magnates of the profession. In the course of the conversation the nouveau né Professor inquired as follows: "Can you tell me, Sir, what there is about this matter of physical diagnosis? Is it really, now, worth knowing?"

The host indicated very politely that it was, perhaps, desirable that teachers should have some knowledge of it; whereupon the newly elected one said "that if it was really worth while, he would go down to New York for a fortnight, and acquire it. For his part he hadn't much faith in it."

Whether or no our ambitious teacher followed the advice of his host, "to go by all means," we cannot say.—[Buff. Med. Journ.]

Prof. Roux, the Nestor of French surgeons, died in Paris on the 23d March, in the 74th year of his age.