On Epidemic Dysentery. By Z. P. Landrum, M. D., of Lexington, Georgia.

When we consider the general prevalence of this disease, its frequent obstinacy under all plans of treatment, and its fearful mortality in certain localities, it would seem to demand the earnest and patient investigation of all philanthropic physicians. As an epidemic in Georgia for the last few years, we know of no disease that has prevailed among us with bounds as wide or mortality as great; frequently selecting for its ravages those, who, in the pride of manhood, boast of their vigour of constitution; at other times, attacking the infant at the breast—the child at its sports—the young man or lady of temperate habits, and the old man or woman tottering under the infirmities of age. Thus it has prevailed, without regard to age, sex, or constitution. We have known of instances of individuals whose vigour of constitution and general habits of temperance, had defied the onsets of the ordinary causes of disease, who, when attacked by this epidemic, have sunk with fearful rapidity, dying in a few days from the commencement of the attack. Could its causes be ascertained, thereby affording opportunity to avoid its attacks, or remedying its effects, a great end would be attained. That its origin is atmospheric, we do not doubt;
but whether it be identical with the cause of malarious fevers, we think admits of many doubts. In malarious districts dysentery may occur, and occur also in conjunction with remittent or intermittent fevers, prevailing in the same subject, at the same time, mutually aggravating each other. When prevailing in such localities, and in such alone, we may be justly assigned for its cause, that state of the atmosphere brought about by the decomposition of animal and vegetable matters. This, however, we would doubt exceedingly, if the disease assumed such unvarying features in its incipient stage as has been noticed by us in the present epidemic. As an objection to this malarious origin of the present epidemic, we would offer the extent of country and variety of climate over which, and in which, it has prevailed. Next, we would remark, that the disease has prevailed with undoubted malignancy at places and in localities where malarious fevers rarely ever did, and have not made their appearance at all for a number of years. Lastly, we would object to identifying in cause a local phlegmasia, beginning as such, with malarious fevers, whose first symptoms are peculiar to themselves—especially so, when we find that dysentery, taken in its incipiency, is frequently relieved by active stimulants, which is rarely the case with malarious fevers,—these almost invariably demanding from the judicious practitioner the free administration of quinine, from the use of which we have scarcely derived benefit in the treatment of dysentery.

Symptoms.—Every case in the treatment of which we have had an opportunity of seeing at the outset, has begun as a local disease, with torrmina, tenesmus, and frequent discharges of mucous or muco-sanguinolent matter, sometimes mixed with the natural contents of the bowels. This has not only been the case, but we have seen this state of things continue for days, and sometimes a week, without involving disturbance, but little, if any, of the general circulation; the pulse remaining of moderate frequency, of ordinary volume and rhythm; the skin discharging its functions without unusual heat, and the tongue clean and moist. This, however, has occurred in the mildest cases, such as were not amenable to treatment. In cases of marked severity, but a short period elapses before the func-
tions of the heart and circulatory organs are sympathetically involved; the pulse increases in force and frequency, ranging from one hundred to one hundred and twenty; the skin becomes hot and dry, abdomen excessively so; tongue red about its edges, slightly furred and dry, and urine high-colored and scanty. In other cases, when the inflammatory action has involved a larger extent of bowel, extending through the small intestines to the stomach, there has been prostration of the vital forces—those pertaining more particularly to organic life from the commencement—attended with a quick, feeble pulse, and coolness of the surface. We have seen this enfeebled action of the heart and extremities to such an extent as to render the pulse scarcely perceptible at the wrist; the hands and feet of an icy coldness, when there was sufficient strength in the voluntary muscles for the patient to spring up in bed.

In a patient, under the treatment of a brother practitioner in this village, we learn that this was the case to such a surprising extent, that the patient, but five minutes before his death, sprung from his back, and getting on his hands and knees, died in this position.

Cases of this kind appear to bid defiance to our best directed efforts, and ride in unmolested sway until its ravages are complete. When the fever runs high, without this prostration, from the commencement, there is frequently light delirium; if it continues its course, unchecked in its ravages, the peristaltic movements of the bowels, when not under the influence of quieting remedies, become more disturbed, the discharges more frequent, consisting of blood and vitiated mucus, with colored serum and pus, sometimes mixed with fibrinous matter, or shreds of the lining membrane of the bowel. The discharges now become exceedingly offensive, sometimes so much so as to impregnate the air of the whole room. In children, we have noticed a protrusion of the rectum, fissured and swollen to an enormous extent. As the patient merges into this condition, there is rapid emaciation, with hollow cheeks, eyes deeply sunk in their sockets, the upper lid appearing as though it was pressed on the ball; coldness of the extremities; pulse scarcely perceptible; clammy perspiration about the face and neck; jactitation, sighing, hiccup, involuntary dischar-
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ges, and death. This is the ordinary course of the disease, if not arrested.

Pathology — We agree entirely with the views entertained by Sir G. Bellengal, and expressed in the June No. of this Journal by Dr. D. C. O'Keeffe, of the pathology of this disease: that it is an idiopathic phlegmasia, situated most usually in the descending and transverse colon, but at other times involving the whole length of the alimentary canal. We are very far from admitting the causative influence formerly ascribed to hepatic congestion by high authority. Though we readily admit that this organ is sometimes involved to such an extent as to aggravate the disease, if not relieved.

Treatment. Bloodletting.—This is the great remedy with which destructive inflammations, such as exist in this disease, in our judgment, should be controlled; we can, however, readily imagine cases—indeed we have seen such—in which it could not be used to any considerable extent with safety. Persons attacked, whose force of constitution has been impaired by chronic disease or intemperate habits, especially habits of drunkenness, would be liable to fatal prostration, if subjected to the use of this remedy to a sufficient extent to produce a decided impression on the system. But in robust constitutions, before the vires vitæ have evidently given away under its ravages, we have no doubt that nine cases out of ten may be relieved by the decided and judicious use of bloodletting, both local and general; and when we recommend bloodletting, we do not recommend it to the hands of the over-cautious and timid practitioner, who is governed in the abstraction of blood by a certain number of ounces—because, if used in this way, without impressing the system with its peculiar effects, it will invariably aggravate the disease. Unless the bleeding is carried to a sufficient extent to make a decided impression on the congested capillaries, the heart, freed from the over supply of blood accumulated in its larger vessels, will rebound with such force as to increase the very obstacle we intended to remove. We would say bleed then, without regard to quantity, in the cases specified, until symptoms of decided syncope appear, and after the
free use of cups or leeches in the course of the colon, should the local symptoms return, bleed again and again, until they are to some considerable extent subdued.

We remember the case of a robust negro man, from whom we abstracted blood, in the sitting posture, to the extent of a half gallon, and then had to make him stand erect before the desired result was obtained. The result was, that although the attack was violent, his symptoms were so much abated, that after the free use of cups next morning, we dismissed him convalescent.

In the treatment of the disease in children, where there are no decided symptoms of worms, after the contents of the bowels have been evacuated by castor oil mixed with laudanum, the proportions depending on the age of the child, we have found that cold water injections with a large syringe entirely succeeds the necessity of bloodletting: indeed, we doubt not that such would be the case with adults, if timely used. Our plan is, to have a large bucket of fresh well or spring water prepared, the patient placed across the lap of an assistant, and syringe-full after syringe-full injected into the bowel until all the pain is relieved and the bowel quieted. This may require some fifteen or twenty minutes, and will be indicated by the diminished force with which the bowel ejects the water after it has been injected. The patient is then put into a large tub of warm water, prepared whilst the injecting process was going on, and suffered to remain with a blanket thrown around the shoulders, until full perspiration is established. Taken from the water, the patient must be wiped dry, a teaspoonful of laudanum rubbed over the bowels, and a thick folded blanket or flannel, wrung out of hot water, applied,—this to be changed for a fresh piece as it becomes cold. Should the discharges return in the course of seven or eight hours, the same course is to be adopted again.

**Purgatives.**—When the disease has not been followed by diarrhoea, for the purpose of evacuating the faecal matter of the intestines, we would invariably give a mild purgative of some kind, preferring for this purpose castor oil, in doses of a tablespoonful for an adult, with twenty-five drops of laudanum. After we have once secured the thorough evacuation of faecal
matter from the bowels we have no farther use for cathartics. They are recommended by some after this, to effect the evacuations of morbid secretions. We would remark, on this point, that we do not believe in the irritable nature of any secretion to the surface secreting it. That vitiated bile will irritate a healthy mucous membrane—that urine harmless to the mucous membrane of the bladder, will irritate the skin or mucous membrane of the intestine, we do not doubt; but that vitiated mucus secreted by an inflamed intestine, is irritating to the part secreting it, we do doubt exceedingly. We believe that the vitality of the part is so modified by the inflammation as to be adapted to the nature of the secretion poured out from its surface; and when we say vitality, we use no unmeaning phrase,—we mean the sensibility, irritability, vital affinity, &c., of the part. Entertaining these views of the nature of the secretions and satisfied of the irritating effects of most cathartics, we have used them heretofore only with the view of relieving the bowels of their faecal contents. As to the use of saline cathartics, as recommended by Dr. O'Keeffe and others, we have not had sufficient experience to express an opinion of their value; we have used them in but one instance, and then with decided injury to the patient, producing marked debility whilst the patient was under their influence, without changing the nature of the discharges, only for a short time. Except in cases where there is pain, weight or tension in the region of the liver, with yellowish skin and conjunctiva, we would condemn unreservedly the use of mercury in any of its forms. We have found its use to be only evil, and that continually. The peculiar irritating effect of the mercury on the inflamed bowel increasing with unerring certainty the severity of the symptoms.

**Opium.**—After the free use of bloodletting, we think opium well calculated to fulfil many important indications in the case, whether it be used in pills or given in injections with cold water or starch. It calms the exquisite sensibility of the bowel, which renders it so susceptible to impressions external or internal. We have seen this susceptibility so great, that a teaspoonful of cold water taken into the stomach would produce an evacuation, with straining, the moment it was swallowed,—the im-
pression having been transmitted through reflex action as quick as electricity on wires. It diminishes this susceptibility to impressions, quiets the peristaltic action of the bowels, and relieves pain. The fulfilment of these indications is much to be desired in the treatment of this disease; for we have no doubt that cases have died from the prostrating effect on the action of the heart and arteries of extreme suffering, before there was any organic lesion sufficient to produce death. We sometimes use, to fulfil these indications, after the free use of the lancet, the following prescription:

- Acetat. plumbi, . . . 4 gr.
- Opium, . . . . . . 1 "
- Ipecac, . . . . . . 1 "

To be repeated according to the urgency of the case. When the discharges become offensive, and assume such appearances as indicate ulceration, we have found nothing which would reach such cases but nitrate of silver. This I have given in grain doses, every half hour, until the bowels were checked. The same indication that demands the use of this remedy, we think also requires a blister, and in accordance with this view we apply, at this stage of the disease, a large blister over the bowels. With these two remedies we remember to have saved a case, which seemed hopeless. When the inflammation is situated low down, indicated by the urgency of the tenesmus, we have used the nitrate of silver, by injection, in the proportion of two grains to the ounce of water. We would remark, here, that we use poultices to the bowels, made irritating with pepper, or mustard, from the commencement, until we apply the blister. As to the use of stimulants, we deem it unnecessary to say any thing; for we never have seen a case recover from this disease after the extremities became cold.

**Diet.—** We give our patients nothing to eat at all, so long as we can possibly avoid it, and then resort sparingly to boiled milk, thickened with arrow-root. We unhesitatingly condemn the use of ice. The water used as a drink, we think, should have the chill taken off, to avoid the impression of cold of which we have spoken, and then used in as sparing quantities as the case will allow. The patient, however, may be allowed frequently to wash his mouth with water to relieve dryness.
ARTICLE XXVIII.

Cases of an Epidemic Affection. By Larkin Floyd, M. D., of Chambers county, Ala.

Case I. Thursday, April 6th, I was called to see W. A., a little boy aged 9 years, who had for some ten days previous been unwell from a cold and cough. He was attacked on the 4th April, with high fever, headache, occasional vomiting, restlessness, &c., and on the 5th had sore throat and a peculiar distressing pain in the back and extremities, particularly about the joints. I found all the above symptoms continuing, except the vomiting; bowels costive; urine suppressed; tongue coated and edges red; eyes sensitive to light, watery and red; lymphatic glands of the neck swollen and tender; skin hot and dry, with an eruption resembling measles over the entire surface, with itching and burning; thirst; no appetite, &c. He continued in this condition, with exacerbations of fever in the evening, delirium, and the tonsils swelling to danger of suffocation at night, until the morning of the 8th, up to which time I had been unable to get a motion from the bowels, in consequence of obstinate costiveness.

8th. Bowels moved freely this morning, with copious flow of urine, and profuse perspiration soon after. The fever abated, and also, within twelve hours, every symptom except the eruption, and the affection of the throat and neck. The eruption disappeared in a few days, with desquamation of the cuticle, great prostration, &c.

On the 12th, when he was permitted to get out of bed, he could scarcely walk, from the soreness and swelling of the inguinal lymphatic glands, which had been unobserved up to this time, but, no doubt, previously existed. This also subsided in a few days, with slow but perfect convalescence.

Case II. Miss W., who also had been affected with cold and cough for some time, and who had had a few days some feverish excitement, headache, peculiar aching of extremities, &c. Discovered, April 23d, an eruption of an erysipelatous character, on the face and neck, (at first supposed to have been occasioned by handling rue while wet with dew, and washing
the face and neck soon after,) which soon spread over the body and extremities, with itching and burning; eyes red, sensitive to light and watery; tongue slightly coated; slight soreness of glands, &c. Eruption disappeared about the fifth or sixth day, with some desquamation, prostration, &c.

Case III. B. S., a young man, previously in good health, except slight headache the evening before—was attacked May 9th, in the morning, with chilly sensations, which continued for about four hours, followed with high fever, excruciating pain and aching of the head, back, and extremities, particularly about the joints—so much so, that he remarked, "if nothing else was the matter, I would be in agony from the pain of my little toes;" skin pungently hot and dry; bowels costive; tongue coated, with edges red; eyes injected, watery, and sensitive to light; lymphatic glands of the neck swollen and tender, &c. These symptoms continued (with some delirium at night) until the evening of the next day, when, from active purgation, followed by a prompt opiate and diaphoretic, the symptoms all abated with profuse perspiration, leaving only extreme prostration and slight soreness of the glands the following morning. Slow but perfect convalescence, with no eruption.

These cases will show the general as well as the diversified character of this disease; and notwithstanding the striking resemblance to Scarlatina in some instances, (as case i.,) yet it is, to the close observer, evidently all the same disease. The characteristic feature is not the eruption, but the arthritic or neuralgic and glandular affection; and although these neuralgic and glandular symptoms were overlooked in many instances from the mildness of the disease, yet observation leads me to conclude that, by close examination, they would have been found to exist, to some degree, in every case. Many instances presented not only the pain, but the swelling, tenderness, and stiffness of the joints, with the eruption or without it, as case iii.

Like previous epidemics of Dengue, of which I am disposed to regard this as one, it was harmless, except from the suffering, and previous attacks of scarlatina, measles, or any of the exanthemas common in this country, afforded no immunity against
it. It assailed equally the young, the middle aged and the old; but was much milder, however, in the young.

**ARTICLE XXIX.**

*A Case of Idiopathic Buccal Inflammation, attended with profuse salivation.* By James W. Pitts, M. D., of Harris county, Ga.

The following case is respectfully submitted, more from the rarity of such cases, than any other peculiarity:

June 1st, 1854. Requested to visit John Hamilton, a Scotchman, aged 54 or 55 years, of scorbutic habit—is consumptive; has been for several years subject to severe paroxysms of asthma. Found him traversing his room in great agony; referred most of his suffering to his teeth and jaws. Face, in the region of the inferior maxilla, swollen; lymphatic ganglions enlarged, hard and painful; deglutition difficult, the effort causing considerable pain—can separate his jaws only to a very limited extent. The mucous membrane of the entire mouth and fauces, as far as could be seen, was red and highly inflamed; surface of cheeks, tongue, soft-palate and gums swollen and very painful; teeth loose; gums separated from the teeth, presenting an ulcerated, flabby and fungous appearance, bleeding freely from the slightest touch—in the course of the disease large portions of the gums sloughed off; salivary glands highly excited, ejecting profusely a dark grumous frothy saliva; breath strongly impregnated with the *peculiar offensive fetor of mercurial salivation*; no metallic taste mentioned; teeth very much decayed.

He was ordered saline aperients daily. To use, freely, warm collutorsies, such as infusion of slippery elm, simple warm water, a solution of nitr. argenti, three or four times per day; in the latter stages of the case, decoction of Seneka snake-root, with sulph. alumina, honey, etc.; Hoffman's anodyne at night, to procure rest. Under this treatment, the case progressed, gradually improving, and terminated in about thirty days.

The flow of saliva and mucus was abundant, and lasted, in all, about twenty days. The quantity ejected was not accu-
rately measured, but would have averaged, for twelve or fifteen days, from two to three pints, or more, per day.

Mr. Hamilton assures me he has never taken any preparation of mercury, within his knowledge—has taken no medicine, whatever, for several weeks, save a dose of castor oil the day prior to my first visit, and some days after his mouth had become sore. Hence I am inclined to consider this a well-marked case of spontaneous salivation, originating, perhaps, from the irritation consequent upon the bad or decayed condition of the teeth. The teeth and gums are represented as feeling somewhat loose and sore, at this time, the cavity of the mouth otherwise looks normal.


Preliminary remarks: divisions of spermatorrhœa; complications. Treatment—1. Of night discharges, quinine, blisters;—2. Of night and day discharges, opium, nitric acid, cauterization of the urethra.

It has always appeared strange to me that this affection should remain abandoned by the profession to a few solitary specialists, and for the benefit of the vile harpies who prey on this class of victims. Surgery, which has wrested so much from empiricism and ignorance, seems disposed to yield up this, as if it were debateable land, to chance, philosophy, utter neglect, or quackery.

Although of late years several publications have appeared from men of the most unquestionable talent, such as Lallemand, Phillips, Curling, Russell, &c., yet I very much doubt if our knowledge of spermatorrhœa is exactly what it should be, or if the treatment, except as regards the employment of caustic, has advanced materially since the days of Hunter. Thus during three-fourths of a century the shadow has moved but once on the dial.

To the treatment alone, then, this paper refers, a branch of this art almost forsaken, I think, by the general practitioner, and not too well cared for by the pure surgeon. This neglect, and the twofold indisposition of the patient either to trust his ordinary medical attendant with the secret of his disease, or to permit him to exercise that operative interference which the specialists will perhaps insist on; the extent, the manner in which the question has been studiously burked, and
the absence of any well-known source to which he can turn for information, have had the natural effect of driving him to those who will make it their business to let him know, that so long as he has money, there is one city of refuge to which he can always fly, and that there are men who can treat his complaint with medicine alone, at the moderate rate of "five guineas a bottle."

Yet with strange inconsistency men wonder at and deplore the growth of quackery, though this hydra would soon perish if deprived of the food supplied by our neglect. Advance in the treatment of disease, aided by the revival of the pillory or stocks for the more audacious of the quacks, would do a good deal to strengthen the arm of medicine.

As I have already stated that the treatment of the disease was to be the chief subject of discussion, I shall delay no further than seems absolutely necessary to explain the plan of the remarks I wish to make. All questions as to the nature and causes of this affection I have left out, as too long for this paper, and I have only laid down divisions of this disease, in order to have something tangible to which the divisions of the treatment could be appended.

Spermatorrhœa admits of a very natural division into—1. Night Discharges; 2. Day and Night Discharges; and 3. Imperfect Secretion of Semen.

1. Night Discharges.—These constitute the mildest form of the complaint, and are, as is well known, a common result of seminal plethora; they seldom require much treatment, unless in excess, or when complicated with gleet, stricture, or discharges in the daytime.

2. Night and Day Discharges—a more advanced grade, and in their worst form often bordering on the third class. The urethra is then red and highly irritable, and the health severely impaired; but happily for the patient both varieties are for the most part easily curable.

3. Imperfect Secretion of Semen—the most severe of all, and necessarily accompanied by temporary impotence. Instead of properly eliminated, healthy, consistent semen, a thin rank fluid, unaccompanied by almost any signs of erection of the penis, is thrown off under the influence of the slightest excitement. Intense irritability of the urethra, and a marked dread of examination, usually complicate this form.

There is a variety of the disease which is generally considered as spermatorrhœa, and with which most surgeons are familiar: I mean the discharge after stool of large quantities of glairy, tenacious fluid, supposed to be the contents of the seminal vesicles. Now, I very much doubt if this be an evacu-
ation of semen: great part of it, I suspect, comes from the prostate; and in my work on Gonorrhœa (p. 101), I adverted to the cure of a case of this kind as being probably an instance of prostatic gleet. Even if it comes from the seminal vesicle, I should scarcely be disposed to admit it to be a discharge of semen, for I have not been able to satisfy myself that these receptacles receive the superabundant secretions of the testicle; but whatever it be, it demands our urgent attention, in order as well to allay the patient’s uneasiness about so disagreeable a symptom, as also to leave no chance for the germs of any disease to ripen.

Complications.—It is almost superfluous to say, that all complications require immediate removal. Gonorrhœa and stricture have their appropriate remedies, upon which I shall not touch. It has, however, been asserted that spermatorrhœa may depend upon fissures in the anus, ascarides, &c. To which I reply, that I have strong doubts about the fact; but as these causes would require removing for their own sake, it is obvious that the treatment must be much the same. I must, however, demur to M. Lallemand’s plan of excising the prepuce in every case where accumulations of sebaceous matter behind it coincide with spermatorrhœa. Where there is also contraction of the prepuce, so that the glans cannot be uncovered without pain; or where a firm, constricting ring has formed underneath the mucous membrane, I grant that the remedy is circumcision; but where the prepuce passes freely over the glans, plenty of soap and water every morning, and the use of zinc or tannin, in the form of a lotion, will almost always effect a cure.

When circumcision is imperatively called for I have found it best to slit up the skin and mucous membrane to the reflection of the latter, and then to cut away the frænum as far as I could. The constricted part, which is mostly near the edge, is removed in a circle, and the bleeding being stopped, the skin and mucous membrane are brought together by several fine stitches, and the intervening spaces may be covered with collodion. Of all the operations I have seen, this leaves the nearest prepuce.

1. Treatment of Night Discharges.—Even in cases where it might be supposed, from the healthy frame of the patient, that tonics are not called for, it will often be found that quinine will stop these discharges. Hunter says, "the idea that has been formed of the disease leads to the practice generally recommended, such as giving strengthening medicines of all kinds, but I never saw any good effects from any of them, and I should rather be inclined to take up the soothing plan to pre-
vent all violent actions, and keeping the body open will in some degree moderate the discharge, and may probably effect a cure in the end."—(On the Venereal, p. 301.)

Yet there can be little doubt, I think, in the minds of those who have given it a fair trial, that quinine does assist powerfully in controlling spermatorrhœa, especially in those cases where physical weakness is the predominant symptom. I willingly admit that in others its good effects are not so marked; that where the tongue is foul, and there is a good deal of irritability, headache, and dyspepsia, with costiveness, it is more necessary to subdue these symptoms by mild aperients, sedatives, &c., than to give any tonic, however useful in other conditions. M. Lallemand has urged against it, that it produces considerable irritation, but I apprehend this mostly arises either from unsuitable cases being chosen, or from giving too large doses.

When violent and painful erections arise from the irritation occasioned by the presence of, or remaining after, gonorrhœa, the spirit of camphor will generally at once relieve them. A teaspoonful in a little water is the dose. The patient should place all his apparatus in readiness by his bed-side, and as soon as he is awakened by an erection should rise and take a dose. If the erections come on as soon as he lies down, he had better take a dose before going to bed.

Few means of controlling spermatorrhœa could be devised, so simple and natural as exercise, especially gymnastics, which the common experience of mankind has extolled from the most distant times. Every abnormal action is marked by the failure of vital power at one or more parts of the frame, and an accumulation of it in the suffering organs. The generative power, animal life, and cerebral development, antagonize each other; and sedulous attention to train the two latter to the highest degree of activity they are capable of, will rarely fail to subdue anything short of excessive action in the generative system, and bring the performance of this valuable function under the mild and healthful sway of reason.

True physiology will always conduct us to the same goal as experience founded on correct observation. Hence every writer who has attentively watched this disease has strenuously insisted on the necessity for gymnastic exercise. But owing to the iniquitously late hours kept up in many London houses, it is impossible to resort to this remedy. It is useless to talk of the advantages of boating, cricketing, &c., to young men pent up in shops and warehouses till ten or eleven o'clock at night. Thus, like the baths, douches, mattresses, &c., which are recommended, they are liable to one grave objection, that of
being inapplicable in perhaps nine cases out of ten, and to make true progress in treatment our main object must be to find out remedies suitable for every case.

Accordingly, I have long accustomed myself to rely principally on morning exercise, as the question then becomes one rather of conformity than of ability on the patient's part, and if he be really determined to save himself from the results of his own indiscretion he may do half the surgeon's work if he will rise at five or six o'clock, sponge with cold salt water, use the dumb bells for half an hour, and follow this up with a brisk walk. It will not be long before the eye grows brighter and the skin clearer; before he sleeps sounder and again feels comfort in existence.

Dr. Carpenter recommends his readers as a preventive to try the effects of close mental application. The frantic acts of self-mutilation performed by devotees show that the most absorbing study will not suffice to quench entirely a natural passion. But this is not the only objection to this plan. In the greater number of bad cases, I believe it is useless to inculcate study; the depression and irritation are too great to allow the attempt to succeed, and with all the good will possible, most of these patients cannot make a beginning till their physical condition is somewhat improved. I therefore advise those who have time to spare, to begin study by reading aloud for an hour every night, and then to go out as much as they can into society—a plan from which I have seen better results than from attempting to impose on an exhausted brain a task it cannot possibly execute.

But should all this fail to remove the disease—should it persist from habit, as it is called, but which is nothing more than the result of our inability to cope with the diseased action, perhaps no remedy will act more quickly and surely than a blister. Notwithstanding the strong opinion M. Lallemand has pronounced on the subject, I have no hesitation in asserting, after the numerous trials I have given it, that if some proper medium, as blistering tissue, &c., be used, no strangury or "exasperation effrayante" of the spermatorrhæa need ever be feared.

2. Night and Day Discharges.—Here we have rather a more serious affair to deal with, though the greater part even of these more severe cases will yield to a persevering use of the remedies already spoken of. Where, however, these are inapplicable, as for instance, in cases complicated with severe indigestion, or a high degree of nervous excitement, with severe pain in the urethra, or excessive sensibility in this canal, or when imperfect secretion of semen has begun to show itself, we must have recourse to further means.
Among these we may safely rank *opium*. Under its use the secretions become thicker, and less pain is occasioned by their being thrown off, as if at one and the same time it blunted the sensibility and checked the secretion of the watery and irritating elements. And besides all this, it is not too much to say, that opium is a tonic both to the exhausted frame and irritated mind. Where there is a frequent desire to pass urine, and in cases marked by excessive watery secretions from the Schneiderian membrane, aggravated by cold easterly winds, opium often effects a most beneficial change.

It may be objected that it tends to produce constipation, destroy the appetite, and favour congestion of the brain; but the two latter seldom if ever result when it is used, as it requires to be, in moderation and at intervals. The constipation also is not an unmixed evil, for in some of these cases there is considerable irritability of the rectum.

In this variety of spermatorrhœa also, few patients are met with who are not benefited at some period of the treatment by quinine. Where the patient is very pale and nervous, and where there is any tendency to spasmodic stricture, the tincture of muriate of iron may be given, and so far as I can judge this, and some of the chalybeate waters, are the only forms in which steel is, if not injurious, at least not useless.

In some cases the patient complains of a foul tongue and thirst, with nausea and lassitude; the urine is turbid, and the stomach disordered; or the stools occasion smarting and heat at the anus. Sometimes he is harassed by a cough, and a good deal of mucus is expectorated. These symptoms indicate a disordered state, which is often instrumental in keeping up the spermatorrhœa, without having been perhaps the primary cause. In such cases I have used the nitrate of potash with success.

After the statements M. Lallemand has made respecting this salt, I could not well pass over his views. He says that nearly all those who took squill, nitrate of potass and digitalis, observed a marked exacerbation of the seminal discharges (*une augmentation notable des pertes sémicales*) and that the nitrate proved injurious in every instance—an opinion founded upon forty cases, he says, some of which were certainly lamentable enough.

But what was this due? M. Lallemand has left us perfectly in the dark as to the dose, the most important point of all. In one case only can we arrive at any estimate, and here we are briefly informed that an ounce was taken in three days. No one who has seen the irritability of the bladder and kidneys produced by nitrate of potash, or any strong diuretic salt, in
gonorrhœa, will be much surprised to learn that such needless over dosing brought on a "notable augmentation" of the symptoms.

When constipation is much complained of, and the patient has in vain taken large quantities of medicine to overcome it, I would venture to advise the surgeon to desist from any attempts to remove it by drastic purgatives, &c. Not that I at all deny the injurious effects of costiveness, if not on the health, at least on the mind of the patient, whose anxiety is always kept alive so long as this costiveness is followed by a mucous discharge, but that I think the irritation and exhaustion occasioned by repeated purging are even more injurious, and that we may effect the same purpose by less hurtful means.

The remedies I have to suggest may not perhaps meet with the approbation of my readers. I generally trust a good deal to time and improvement of the health, or, when the costiveness is very obstinate, recommend the patient to take a pill of gentian and a small quantity, as the onetwelfth of a grain, of strychnia, with a tumbler of unsweetened gin and hot water at night, and one of cold water in the morning. Even when the constipation has become so extreme that the patient has not had a stool more than once in nine or ten days, a little perseverance in this plan has soon restored the functions of the intestines.

Nitric or nitro-muriatic acid may be given when there is much irritability of the bladder or scalding. If the patient complains of spasmodic pain at the neck of the bladder, and we find the urine loaded with lithates or clouded with mucus, these acids, along with laudanum, may be exhibited in decoction of Pareira Brava or chimaphila. Occasionally he describes an annoying pain at the epididymis, which sometimes shifts to the vicinity of the prostate, or he is tormented by a sensation like that of a worm creeping along the urethra or vas deferens. Sometimes the uneasiness is indefinable, but not the less disagreeable. Strong veratria ointment, or some mild counter-irritant, will generally succeed in subduing these symptoms, which, however, now and then linger on for a long time.

The high reputation which M. Lallemand most deservedly gained by his work on spermatorrhœa, and the writings of Mr. Phillips and Mr. Curling, have attached to the "caustic-holder" an amount of prestige, which however well merited, has, I think, had the effect of retarding improvement in the treatment of this disease by other means. So far from denying that it is both a safe and a valuable remedy, I never hesitate in certain cases to avail myself of it; what I object to is, that so many surgeons look to it as the remedy, while, in truth, it is not very
often called for. It has been engraved,* described and commented upon, till an impression has arisen that it is an unfailling but very formidable remedy, whereas it has not only occasionally failed in the hands of Phillips, Curling, Acton, and others, but also in those of its great inventor. "Cauterization," says M. Lallemand, "is most useful in spermatorrhoea from menorrhagia, venereal or non-venereal, and often useful in atony; it is not of much value in cases of irritation, but even here it may aid by modifying the tissues."—Mr. Phillips, in the answer he was kind enough to send to some queries I laid before him, says that "it has not only often failed to effect a cure, but even to relieve spermatorrhoea;" and Mr. Curling, in a communication he favoured me with, says, "Cauterization is not an infallible remedy. Some cases are too aggravated or too well established readily to admit of cure by any treatment. Many circumstances tend to counteract the beneficial effects of the caustic, such as want of self-control to check bad habits and the thoughts dwelling on impure subjects, occupations and modes of living detrimental to health, &c." But again he says, "cauterization has rarely failed to give more or less relief."

Of its safety there can be no doubt when it is properly employed. Lallemand used it for twenty years, and even cauterized the lower part of the bladder, without any untoward result; and Mr. Acton, commenting upon this statement, says he can fully bear it out. Mr. Curling says, "in no instance has any harm resulted from the application of the caustic;" and Mr. Phillips, in one of his answers to me, says it has never produced injurious results in his hands, though his experience extends over many hundred cases.

We might suppose that some part of this was owing to the excellent surgery of those who employed it. M. Lallemand does not allow the caustic to remain an instant longer in contact than is absolutely necessary. "I cannot," he says, "protest two strongly against those who give a fixed period (une durée quelconque) for the action of the caustic, and measure it off by the watch. Even to look at the dial takes too long a time." And Mr. Curling attributes the absence of severe symptoms in the case where he has used it to his having applied it still more gently. But Mr. Phillips, though he has seen some discomfort caused by it, has rarely heard of any complaint on the patient's part; the pain on passing urine is "very bearable," although he uses the caustic very freely. "I have never applied," he says, "too much caustic, but I

* In the engravings I have seen of this instrument, the knob is round like a small pea, while Lallemand says it ought to be oliveshaped (olivaire.)
have more than once failed by using too little.” Had any severe symptoms occurred, Mr. Phillips would, we may rest assured, neither have overlooked nor suppressed the mention of them. All that is left us is frankly to admit that in his cases no harm resulted from the application of the caustic. M. Lallemant, however, has seen severe retention of urine, hemorrhage, intense pains which only yielded after a long time, and it seems that stricture has also followed. I have myself seen cases where intense and long-continued suffering ensued without any amendment in the patient’s condition.

Want of success in some cases, the urgent objections raised by some patients to the introduction of instruments, and the decided benefit which has followed from an opposite plan, have induced me to think that it is better, first by every means in our power, to strengthen the frame, and diminish all local and general irritability before resorting to the use of caustic.

A large opium plaster to the loins will generally allay the aching pain so much complained of; I have often added a scruple of camphor to the plaster, without being able to give any good reason for so doing beyond the beneficial effect which resulted from it.

The chief remedy in cases complicated with gleet, severe pain, and purulent discharge from the posterior part of the urethra, and when cauterization has failed, is blistering, which is even more called for than in the other forms of the disease. It very frequently not only relieves the seminal discharges, but it relieves the cause, and I know of no other remedy which does both at the same time.

In every diseased action there appears to be increased vital action at the parts attacked: and as all the functions demand the presence of a certain amount of vital power for their due performance, there is a constant tendency to restore the balance deranged by disease. In chronic disorder the strain on the economy seems too slight to rouse up any violent action in the other parts, and we can only effect a cure by irritants, which carry the vital action so high, that when the rebound takes place it reverts to the normal state; like a bent spring, which, when bent still further, straightens itself by the recoil.

Although with blistering I have sometimes used injections of nitrate of silver to any part of the urethra which seemed diseased, employing only a syringe with a button at either end of the part perforated for the passage of the injections. By this means the urethra is kept sufficiently on the stretch to admit of the injection penetrating into every nook of the diseased part, while the buttons prevent its escape. The injection ought to be allowed to remain in contact till the nitrate is decomposed,
so that the anterior part of the urethra may not be affected by it.

The highly sensitive state of the urethra, which makes these patients shrink instinctively from the approach of an instrument, appears to be caused by, not to be the cause of the spermatorrhœa; and Dr. Tyler Smith has given us a satisfactory reason why the frequent presence of a crude fluid in a canal, which nature only intended to traverse it occasionally and in a consistent state, produces inflammation. Those who upheld an opposite view thought to find a convincing argument in the results which follow cauterization;* but one gentleman who was appealed to proved rather too much, for, finding his patients suffer severely from cauterization, he gave them injections of nitrate of silver to use, which also cured them; and, "a well-known and experienced Scottish surgeon observed that, when cauterization of the urethra failed, he had applied the cautery to the external orifice of the urethra with more decided advantage."

I presume the truth is, that the source of suffering is the irritation set up in the testicles, and that any active and wholesome counter-irritant, applied sufficiently near, will allay or even cure it, upon which the redness and tenderness of the urethra will soon subside. However the caustic is often of great service in these cases, for such patients will bungle with every remedy put into their hands, as though they derived gratification from thus giving evidence of the miserable state to which they are reduced. With the application of the caustic they have nothing to do; it is sufficiently powerful to keep the fingers quiet for a little time, and in cases complicated with gleet, arising from the "granular urethra," it seems almost indispensable.

Instead of Lallemand's instrument, I very often make use of one I had constructed for the purpose. It consists of a platinum canula and a stilet. The instrument is passed down to the diseased part, and the stilet being withdrawn, a small flexible bougie is introduced, armed in the following way: the tip being scraped so as to make it rough, it is dipped in fused caustic, and then in melted tallow; by this means a thin film of caustic is secured, which acts on every part, without the risk of excessive cauterization at any one point.

In all forms of spermatorrhœa, the food ought to be as plain but as nourishing as it can be procured; no pastry, pickles, or beer ought to be admitted into it, but plenty of meat and potatoes, or bread, for dinner, with a little tea or coffee morning and evening; if possible, meat twice a day. The worst cases have always seemed to be more benefited by a full meat diet

* British and Foreign Medical Review, April, 1843.
than by any medicines; and it is not uncommon to find that a patient has grown worse in every symptom in proportion as he has become a more thorough vegetarian. The further south we go, the more do we find a vegetable diet supplanting the animal food of northern nations, and the more prominent a place does spermatorrhœa assume in the catalogue of diseases. Difference of race I shall be told is sufficient to account for this: the Spaniard and the Moor are by nature more ardent than the Esquimaux; the Persian and the Arab than the Livonian. True, but not therefore by nature more prone to spermatorrhœa; it is, that, degenerating by civilization, they fly more readily to that kind of diet and to those habits which produce spermatorrhœa. From what I have been told of those going to hotter climates, and using the diet prevailing there, it is so invariably to aggravate the symptoms, that it seems only reasonable to infer, that men living altogether in an abnormal condition, habit, climate, and diet, will approximate the diseased states of individuals, though possessed of no power to influence the original state of each recurring generation.

But while I strongly urge the use of plenty of meat, I exclude none of the four varieties of nutriment; and I say this advisedly, for I have seen some of the most obstinate cases of spermatorrhœa in ascetic patients, who religiously excluded sometimes all oily, sometimes all sugary matters, and thus appeared to give full swing to the oxalic acid diathesis with which many of them were afflicted.

3. Imperfect secretion, &c.; impotence. Treatment by—1, Sulphite of soda; 2, Diet; 3, Local means. Cases—$a$, of night discharges; $b$, prostatic gleet; $c$, night discharges with prostatic and with recurrent and prostatic gleet, with stricture; $d$, of night and day discharges; $e$, day discharges; $f$, spermatorrhœa and imperfect erection; concluding remarks.

3. Imperfect secretion, &c.—Although this state may arise from either of two separate causes,—viz, inherent weakness, or excessive irritation set up in the testes,—yet as both causes are generally in action to such an extent as to render it difficult in many instances to assign to either its true amount of influence and as they converge to a common point—imperfect secretion of semen, and, as a necessary consequence, impotence, I have judged it best to take them both at this stage, which is that most generally presented to our observation.

When imperfect secretion or true spermatorrhœa has merely followed as a result of youthful excess, we may, even when it is accompanied by the most alarming symptoms, as breathlessness, wasting, with loss of strength and spirits, generally promise a cure in every case where neither phthisis nor any pathognomonic signs of organic change in the nervous centres
have set in. This class embraces, I presume, the more serious cases of Mr. Acton. As this gentleman, like M. Lallemand, has not divided his system of treatment, I have sometimes had great difficulty in making out exactly to what branch of disease he refers in speaking of some of his remedies, and he will therefore excuse me if I have misunderstood him.

In the foregoing division I have discussed every remedy which I believe to be called for here, and due perseverance in their use will mostly effect a cure. There are, however, a few points to which I should like to draw attention.

1. The indigestion which accompanies many of these cases is often best relieved by the use of aromatic confection in combination with sulphite of soda and mint-water. Of the way in which it acts I do not profess to offer an explanation; I limit myself expressly to stating the results of my experience.

2. Where practicable, I would advise a gradual transition to the diet on which prizefighters are put when in training. A mild diet has been recommended on good authority, but it soon becomes insupportable; it often causes a most uncomfortable state of distension; and, finally, I have no great faith in its good effects. Whatever plan the surgeon resorts to he will have to persevere with, for many of these patients have an objection ready so soon as anything is proposed.

3. I think it is imperatively necessary to attempt, by every means in our power, as blisters, occasional injections, &c., to diminish the sensitiveness of the urethra before resorting to the caustic or even the bougie. We thus not only secure a great number of patients, whom the dread of some operation of this kind drives to the quack, but we materially lessen their sufferings without really loosing time.

Spermatorrhœa, as a complication of congenital imperfect erection, is a more rare and more formidable matter. Both singly, are common enough, but they are not often seen together. In the cases I have met with there was generally extreme derangement of the assimilative and digestive processes; the urine contained oxalates; a faulty state pervaded the organs of the senses, &c. I need scarcely say that it is necessary to draw a wide line of distinction in treatment between congenital and occasional imperfect erections, both of which may co-exist with an otherwise healthy system.

Sufficient materials do not appear to have been accumulated to found any comprehensive plan of treatment for cases belonging to this subdivision, but, except in rare cases, they do not present any insurmountable difficulties, unless the imperfect erections are congenital, and combined with an otherwise faulty development.
I shall now, in conclusion, offer a few cases to illustrate the most salient points in the treatment I have ventured to bring forward. I have simply used a series of initial letters in compliance with what appeared to be a general wish on the part of the patients.

a. Case 1. Night Discharges from Masturbation.—A——, a good-looking lad, aged seventeen, applied Jan. 20, 1851, with spermatorrhœa, arising from masturbation, which he was continually performing in his sleep. To use an ointment of deuto-iodide of mercury, sufficiently strong to occasion vesication, and have a mild aperient. A few days subsequently tonics were begun with, and he was soon well.

Case 2.—Night Discharges from Gonorrhœa.—Mr. B—— applied, Feb. 12, 1850, with severe seminal emissions arising from gonorrhœa, under which he had been laboring. A surgeon to whom he had previously applied, wished to apply the caustic, to which he objected. He complained of constipation, but otherwise enjoyed good health, and though pale, he was strongly formed. A grain of quinine with ten minims of dilute sulphuric acid, and a drachm of sulphate of magnesia twice a day; a small blister to the perineum.

14th.—He has not been able to apply the blister. To do so now, and continued the mixture.

March 7th.—Improving. To continue the mixture, and dress the blistered surface with zinc ointment.

April 11th.—He has had no emissions lately. To apply another blister, and continue the mixture. He had no more emissions, as I subsequently learned from him.

b. Case 3.—Prostatic Gleet.—C—— applied March 5, 1850, for the treatment of a discharge of thick mucus, like the unboiled white of an egg, after going to stool. It arose from a gonorrhœa, he thought, which had yielded to a tedious treatment extending over twelve months; among other remedies he had used salines and injections. On crossing his legs, pain was felt in the vicinity of the prostate. Copaiba and turpentine were tried in vain; mercury with chalk and rhubarb, were then given, and a blister was applied to the perineum, which rose freely. The nitric acid and decoction of Pareira Brava were subsequently administered, but as the discharge was not quite gone by the 20th of the ensuing month, he was ordered a second blister, which completely cured him.

c. Case 4.—Night Discharges, with Prostatic Gleet.—Mr. D—— applied, March, 1849, with these affections. He had been addicted to great venereal excesses, and sometime previously, while in a bad state of health, had contracted syphilis, for which he had taken so much mercury that his health had
suffered severely. There was a constant discharge after stool, and sometimes, after passing urine, of tenacious, glairy mucus, and he suffered greatly from night pollutions. In the left groin was a hard mass, apparently swollen glands and cellular tissue. To this a large blister was applied, and for three weeks not a single discharge was noticed; they subsequently reappeared to a slight extent, but were removed in a few weeks by quinine and exercise.

Case 5.—Night Discharges, Recurrent Gleet, and Prostatic Gleet.—M. E—— applied to me, July 18, 1853, with the following symptoms: He suffered from periodical attacks of great excitement, indigestion, and constipation; a free purulent discharge from the urethra and glans then set in, followed by several emissions, after which all the worst symptoms subsided; occasionally a mass of mucus was thrown out after going to stool. He had been addicted to masturbation, and had then caught a gonorrhœa, which made him worse. Having relieved the indigestion and costiveness, and got him into habits of morning exercise, I injected the urethra with the perforated syringe, and then applied the nitrate of silver with my own instrument; still the urethral gleet continued, and he had occasionally an evacuation of mucus after a stool. A blister was therefore applied to the penis, and in this case, also, there was not a single discharge for three weeks after; quinine was used and a cure speedily followed.

Case 6.—Night Discharges and Stricture.—F——, aged twenty-two, applied Aug. 15, 1853, with seminal emissions which occurred every night, and had now lasted, he said, seven years. He looked pale and shattered, and had been recently under the care of a surgeon, who had used the bougie, and materially relieved him. A slight stricture was now detected, which the bougie soon removed. Salines, containing nitrate of potass, were given, and these, with quinine and mustard poultries to the perinaeum, effected a comparative cure to his previous state.

Case 7.—Night and Day Discharges, with accumulation of Sebaceous Matter.—G——, a stout, healthy young man, applied, June 18, 1853, with seminal emissions, occurring two or three times a day, exclusive of those at night; they appeared to have resulted from gonorrhœa and a very unhealthy employment; never guilty of masturbation. Ordered, quinine twice a day; exercise and cold sponging.

25th.—He is much better; there is some sebaceous matter about the neck of the glans. To wash this well with soap and water, and afterwards apply a zinc lotion; the mixture to be continued.
30th.—He is just well, and has only had three seminal emissions the last week. He has removed all the sebaceous matter, and the prepuce is seen to be very red inside. To continue. As complete a cure ensued as ever does in these cases, a seminal emission at night occurring from time to time.

Case 8.—Night and Day Discharges.—H——, a pale, delicate young man, applied, June 25, 1853, with gleet and seminal emissions, occasionally in the day, but mostly at night. He complained of great weakness, pain in the back, and cough. An opium plaster to the loins, quinine twice a day, meat diet, and volatile liniment to rub on the chest; morning exercise. During the latter part of July he had a few days' sea-bathing, which did him a great deal of good; the opium plaster relieved the pain in the back, and was accordingly repeated as often as it fell off. By the 12th of September he was so far improved that he had no seminal discharges for three weeks; but the gleet grew so much worse, that I was obliged to order him injections. Having left off his medicines, he had a slight relapse, but, on resuming them, was rapidly cured of all but an occasional discharge at night.

e. Case 9.—Day Discharges.—Mr. J—— applied, November, 1852. He had two to six times a day faint erections, and immediately after a thin discharge. The urethra was red, and there was a strong smell from the glans. He was pale, nervous, and so weak that he thought he could not live, and he was tormented by a constant cough, with indigestion and costiveness. Salines, containing a little syrup of red poppies, and five grains of nitrate of potass, three times a day; mustard poultices to the perineum; veratria ointment to the testicles. Soon after quinine was commenced. He gradually recovered, and at the end of ten weeks was so far advanced towards a cure that he gave himself no further trouble about the matter.

f. Case 10.—Spermatorrhœa and Congenital Imperfect Erections.—Mr. J—— applied, Aug. 12, 1852. Erections never had taken place, and there was a constant discharge from the urethra, which was in an inflamed state, of rank, thin fluid. He was, and always had been very week. Cauterization had been tried, and failed. He was the type of this class of patients. Every secretion and every sense was at fault, as if the whole constitution suffered from the struggle to establish the defective virile power. Blisters, quinine, and nitric acid &c., were all tried in succession, with little improvement in either the spermatorrhœa or the erections.

Lastly, I would only urge the patient to banish from his mind the idea that a perfect absence of seminal emissions at night is compatible with health and continence. Those who tell him
so deceive him, or are deceived; and I cannot conclude better than by quoting a part of Mr. Curling’s letter. “I assume,” he says, “the cure of spermatorrhœa to mean, not the arrest altogether of involuntary emissions, but the prevention of their frequency to such a degree as to weaken the powers and impair the health.—[London Lancet.

On the Treatment of Cancer by Congelation. By James Arnott, M. D.

Since the publication of a paper in The Lancet four years ago, on the application of intense cold in cancer, I have had considerable further experience in the use of this remedy, and an opportunity of fully confirming the opinion of its utility therein expressed. The treatment of cancer has engaged much of the attention of other inquirers during this period, who probably expected some greater practical benefit from the discoveries which the microscope had led to, than an assistance merely to diagnosis; but, with the exception of congelation, no advance has been made in this respect. Our knowledge, indeed, of the treatment of cancer, may, in a certain sense, be said to have increased, independently of this exception, not, however, by advancing, but by wise retrogression; the addition to it has only been the detection of error. We have had further evidence that the confidence which some practitioners had in certain curative measures was misplaced. As respects the curability of cancer by excision, Mr. Paget says, after a close investigation of the records of upwards of 300 hospital cases, “that though he will not call such a thing impossible, yet it is so highly improbable, that a hope of its occurring in any single case cannot be reasonably entertained,” (Surgical Pathology,” vol. ii., p. 351); and with respect to the question of the utility of the same measure as a palliative and means of prolonging life, he states, in a communication to The Lancet the year before, that the result of his statistical inquiries is, that persons operated upon for scirrhous cancer of the breast die “thirteen months sooner of this disease than persons not operated upon.” It must not be forgot that in this calculation the cases are omitted of all who die from the immediate effects of the operation, which is more dangerous than had been supposed, the mortality amounting to ten per cent. If chloroform has diminished the suffering, it has not diminished the danger, from the operation, several cases (the last occurring about a month ago, at Sheffield) having proved fatal from its use. The other remedy—the application of caustic—in which some con-
fidence has also been placed, especially in malignant affections
of the womb, is commented upon by Dr. Robert Lee, in his
recently published account of one hundred cases of cancerous
disease of the uterus treated in the ordinary manner. He con-
cludes his analysis of these cases by the observation “that the
fatal progress of the disease was never arrested by cauterizing
the morbid structures through the speculum, nor by any other
means of treatment.”

The use of cold in cancer is by no means a new proceeding;
no practice is of older date, or has been in more general use.
All that I have done is to exhibit the remedy in a greater dose
than it had previously been exhibited. Having ascertained
the important facts that the circulation in a morbid part may
be temporarily suspended by intense cold, without, in the
slightest degree, endangering the vitality of the part, and that
such a suspension, and other concomitant effects of this degree
of cold, are highly curative in inflammatory and neuralgic
affections, I merely applied it in cancer to arrest the inflam-
mation accompanying the disease, on which the rapidity of its
progress, and many of its most distressing consequences, de-
pend, and at the same time to assuage the pain by its perma-
nently benumbing or narcotic property. I at first expected
only to find a substitute for the very inefficient and otherwise
objectionable remedies of inflammation and pain in common
use in cancer; and had congelation only fulfilled these indica-
tions, it would have been very valuable; but experience has
shown that it has still more powerful effects in this disease,
although, from the unknown nature of cancer, it is as difficult
to account for these as it is to explain how the exhibition of
bark or quinine cures an ague. Prof. Bennett, of Edinburgh,
expresses (in his able work on Cancer, the opinion, that “were
it possible to bring down the temperament of an entire cancer-
ous growth below the vegetating point, we must inevitably kill
it;” and it is not improbable that to such destruction of the
vitality of the cancer-cells—to the killing of these parasitic
animalcules—the curative influence of congelation may be
chiefly due. But however satisfactory it might be to ascertain
the mode of operation of the remedy—whether it acts in this
manner, or by some unknown change produced in the functions
of the vessels or nerves of the part, in addition to its obvious
power of suppressing inflammation and assuaging pain—the
chief point is to know whether it has great control over can-
cer, and this can be ascertained only by experience.

In further evidence of its possession of such power, I adduce
the two following cases. I have selected them, not because
they afford illustrations of the most beneficial application of
intense cold, (for the publication of extraordinary results is, from exciting incredulity, apt to be as pernicious to the reputation of a novel remedy as the publication of failures,) but to show what may be always expected from congellation in advanced stages of unequivocal cancer, and after the trial of all other measures, when the remedy is had recourse to before the disease is so very far advanced, and the strength and spirits of the patient so far reduced, as to render her hopeless and indifferent about any further effort. These two cases illustrate the power which congellation possesses of arresting the progress of the disease, when it does not at once cure it, and of immediately terminating whatever suffering the patient may have before endured from it. In earlier stages the nature of the disease is not so certain, and therefore its removal in these stages by intense cold may not be admitted to be the removal of malignant disease. I could adduce many instances of this description from my own practice and that of others, particularly where the disease attacks the uterus, but shall, for the reasons assigned, prefer the cases of arrest, which have the additional advantage of being recorded in great part by other hands—one by the husband of the patient, the other by the patient herself. The first of these patients had been attended for some time by Dr. Forbes, of Inverness; the second by a practitioner at Tunbridge Wells.

I saw the first patient during a visit which I made to the north of Scotland in the Spring of 1852. I learned from her that there had been a hard and painful swelling in her breast for upwards of two years; that lotions, ointments, and other remedies had been tried for its removal in vain; and that since she had refused to have the breast amputated, about nine months previously, she had consulted no medical man on the subject, and had only used the mildest applications.

The patient was about fifty years of age. Her general health was not good, but much of the derangement of the stomach and other organs was attributed to the increasing and intense anxiety she laboured under on account of the affection of her breast. On examining this, I found a hard tumour of considerable size, or what appeared to be two contiguous tumours; the nipple was considerably retracted, and there was a slight morbid exudation from it; the pain was of a plunging character, and of such frequent recurrence as much to disturb her night's rest. The disease was evidently gradually progressing.

I applied a mixture of ice and salt for about five minutes on two occasions, with only about a week's interval between them, as I was anxious, before leaving Inverness, to make a
second application in the presence of her husband, who was to continue the remedy, and to whom accordingly I gave the necessary instructions respecting it.

The results of his administration of the remedy were communicated to me from time to time, and the following are extracts from his letters:

"May 25th, 1852.—In writing to you I feel intense pleasure in having to communicate that Mrs. M—has been regularly and progressively improving since you saw her. We have got the caddis, goldbeaters' skin, oil skin, &c., and the gutta percha frames for the net and bladder have been nicely formed. In fact we have got every thing you suggested, so that our apparatus and accessories are complete. We get the ice now daily, if necessary, and the applications have had the most desirable effect. * * * There is no internal pain whatever; the tumours are at least decreased two-thirds, and she sleeps well and comfortably at night. Everything is very encouraging, and as you could wish."

"May 31, 1852.—I am truly happy to say that Mrs. M—'s breast exhibits a daily improvement, and there is consequently the greatest encouragement for perseverance in the same course. The severe application of the ice and salt has not been tried since you left, but the other (the milder) has been several times, and always with the best results. We shall try the severe application in a day or two however."

"June 14, 1852.—A severe application of the ice and salt was made on Wednesday, and although kept on for four minutes, and until the colour of the skin became entirely changed, it produced no blistering. The bladder with iced water was kept on for half an hour afterwards, and there has been great ease since from occasional applications in that way. The tumours are perceptibly decreasing."

It is necessary, in explanation of this question, to state that the bladder with iced water, applied after the congelation, was employed to prevent the smarting that would otherwise occur from the too speedy return of the natural temperature of the part. This would otherwise be sometimes severe; at other times, the patient scarcely complains of it, and dispenses with the application of the bladder. The description of the effects of the frigorifice on the appearance of the skin would show that the materials had not been properly prepared or mixed, as when they are so, the skin is generally immediately blanched by them.

"July 14, 1852.—The tumour continues very evidently, though slowly, to lessen in size and hardness. The general health I consider to be in a better condition than when you saw Mrs. M—. The ice and salt has been strongly applied four times since you left Inverness."

"27th.—I now write, owing to our being disappointed of ice as
calculated on when I last wrote. Mr. ——, of the ——, who always supplied us, has sustained a severe loss by the man who had the charge of the ice-house leaving the door open for three days, so that the whole stock was dissolved, and there is not a bit to be got in the north."

After mentioning some details respecting the difficulty of procuring ice, (which might have been artificially made by a chemist at small expense,) he continues—

"I am glad to say, that the long interval has not been so prejudicial to the breast as I dreaded."

As matters appeared to my correspondent to go on in a satisfactory state, I did not hear from him until after a lapse of nearly a year.

"June 16, 1853.—The ice and salt had not been applied since I last wrote to you. There has, however, been no relapsing. The nipple has sunk or receded considerably since you saw it, but the tumour has almost disappeared—that is, there is very little hardness or tenderness remaining. There is, however, a hollow or kind of indentation across the breast, near the nipple, but not the slightest indication of a tendency to suppuration. There is, also, a frequent feeling of shooting or twinging pains."

In reply to this letter, I expressed regret that so long an interval had been allowed to elapse without using congelation, as there appeared reason to fear that a remnant of the disease was still present; and, in the next communication from the husband of my patient, (the last which I have received,) dated Nov. 15th, he mentions that the ice and salt had again been once applied. The only interesting circumstances noticed in this letter, respecting the condition of the breast, are, that "there is no hardness or tumour;" although there was occasional annoyance from the sticking of the lint to the skin in consequence of the "exudation of a gummy substance close round, but, so far as I can see, not out of the nipple."—[Ib.

(To be continued.)

On Headache and its Varieties. By Patrick J. Murphy, M.D.

Unfortunately a great difficulty of diagnosis exists in our profession when co-existing symptoms arise from different diseases. The anaemic headache may exist for years, and then have the neuralgic superadded, but this is not of so much practical importance, as the remedies for the one form do not make the other worse; on the other hand a delicate female, long suffering from anæmia and its headache, is often attacked with fever, and the anaemic is thus replaced by the congestive
headache. If stimulants be now given, serious mischief may be
the consequence, while, on the contrary, a practitioner who
sees her for the first time may deplete too largely and produce
a tedious convalescence. These mistakes can occur only on the
invasion of the fever, for in a few days, the thirst, heat of skin,
and loaded tongue, point out clearly what is to be contended
with. Cupping or leeching will relieve the head for a few
hours, but if the fever be ataxic a degree of prostration may be
induced from which the patient can never be roused. I have
never seen the anæmic and rheumatic headache combined; the
combination is rare, but there is no reason why such may not
occur.

Treatment.—As debility not only attends, but is often the
sole cause of this form of headache, the treatment must, of
course be directed in accordance with this view. The diet is
most important, and the proper kind at once suggests itself; it
should be nutritious, and as the muscular coats of the stomach
and intestinal tube have lost their tone, or, more correctly
speaking, have their contractile power weakened, common
sense points that it should be easy of digestion. Animal food
is indispensible; it may be taken twice a day. Mutton is to be
preferred. Beef, unless stewed, lies heavy on the stomach of
weak people. The lean of roast pork may be permitted; it is
a variety, and digestible. The flesh of young animals is
neither as nourishing nor digestible as those of mature age.
Wild fowl, hare, or rabbit, seldom disagree. Roast meat con-
tains more nutritious matter than boiled, but either may be
taken according to the fancy of the patient. The richest soups
and strongest jellies are in every way inferior to the meat from
which they are produced; even in a healthy stomach they
cause flatulence and distention, and, a fortiori, the weak stomach
cannot escape. The more solid-fish, such as sole, turbot, &c.,
may be permitted. Stewed eels are wholesome and agreeable.
Oysters fresh, uncooked, and cut into three or four portions,
ever disagree. Vegetables, unless potatoes, should be cau-
tiously used. Bread should be stale, nothing is more indigesti-
ble than fresh bread or buttered toast. An excellent evening
meal can be made with tea and rusk. Of fruits, strawberries,
raspberries, goosberries, pears, peaches, and plums are agreea-
ble and aperient; uncooked apples usually disagree. Nuts,
almonds, and raisins frequently give rise to painful feelings in
the stomach. There is a craving for stimulants, which ought to
be indulged in moderation. Ale or porter may be allowed at
dinner and supper; perhaps porter is preferable, as it usually
contains a chalybeate. Bitter ale is useless. A glass of wine
between breakfast and luncheon, with a biscuit, is always
found grateful and invigorating. To alcoholic drinks the objections are self-evident, especially when young females are the patients. Very delicate females are much benefited by fasting in bed. The meals should be light, and repeated whenever the faintness or sinking of the stomach is approaching. Many cases, however, will occur, more particularly in young men, where no directions for diet will be needed, almost all kinds of food being digestible.

All causes of exhaustion should be guarded against. There is nothing more injurious to a flaccid heart than smoking, many cases being traceable to this cause alone.

The medicine on which the greatest reliance may be placed is iron. Fortunately, this remedy can be exhibited in various forms and combinations. The formulas in the Pharmacopoeia are as numerous as those of mercury. Griffith's mixture is an elegant mode of prescribing iron, but as the myrrh is unpalatable and useless, it may be omitted; or a form for which we are indebted to Mr. Donovan may be more advantageously substituted; it is as follows: pure sulphate of iron, one drachm; magnesia, ten grains; purified sugar, one ounce; rose or cinnamon water, eight ounces; mix. This is a scientific prescription; and if the iron be free from red oxide, the green colour is preserved for eight or ten days. The magnesia neutralizes the sulphuric acid, and converts the sulphate into a protioxide. The sugar prevents decomposition, and it may be flavoured with mint or peppermint water. In hospital practice it would be found most economical, and treacle might be used instead of sugar. In the hysterical female, infusion of valerian adds to its value; and if there be great sense of exhaustion, ammonia in combination is most beneficial. Persons will take pills who object to fluid medicines. The compound iron pill might be improved by using treacle and potash, which keep the pill soft; and by omitting the myrrh, which only adds to the size. If the cause of the debility be from leukorrhœa, or hæmorrhage, the tincture of sesquichloride of iron in doses of fifteen drops, three times a day, will be the most certain form to employ at first. Young unmarried females, from about their twenty-second year, are very subject to a chronic gastritis, or rather irritable stomach; for these the best preparation is the carbonate of iron, with sugar, of the Edinburgh Pharmacopoeia. If the appetite is bad, sulphate of quinine may be combined with iron. The occasional constipation, which is caused by the loss of tone, the sulphate of zinc, with small doses of sulphate of strychnia, relieved. In severe chlorosis, the crystallized citric acid aids the iron; and in scrofula, iodide of potash may be joined with the iron mixture. If
there be a periodical neuralgia, the most effective form is the precipitate of carbonate of iron. In a severe case of chorea and anæmic headache, Fowler’s solution of arsenic was combined with Donovan’s mixture, and in fourteen days both diseases were relieved permanently. When there is a tendency to œdema, and there is any objection to the tartrate of iron and potash, a chalybeate in another form may be prescribed, and supertartrate of potash taken as common drink. The bowels should be kept gently open by an electuary of senna or the compound rhubarb pill. Friction over the cutaneous surface is very useful; in cold weather, the hands and feet ought to be well rubbed two or three times a day, to guard against the existence of chilblains, to which there is a great tendency in these constitutions. In a case of polypus growing from the fundus uteri, attended with profuse discharges and anaæsarea of the lower extremities, chalybeates kept the symptoms in check, and relieved the severe headache, until the protrusion of the tumour permitted the application of a ligature. Minute directions for the treatment, however, are not necessary, for the form of headache being ascertained, the proper remedies are obvious.

Congestive Headache.—There are two forms of congestive headache (independent of phrenitis)—the passive and the active. The passive congestive headache is what is commonly termed cephalalgia. Its causes are various, numerous, and dissimilar. The importance of understanding fully its pathology will be acknowledged when we recollect that it is very common, very alarming; that the pain originates from distension of the intra-cranial sinuses and veins; that it is symptomatic both of adynamic fevers and of those purely inflammatory, therefore requiring opposite treatment; and that it may end in what some call phrenitis, one of the rarest of the phlegmati. How often, in adynamic fevers, which are always ushered in with passive congestive headache, has reaction been checked, and a fatal termination been the consequence, from the loss of even a few ounces of blood, injudiciously prescribed to relieve a symptom erroneously supposed to be a precursor of effusion.

Cause.—The immediate cause of the headache is distension of the intra-cranial veins, the blood having receded from the surface in consequence of a chill or rigor. Hence it is one of the earliest symptoms in all adynamic and most of the inflammatory fevers, in the exanthemata, and also in the cold stage of ague. It is the headache of those exposed to severe cold; and this exposure, when prolonged, induces that tendency to sleep (coma) so fatal if not resisted. When cold bathing is injudiciously prescribed, especially to weak and delicate sub-
jects, or to anæmic females, this form of painful headache is the consequence, commencing sometimes even before they leave the water. The passive congestive headache is also the headache induced by the depressing passions, by mephitic vapours, by the inhalation of carbonic acid gas in crowded rooms, by intense mental occupation, or by tight stocks. The headache complained of in diseases of the heart or lungs, when the circulation is much impeded, is attributable also to congestion. The weak and delicate, being least able to resist the effects of cold, are therefore more obnoxious to congestive headache, and hence the anæmic is often replaced by the congestive. Phrenitis may of course be preceded by congestion, but it is a phlegmasia very rarely encountered, unless from injury or disease of the cranial bones. This assertion may be considered rash; but during a long practice, and sufficiently extensive to hazard a medical opinion, I think time will confirm its truth. Concussion of the brain is a temporary passive congestive headache.

Diagnosis.—The headache is sometimes a solitary affection, or rather other symptoms are disregarded. A tense pain, as if the cranium were too small for its contents, is felt, but not referrible to any defined part of the head; the pain is constant, increases in the recumbent position, and hinders sleep; is exasperated by exercise, mental occupation, and, if reaction has set in, by stimulants. The headache may continue a week or two without any other well-marked symptom. If the headache be the result of a blow or exposure to cold, and it be not relieved by reaction in two or three days, the pulse becomes slow, the heart labours, the surface is chilly, the countenance pale, the appetite fails, the gait is unsteady, and there is a confusion of ideas. These symptoms, when combined, are seldom of long duration; and if the congestion be not relieved by epistaxis or medical treatment, it will end either in coma or reaction when the phenomena change. Coma need not be described. In reaction nausea or vomiting are primary symptoms, the pain of the head becomes more severe, the face flushes, the eyes are suffused, the pulse quickens, the skin becomes warm, the tongue white, the desire for food is lost and replaced by thirst. Fever is now present, what Cullen termed synochema, and the treatment cannot be misunderstood. Concussion of the brain, when followed by reaction, admirably illustrates the above history.

When this form of headache is the prelude to fevers of the adynamic type, and before reaction commences, most of the following symptoms co-exist, all also denoting a retrocession of the blood from the surface to the deep-seated veins;—a chil-
Headache and its Varieties.

ly surface; lumbago, from congestion of the deep-seated spinal veins; nausea, from cephalic congestion; praecordial oppression, from distension of the right side of the heart, and, as a consequence, a slow, labouring pulse. In the exanthemata, either from the intensity of the poison, or from a peculiar constitutional debility, their invasion is occasionally attended with delirium and that of small-pox, frequently with convulsions. Similar symptoms are said to be occasionally witnessed in rubeola, but in scarlatina the poison is sometimes so powerful and depressing that within twenty-four or thirty-six hours from the seizure, death is the result, reaction being overpowered. In such diseases, and especially in typhus gravior, our principal aim should be to hurry on reaction, for if we succeed early, the danger is much diminished. In adynamic fevers, the failure of reaction is more to be dreaded, and its failure is more dangerous than in those of the inflammatory type. Hydrencephalus of the non-tubercular form has its history and treatment, as a passive congestive headache, where perfect reaction fails. It is this form of hydrencephalus which is occasionally cured, and no doubt the cures would be more frequent were the diagnosis more exact; but it is sometimes mistaken for infantile remittent fever until the overloaded veins and sinuses relieve themselves of the watery parts of the blood by effusion into the ventricles, and lessen the chances of relief. It would be a worthy task to write a short treatise on the curable and non-curable form of hydrencephalus.

The treatment must depend on the cause. The length of time the headache has existed must also guide us in selecting remedies. If it follow cold bathing, or exposure to cold otherwise, and if not more than twenty-four hours in duration, the production of reaction as speedily as possible is the undeniable plan. For this purpose the sufferer should go to bed in a warm chamber, and be well covered with bed-clothes, a large glassful of mulled wine or hot spiced ale may then be taken, and, if necessary, repeated, a few hours elapsing. If the headache persist, and the skin be cold, an emetic of fifteen or twenty grains of ipecacuanha should not be neglected, for the act of vomiting forces the blood to the surface, and experience has taught us that the headaches of the primary stage of fevers, or of the cold fit of ague, are frequently removed by spontaneous vomiting, forcing the blood to the skin, and inducing diaphoresis. Should perspiration be still delayed, diaphoretics composed of acetate liquor of ammonia and spirit of nitric ether should be freely exhibited, together with white wine whey, until they act freely, which usually terminates the pain of the head and the danger of synocha. If, however, reaction be delayed
for several days, we have to apprehend one of two effects—coma, or fever. The former is by far the more dangerous. Although in diseases of the head there is a prejudice against hot baths, yet they may be prescribed in these cases with confidence; but if objected to, the hot air-bath may be substituted. In addition, a blister to the nape of the neck, and sinapisms to the calves of the legs. Leeches to the temples, and the scarificator to the nape of the neck, is in these cases oftentimes ordered without due discrimination. If the skin be warm, they may relieve; but where the skin is coldish and the pulse weak, to say the least, they are uncertain; but as nature sometimes relieves these headaches by epistaxis, she may be imitated safely by applying two or more leeches to the septum narium, about half an inch above the nares, with the aid of a curved leech-glass; the application is easy. As the bleeding which follows is sometimes very profuse, especially in children, a second leech need not be applied until the bleeding from the first has ceased. This method has many advantages; it is the most cleanly and the least troublesome, as, to encourage the bleeding, it is sufficient to hold the head over a bowl of hot water; it leaves no marks, a matter of some consequence when young females in the higher classes of life are the patients; it relieves the head at the least expense to the sanguiferous system, for there is very little communication—although opinion is otherwise—between the vessels of the scalp and those of the brain; while the mucous surface of the nose has a direct communication with the longitudinal sinus. The transition to reaction sometimes takes place without relief, and is so gradual that it is difficult to decide on the exact moment for depletion; but if the surface is warm and the face flushes, the difficulty ceases. The headache continuing after reaction is fully established constitutes fever. We now know what to do. Twelve or fourteen ounces of blood should be taken from the arm in the upright posture, saline purgatives prescribed, low diet and mental quietude rigidly enforced. If the headache be not relieved, small nauseating doses of tartar emetic are very valuable, and we are not justified in withholding mercury, and it ought to be given until there is tenderness of the gums. This is one of the fevers (synocha) which so many physicians have remarked yield on the appearance of salivation. The application of cold lotions to the head are useless, perhaps injurious, in simple congestive headache, before reaction, for the effect must be to repel the blood from the external vessels. This form of headache rarely continues a month without producing mischief. If the headache be the consequence of a blow or fall, it must be treated actively as soon as the depressing effect of concussion
ceases; if nausea or vomiting succeeds, and the skin be hot, we may be certain that inflammation of the cranial contents is in progress.

The exanthemata and adynamic fevers commence with this form of headache, and for several days it alone is complained of. The hurried, slovenly practitioner overlooks the cause, and irreparable injury may be done by the loss of even a few ounces of blood; venesection to any extent is almost fatal, and even local bleeding jeopardizes the recovery of the patient; for, to the congestion we have added a poison depressing the heart's action, and still further impeding reaction, which the additional cause of loss of blood renders almost impossible. How many cases of typhus gravior have I seen terminate unfavorably, solely, I may venture to say, from the application of ten or twelve leeches to the temples, to relieve the intense headache of the very early stage. The proper remedy at this period is the exhibition of an emetic of ipecacuanha, to which may be added eight or ten grains of sesquicarbonate of ammonia. The treatment of these diseases does not enter into my remarks on headache. Their invasion is sometimes so violent that convulsions attend, but convulsions do not foretell so dangerous a form of exanthemata as when we find a child after a few hours' illness become insensible, speechless, with a very weak pulse, and a cold surface. These symptoms are more common from the poison of scarlatina than from any other; all those so affected have died within thirty-six hours of the attack, no matter what remedies were employed, except one treated by galvanism. The symptoms were very properly regarded as congestion in the most intense form without the power of reaction. The electro-galvanic battery was employed exactly as it is for the congestion of those poisoned by opium; a flexible tube was afterwards passed into the stomach, and port wine and ether introduced, and also friction to the surface, with hot, dry, flannel cloths. In alluding to the treatment for the coma which follows exposure to cold, the necessity of employing this powerful remedy was omitted. There is also another remedy for the simple congestive headache, which should not be despised, although it is constantly employed by empirics; it is popularly termed "traction," or dry cupping. Those who have never seen it employed cannot imagine what a powerful effect it must have when used in the following manner. The back of the neck, between the shoulders, and, if deemed necessary, even down to the loins, is smeared with spermacetti ointment; the exhausted glass, is then fixed; it moves with the greatest facility over the anointed surface, acting powerfully on the cutaneous bloodvessels, leaving every portion of the skin
Exhaustion from Heat. 

Observations on Exhaustion from the Effects of Heat. (Coup de Soleil.) By H. S. Swift, M. D., Resident Physician of the New-York Hospital.

Owing to the oppressive and long-continued hot weather of the past summer, an unusually large number of cases were admitted to the New-York Hospital of what is called coup de soleil, or, as now regarded by the profession, extreme prostration produced by exposure to excessive heats, combined, perhaps, with the effect of receiving large draughts of cold water into the system, when overheated.

So prevalent, indeed, was this disease, that at one time it was regarded almost as an epidemic, not only in this, but in neighboring cities. Several cases occurred in the country, where, heretofore, it has seldom appeared. It will be recollected that a large per cent. of the cases were fatal. The report of the City Inspector of this city alone shows 260 deaths from coup de soleil, without including many cases designated as "congestion of the brain" and the "effects of cold water."

It is now only five or six years since the nature of this disease was pointed out, and yet the profession, generally, have but vague and indefinite ideas respecting it, and it is a matter of surprise that medical literature is so deficient on this subject. A few short monographs, and a few reported cures, are all that can be found in regard to it. Cases are not so infrequent, nor is this affection so devoid of interest, as this silence would seem to indicate.

I have no new theories to propose, or any new light to throw upon the pathology or the treatment of this disease; the object of this paper is simply to call the attention of the profession to this subject, more especially as the season is now approaching in which we may reasonably expect a return of this "calamity."

The term coup de soleil, as applied to this disease, is a misnomer. It is a popular rather than a professional appellation. All our authors agree that "cerebral apoplexy" is occasionally produced by exposure to the direct rays of the sun. This I regard as true coup de soleil. The subject now under consideration is an entirely distinct affection. It is now almost
 universally admitted to be mere nervous exhaustion produced by protracted and violent exercise in an over-heated atmosphere.

Of the large number of cases observed by me, none were strictly apoplectic, and no lesions were noticed in those which proved fatal, sufficient to account for death. Those two opposite conditions—the "cerebral congestion" and "nervous debility"—require opposite modes of treatment, and should be carefully distinguished from each other.

The subjects of this affection are usually laborers who have been exposed several hours during the day to the direct rays of the sun, the thermometer being over 90°. A great majority of the following cases were foreigners, many of whom had but recently arrived in this country, and who, after the deprivations of a long passage, were ill-adapted to endure great fatigue in so high an elevation of temperature.

The same condition may result after exposure to artificial as well as solar heat. Eleven patients were attacked one morning in the laundry of one of our principal hotels; several were brought to us from a sugar refinery, where, after working several hours in a close and over heated apartment, they fell down suddenly in a state of insensitivity; and we had an opportunity of comparing their symptoms and lesions with those who became exhausted after laboring in the sun, but were unable to satisfy ourselves of any distinction.

Whatever tends to enfeeble the vital powers must be regarded as the predisposing cause. This may result from muscular debility or preexisting disease. Heat acts as the exciting cause. One patient had suffered for several weeks from an obstinate diarrhoea. He had eaten nothing on the morning of the attack, and, after imprudently walking only a short distance in the sun, fell down insensible. Another patient was suffering at the time of the attack, as we afterwards learned, from the usual malaise of fever, and after convalescing from this disease, passed through the ordinary attack of petechial typhus. Still another was in a cachectic condition from the influence of malaria. He was also picked up in the street, and brought to the hospital in an insensible condition. These cases were not included in our Report, though they were evidently suffering from this disease at the time of their admission to the hospital.

An attempt has been made to distinguish those cases which are the result of exhaustion merely, and those who have been suddenly seized after drinking large draughts of cold water when over-heated either from exposure to the sun or by violent exercise. If such a distinction exists, by far the greater number of cases which fell under my observation would be
included in the latter class, though only in a single instance were we able to trace any immediate connection. A seaman had been employed, during the day, in the rigging of a vessel, exposed to the direct rays of the sun. At 3 P. M., he complained of a severe pain in the head and a "sense of sinking within him." After drinking very freely from a bucket of hydrant-water, he plunged his head into it, and immediately fell down insensible. Most of the patients had been drinking water freely during the day,—some moderately,—while others had scrupulously avoided it. But a large majority of them were attacked immediately after dinner, when probably large draughts of water were employed.

For this reason I am inclined to believe that the effect of the cold water in these cases is merely to hasten the development of the disease, and that a majority of the cases reported as deaths from "drinking cold water," are really occasioned by "solar exhaustion." Nearly all the patients were exhausted by severe labor, and at their dinner they were in just the condition to suffer from the shock of receiving a large quantity of water suddenly into the system.

Deaths from the effects of cold water are not so frequently met with as is generally supposed. Dr. Dickson, of Charleston, So. Ca., says: "I have never seen a death from drinking cold water, nor have I been able to obtain any authentic account of such an event having occurred since I have been engaged in the practice of medicine in this city. Yet here, if anywhere, such accidents should occur. Immense quantities of ice and iced fluids are daily consumed here by persons subjected to the several conditions which are regarded as calculated to favor the morbid influence of the agent in the highest degree. The cases described by Rush, I believe to have been generally cases of isolation, and that, being sensible of rapidly approaching disease, and at the same time feeling an internal heat, the patients were just procuring relief when overtaken by sudden death." Such, undoubtedly, was the case of the sailor above referred to.

The disease is usually stated to be confined to patients of irregular habits; but only a small portion—at least less than one-half of the following cases—could be regarded as intemperate, and many of these had restricted themselves during the day to a single glass of ale or brandy.

The premonitory symptoms are usually slight, and of short duration. A laborer may, perhaps, have been employed until a late hour the previous night, and the next morning complains of a slight headache and a general feeling of languor. He takes his breakfast with less relish than usual, but resumes his or-
ordinary duties. But, in the great majority of cases, even these slight symptoms are wanting. They are suddenly seized, while in the performance of their labors, with pain in the head, and a sense of fulness and oppression in the epigastrium, occasionally nausea and vomiting, general feeling of weakness, especially of the lower extremities, vertigo, dimness of vision, and insensibility. Surrounding objects appear of uniform color. In a great majority of cases, this was, so far as could be ascertained, blue or purple. In one instance, everything appeared red; in another, green; and in another, white. One stated that objects retained their natural color, but expressed them as being very beautiful, while to another every thing appeared greatly magnified.

This may be regarded as the first stage of the disease. It is usually of short duration. In the milder forms of the disease, the stupor is only momentary. The patient is at first, perhaps, aroused with difficulty, but he gradually regains his consciousness. If, however, the attack is severe, the patient shortly passes into a state of coma. The skin is hot and pungent to the touch, and by actual experiment, according to the observations of Dr. Dowler, the temperature is elevated to 112° Fahr. The pupils are dilated and insensible to light; the breathing hurried and labored; the pulse is sometimes slow and full—sometimes frequent and feeble, though the action of the heart may continue inordinately strong up to the last moment of life.

In the third stage, the symptoms are those of collapse. The pulse becomes more frequent and feeble; the respiration, which at first was hurried and labored, now becomes stertorous, and accompanied with sighing and moaning; the skin cool, or the surface of the body may retain its natural temperature, though the head may be hot; the sphincters become relaxed; extremities cold; the countenance swollen and livid; the pupils may be dilated, but are often firmly contracted; tracheal râles appear; either the patient is quiet, as if completely paralyzed, or else convulsions, often violent in character, supervene, and he dies suddenly, or he may remain in this condition for several hours.

The first stage corresponds very nearly to that condition described by Southern writers as "solar exhaustion." Dr. Dowler makes a distinction between this "solar exhaustion" (the coup de soliel of northern latitudes) and what he calls "solar asphyxia." The former he regards as "a mere fainting, in which the face is pale, skin cool, or not above the natural standard, while, in the latter, the skin is burning hot, face flushed, and the mind and body are utterly insensible to impressions." It runs its course rapidly, and often proves fatal
in 30 minutes. Dr. Cartwright says, the cases of "asphyxia are often incurable from falling into an incurable state before medical aid can be obtained"! while those of exhaustion simply, if properly treated, will yield as readily as a case of common intermittent, and almost as fatal as "solar asphyxia," if improperly treated.

The second and third stages, described in the progress of the disease, are so intimately connected that it may seem an unnecessary division; but it is more convenient to regard them separately. They differ usually in the mode of attack, and for this reason some have regarded them as a distinct condition. The stage of collapse is most frequently noticed in those who are seized late in the afternoon, "without the signs of apoplexy," after exposure to the heat and fatigue of the day. But the same condition may occur in those who have been seized suddenly "with the signs of apoplexy," and yet pathologically there may be no difference.

Of 60 cases which came under my observation during the past year, 44 were insensible at the time of admission, and 16 were either stupid or sensible. The pupils were dilated in 30, contracted in 19, and natural in 11. The temperature of the body was hot in 34, warm or natural in 14, and cool in 12; while that of the head was elevated in 31, warm in 11, and cool in 18.

The respiration was hurried in 44; the pulse was uniformly accelerated, varying from 100 to 160, and even more per minute. Convulsions were present in 24, delirium was noticed in only a few. 52 of the patients were males. The average duration of the fatal cases was about 4 hours.

The time of the attack in 3 cases was between 8 and 11 A.M. " " " " " 40 " " " 11 A.M. and 4 P.M. " " " " " 17 " " " 4 and 9 P.M.

Convalescence is usually speedy, after the severity of the disease has passed, and reaction is fully established, varying from a few minutes to five or six hours; the patient sinks into a deep slumber, and awakes somewhat exhausted, and the cerebral functions disturbed; but this soon disappears. Two patients only complained of severe pain in the head, and at intervals exhibited great forgetfulness for nearly a week; and one was occasionally delirious.

A case was reported to me in which delirium supervened, resembling that of delirium tremens. I can conceive that such a condition may exist, but this patient was intemperate, and had been drinking to excess previous to the attack.

Dr. Pepper reports 20 cases, 10 of which died, and 3 resulted in insanity. This termination was not noticed in over 100
cases received at the New-York Hospital. In the reports of
lunatic asylums, however, few cases of insanity are referable
to an attack of coup de soleil. One patient was delirious, and
with the greatest difficulty restrained.

The statistical reports are too inaccurate to furnish any sat-
isfactory data for the mortality of this disease, as no attempt
has been made in the reports to distinguish it from “cerebral
apoplexy;” but this latter class is, I believe, less frequently
met with than was formerly supposed; and that their number
will somewhat diminish as the facilities for post-mortem ex-
aminations are furnished, and that by far the greater number of
cases included under the head of coup de soleil are nothing
more than “nervous prostration.” About one-half of the cases
are usually fatal. The mortality of the past year will, howe-
ver, be above this estimate.

The total number of cases admitted to this Hospital since
1845, is 150, of which 78 died. The mortality of the cases ad-
mitted in 1853 is 33 in 67.

The mortality of hospital practice must be greater than that
in private, as very many were admitted in a moribund condi-
tion, and died before any treatment could be adopted, while
others were rendered hopeless by being brought a long dis-
tance, several hours after the attack.

The prognosis will depend on the stage of the disease. In
the first stage, the prognosis is usually favorable; much, how-
ever, will depend upon the treatment adopted. The symptoms
indicating collapse are always unfavorable.

In 33 fatal cases, the pupils were contracted in 20, moder-
ately dilated in 7, and markedly so in 6; while, in the success-
ful ones, the pupils were dilated in 19, and nearly natural in
15. No case recovered in which the pupils were contracted.
Mere stertorous breathing is not necessarily fatal; but after
the respiration becomes sighing and moaning, the prognosis is
very unfavorable; only two patients recovered after this char-
acter of the breathing was present.

To these two symptoms—the condition of the pupil and the
character of the respiration—I attach much value; and if other
observations shall confirm this, they will furnish the most reli-
able basis for prognosis.

The respiration was sighing or moaning in 31 of the 33 fatal
cases; convulsions were noticed in 24. This is a grave symp-
tom, but 6 recovered after they were present. The pulse alone
is no safe criterion of the actual condition of the patient, for it
may continue of fair strength throughout the whole course of
the disease, with no perceptible alteration either in force or
frequency, though the patient may be under the free use of
stimulants. This will frequently surprise those who are unaccustomed to observe it.

A fatal relapse occurred in one instance. This patient was attacked suddenly while at his work, and lost all consciousness. As soon as he had sufficiently recovered, he walked a long distance to the hospital, exposed to the direct influence of the sun. This exertion, combined with his previous prostrated condition, probably induced another attack. He again partially convalesced, but immediately sank into a comatose condition, from which he did not rally.

The pathology of this disease is uncertain. We have as yet failed to discover any satisfactory lesion to account for the phenomena noticed before death. It is now, however, generally admitted to be merely "exhaustion," produced by fatigue—either in the sun, or, less frequently, in a close and over-heated apartment.

The post-mortem appearances, though of a negative character, are precisely opposite those found in "congestion" of the brain or apoplexy produced by insolation—in other words, coup de soleil. And it is of great importance that this relation should be correctly understood, for they obviously require an opposite course of treatment. Unfortunately these two conditions are too indiscriminately called coup de soleil. Our nomenclature, in this respect, is imperfect, and calculated to mislead those who are unaccustomed to observe it. But we must not infer, simply because a disease has been erroneously called coup de soleil, that we have apoplexy to contend with. "It is debility we have to meet, and not repletion." Depletion, which is essential in the one, is almost necessarily fatal in the other.

In some cases we have apoplectic symptoms with those which properly belong to the opposite condition. And we may perhaps be puzzled to know to which class they belong. But even in these cases, we rarely find any lesion. Sometimes there will be found a moderate congestion of the brain, but no more so than we often find in cases where we suspect no lesion of that organ.

The following case may perhaps be interesting, as illustrating this:

An unknown woman was picked up in the street in a state of exhaustion, and brought to the hospital at 8 P.M., Aug. 14th. Nothing could be learned of her previous history. She was completely insensible, pulse frequent (120) and feeble; respiration hurried and labored; skin burning hot; temperature of head elevated; pupils contracted and insensible. The prognosis was unfavorable. Our ordinary treatment was adopted. Sinapisms were applied to the calves of the legs and abdomen,
Exhaustion from Heat.

Ice to the head. Stimulating enema of spts. tereb., brandy, and tr. capsici were administered moderately. Frictions with mustard were also ordered. Four hours after her admission, her condition became decidedly worse. The slight convulsive movements of the body, which were noticed at the time of her admission, were more marked and violent, and it was only with the greatest difficulty that she could be confined to the bed. The breathing was exceedingly labored, and accompanied with sighing and moaning—pupils dilated; the pulse very frequent, and scarcely perceptible at the wrist; the countenance swollen and livid; extremities cold; the stomach refused to retain the stimulants. The bronchial tubes became clogged with an increased secretion of mucus; and deglutition was very difficult. The slightest attempt to swallow threatened almost immediate asphyxia. She was ordered injections of brandy and carb. ammonia.

On the following morning reaction was fully established—the pulse 130, but fair strength. The head and surface of the body hot; eyes suffused, red, and injected, fixed and motionless; pupils contracted to a point and inactive; face flushed; countenance swollen and turgid; respiration deep and stertorous; and the patient was completely comatose. The quantity of stimulants was diminished, and an aloetic enema repeated; ice reapplied to the head, and sinapisms to extremities.

The physician in attendance now regarded these symptoms sufficiently indicative of cerebral congestion to warrant depletion. Ordered a moderate abstraction of blood from the temples by cupping, and the treatment adopted during his absence to be continued. She died 21 hours after admission.

Autopsy 18 hours after death. No marked congestion of the brain or lungs was observed. The heart was flaccid and filled with fluid blood. The liver was much congested—other organs healthy.

This case was, doubtless, one of "nervous exhaustion," a condition so often mistaken for, and associated with, "cerebral apoplexy," and it was the only one in which reaction ran sufficiently high to indicate depletion. But even in this the post-mortem disappointed us. I have only seen a few, a very few cases, of insolation verified by a post-mortem examination,—certainly not one during the past year, although examinations were made in all the cases in which we suspected any cerebral lesion.

The diagnosis of those cases, which simulate apoplexy is often difficult. The remarks of Dr. Condie, though inapplicable to the case just given, may perhaps be generally useful. He says: "In those cases requiring depletion, the head parti-
Exhaustion and pulse pupils ed. 562 incularly, particularly, and often the entire surface of the body, is hot. The eyes injected; pupils contracted; pulse small, quick, and corded. Tongue red and dry. Patients are delirious, restless, and in a constant state of agitation; and if not speedily relieved by prompt and active treatment, coma ensues, and the patient dies as in acute meningitis."

The true pathology of this disease, like those cases of death produced by lightning, will probably never be correctly explained, unless, perhaps, the microscope may aid in removing the veil of mystery which surrounds it. But it must be remarked en passant, that there are many points of resemblance in the appearance of those who have died from the effects of heat, and the cases reported of death from lightning.

Does the heat produce death by destroying the "vital principle," as Hunter supposed was the effect of lightning? Does it produce some chemical change in the blood itself, so that it can no longer subserve the purposes of innervation? or does it produce its effect primarily upon the nervous system. This is the most plausible theory. The vital powers, already enfeebled by fatigue, and the heat of the atmosphere, are unduly stimulated. The natural balance of the circulation is destroyed, and the heart contracts with a "morbid activity." The lungs are engorged with blood, and the heart labors to overcome the increased obstacle, until at length it is exhausted by this "morbid activity," and passive congestion takes place in the capillaries throughout the body.

The pathology of this disease is too obscure and uncertain, and observation too limited, to arrive at any satisfactory conclusions in regard to the treatment. It is at best empirical. We regard the disease as one of debility, and we partially treat it as such.

The great practical point to be regarded in the treatment is, that this affection is entirely distinct from coup de soleil, as generally understood by the term. It is a disease of "debility," and not one of "repletion." Depletion is generally contraindicated, and stimulants are usually required.

In cases of Insolation, the lancet is often employed. But these are very rare. During the summer of 1818, there were 13 cases admitted into the hospital. These were largely bled; 60 ounces were taken from the arm by repeated bleedings; and in one case as many as 80 ounces. And the "recovery in this one was much more marked and speedy." Three of these died, and the post-mortem appearances were precisely those of "cerebral congestion." But in cases of exhaustion, I have never seen a patient recover after he had been bled.

This practice is now nearly abandoned. Formerly, nearly
every case treated before admission to the hospital had been bled. But not a single patient had been bled of those admitted during the past summer. They do not bear well even the local abstraction of blood by cupping.

The plan of treatment usually adopted is to place the patient in a hot bath, rendered stimulating perhaps by mustard or capsicum—or counter-irritation to the whole body by means of mustard; a stimulating enema of tr. aloes c., or, what is preferable, spts. terebinth; ice to the head when the temperature is elevated; brandy and tr. capsici, or even carb. ammonia if required.

The indiscriminate use of cold affusions is productive of harm. Injurious and often fatal effects result from them. It is a popular and erroneous idea that a patient, as soon as he is attacked, should be completely deluged with cold water. To employ it in every case would be as absurd as in cases of collapse from any cause.

Another important consideration in the treatment of the earlier stages is rest. In crowded cities, to which this disease is mostly confined, this caution is too much disregarded. As soon as a patient is attacked, he should be placed in a horizontal position, in as cool a place as possible, and perfect rest required. Nothing can be more serious for a patient in this condition, than to be carried, as is too often the case, upon an ordinary cart for a long distance, or allowed to remain exposed to the influence of the sun.

The length of this paper will prevent any detailed account of the cases themselves. They were admitted during the attendance of Drs. Joseph M. Smith and H. D. Bulkley, and the treatment adopted during their absence was approved of by them. In conclusion, I desire to express my special acknowledgements to my senior assistant, Dr. John B. Chapin, for his valuable assistance, not only on this, but other occasions.

[N. Y. Journal of Medicine.

On the Use of Hydrochlorate of Ammonia in Coup de Soleil.
By J. R. Leaming, M. D., Physician to the Northern Dispensary, N. Y.

Case 1. I was called in the afternoon of June 16th, 1852, to see a man at the Knickerbocker stables, on Eighth avenue, overpowered by heat. He was insensible, breathing somewhat stertorous, pulse slow and weak. Having used muriate of ammonia in the comatose condition of typhus fever with apparent benefit, and believing the nervous prostration in this
case to be very similar, I prescribed it in about 8 grain doses, in solution, every half hour. He was removed to his home and mustard applied to the epigastrum. With some difficulty he was made to swallow the medicine, but in about fifteen minutes after the first dose the stertor ceased. In an hour he was sleeping quietly, and when disturbed, answered questions incoherently. In about three hours, he could sit up in bed and converse, but complained of great lassitude and fullness about the head. The next day he was able to walk out.

Case 2. I was called in the afternoon of June 22d, 1853, to see a blacksmith who had been sent to his home in 28th street, overpowered by heat. I found him entirely unconscious, without any action of the voluntary muscles, deep stertor, pulse slow and full.

I gave him the ammonia and applied mustard. I left him, but returned in an hour and a half, and was surprised to find the patient sitting up, able to converse. He complained of general lassitude and a dull pain in the head. The next day he was walking about.

Case 3. I was called in the evening of June 28th, 1853, to see a bricklayer, who had fallen insensible a moment after returning home from his work in the evening. I found him without stertor, but breathing slow and heavily, pulse slow and weak, entirely unconscious. I gave him the ammonia and applied mustard, then sent a messenger for Dr. Tucker, his family physician. In about an hour the Dr. called on me, and requested me to see the patient with him. We found him able to converse, complaining of debility and pain in the head. The medicine was continued, and the patient walked out the next day.

Dr. T. assures me that he has since used the muriate of ammonia, in similar cases, with gratifying success.

Case 4. August 12, 1853, I was called in the afternoon to see a man in 26th street, suffering from sun-stroke. Mustard had been well applied before I arrived. He was entirely unconscious, labored breathing, pulse weak and frequent. I gave him the ammonia, and when I returned, in about an hour, he was sitting up.

My notes of these cases are very meagre, but the impression left on my mind at the time, and by other cases of which I have no notes, is, that the ammonia produced speedy and satisfactory relief. If the pathological condition of sun-stroke be excessive nervous exhaustion, as I believe it is, diffusible stimulants are indicated, and I think the muriate of ammonia is the best. The patient should not be bled, ice should not be applied and continued to the head. The face and temples may be
Observations upon Primary and Secondary Amputation. By Professor W. Stone, M.D., of New Orleans.

The principle of immediate amputation, although beyond all doubt correct, has caused the loss of countless limbs unnecessarily, and, I believe, of as many lives as it has saved. The error, evidently, is from over-estimating the security afforded by primary over secondary amputation. The first duty of the surgeon certainly is to secure, if possible, the life of his patient; and the second, to preserve as much of his person in as perfect a manner as possible. In the anxiety to fulfil the first duty, by over-estimating the security which amputation affords, limbs are often sacrificed that are curable, and by disregarding the proper time for amputation, a life may be lost that would have been safe without an operation. In severe injuries of the extremities, if fatal, death is produced either by the concussion, or subsequent pain and suppuration which exhausts the patient; or it may occasionally be from tetanus or gangrene. Against the first cause of death, amputation affords no security, on the contrary it favors it. The question of amputation before reaction, I believe, is settled by every American surgeon of experience in the negative. This subject was sharply discussed in England on the occasion of the death of the celebrated statesman, Huskisson, who had both legs or thighs crushed on the Liverpool and Manchester Railroad. The Liverpool surgeons attempted to bring on reaction, but every means failed, the concussion had thrown him into a fatal collapse. The London surgeons took the matter up, blamed the Liverpool surgeons, and urged that immediate amputation should have been resorted to, and talked nonsensically of the stimulus of the knife. When one hears such reasoning, he feels the truth of the remark made by some one in the last century, that surgeons were bad pathologists and worse physiologists.

In severe injuries, where the patient is thrown into collapse, and amputation is necessary or unavoidable, if the case is critical, it is a nice point to decide when, exactly, it can be performed with the most safety. If the patient were in great agony and amputation could relieve it, there could be no doubt of the propriety
of amputating at once, no matter what the state of the pulse might be; but this is not the case, the shock has been receiv-
ed, the mischief has been done, the parts are in a measure par-
alyzed, and no very severe pain takes place until reaction. The question in such cases is, whether the injured limb is a greater source of pain than the stump would be after ampu-
tation, and considerable allowance should be made for the shock of the operation. The discovery of chloroform enables us in a great measure to avoid the shock of the stimulus of the knife, but not entirely. My experience is, that when amputation is unavoidable, it is best to do it as soon as reaction has fairly commenced, while the patient is under the influence of the first shock of the injury, the pulse flickering, etc.; any disturbance of the system, pain or loss of blood, might cause a fatal col-
lapse in a case that would be perfectly safe, managed with tact and judgment. By reaction, I do not mean a full resistant pulse. The nervous system receives the shock and is the first to react, as is shown by the increased sensibility and improved capillary circulation before any perceptible improvement in the pulse is observed; this, however, soon follows, and the pulse becomes more steady. When the system is suffering from a severe injury, it is often the case that stimulants do not act as such when put upon the stomach. In extreme cases, when the patient is in danger from collapse, it is evident to me that the stomach does not absorb, but is nauseated, and all the depress-
ing effects of nausea are produced. The rectum can scarcely be said to sympathize with the system in general, and always preserves an active absorbing surface. Stimulants given by injection produce a ready effect, and I always use my stimu-
lants in this way where the patient is in danger, even when he is perfectly able to swallow, for they are much more prompt and effective. If too long a time elapses, after an injury, be-
fore amputation, the sensibility of the limb, which at first was partially paralyzed, becomes highly exalted, and although we can, by the use of chloroform, prevent the shock from the operation, we have a fresh wound in parts in a morbid state; the stump is much more painful, and as a general rule does not do as well as when the operation is performed earlier. By the above, I mean a state of the parts before any decided in-
flammatory action has taken place, and my firm conviction is that where no large joints are involved, or parts injured that will give extreme pain to the patient, he will have a better chance for his life if we give him a chance for his limb also, even if we have to resort to secondary amputation; I mean if the most favorable period for operating has passed.—[New Or-
leans Med. News.]
**Treatment of Cholera by Muriatic Acid, &c.**

Dr. Caron reports most favorably of the effects of this acid, with bark, calumba, &c., in many cases of cholera. He gives the following formula for the preparation:—Vinous tincture of cinchona, twenty five parts; tincture of orange peel, three parts; tincture of juniper, three parts; tincture of calumba, three parts; muriatic acid, four parts; mix. He considers its effects to be tonic, anti-spasmodic, and slightly excitant. According to the nature of the case, the intensity of the symptoms, and the patient’s susceptibility, he employs it in doses of a small spoonful every quarter of an hour, every half hour, or every hour; in some instances, to favor its tolerance, syrup of tolu or of poppies may be added. The first effect of this medicine is a sensation of warmth in the epigastrium, which speedily extends over the body; the vomiting moderates, and finally ceases; after the fourth or fifth dose, the alvine ejections generally diminish in quantity and frequency; and the secretion of urine is re-established, but more slowly. The indulgence of thirst, by the free use of cold water, Dr. Caron considers productive of most serious consequences; and even in cases which otherwise promised a favorable issue, he has seen it prove fatal. He does not advise the acid to supercede the employment of other suitable treatment, as general and local rubefacients, sinapisms, frictions, &c. He further states that, in the hands of M. Malin, muriatic acid, combined with opium, has been found effectual in the treatment of dysentery.—[Gaz. des Hop. Montreal Med. Chronicle.

**EDITORIAL AND MISCELLANY.**

**Remarks upon the use of Pessaries in the Treatment of Prolapsus Uteri.**

By the Editor.

We took occasion in one of our preceding numbers (January, 1854, p. 61) to animadvert upon the injurious effects of the various modifications of the, so styled, “Utero-Abdominal Supporters,” and endeavored to show that they must exert an influence upon the pelvic organs directly the reverse of that for which they are specially designed. Whether our arguments have been deemed conclusive or not, by all our readers, we are not able to determine. We have, however, seen no attempt to refute them. Yet, some of our correspondents have asked us by what means we would remedy prolapsus or procidentia uteri; and, apparently taking it for granted that some mechanical support is necessary in such cases, have requested us to indicate the kind of pessary to which we would give the preference.
We beg leave to lay our reply before the readers of this Journal, in the hope that attention may be directed to a subject we have long deemed of great importance in a curative and likewise in a moral point of view.

As, with reference to literature, it has been observed by a no less witty than sagacious rhetorician, that "la critique est facile, mais l'art est difficile," (criticism is easy, but art difficult,) so may it be said with regard to plans proposed for the management of disease, that it is more easy to object than to remedy. We accordingly find no difficulty in making out an argument against the use of the pessary, at the same time that we may not be able to suggest any very effectual relief for the affection in which it is used. If we can succeed in establishing the fact that the pessary, in neither of its multiplied varieties, can be beneficial, but must, on the contrary, be more or less mischievous, we think that an important advance will have been secured—a worthless practice will have been rejected, and the mind of the practitioner left free to seek something better.

Before we can appreciate correctly the effects of the pessary, it is necessary to take into consideration the mechanical and pathological causes which induce the uterine displacement. In doing so, we shall make no reference to written authorities, but be guided alone by the dictates of common sense. When a female stands erect, the uterus is maintained in its proper position by its attachments and by the approximation, more or less complete, of the vaginal parietes. These are the physiological forces opposed to the influence of gravity and of the downward pressure by the abdominal contents, when these are thrown upon the pelvic axis. In virgins, therefore, the tonicity of whose vagina and uterine attachments has suffered no impairment by extension, we find prolapsus uteri to be of very rare occurrence; whereas it is most frequently met with in those who have borne many children and whose tissues are naturally deficient in firmness. The relaxation of the uterine attachments and the flaccidity of the vaginal walls are in some instances such as to afford no support to the uterus, and consequently to allow it to fall more or less considerably whenever the female stands or walks. The os tincae may then either rest upon the perineum or present itself at the vulva.

In laboring women, our female field hands for example, the displacement is not infrequently occasioned by the powerful action of the abdominal muscles, forcing down the abdominal upon the pelvic viscera, and thus overcoming the physiological resistance of the vagina and uterine attachments which would otherwise have been sufficient to prevent the prolapsus. Women should therefore abstain from
great muscular efforts, and, in the case of our field hands, should not be allowed to use the axe nor to carry heavy baskets of cotton.

Such are the usual circumstances under which we believe prolapsus uteri to occur. It is true, that some imagine that it may be induced by the increased weight acquired by the uterus in consequence of morbid enlargements. While we are not prepared to deny this, positively, we doubt it very much, seeing that it does not occur under the influence of impregnation. We would rather, in such cases, regard the descent of an enlarged uterus as merely coincident with abnormal relaxation, and as insufficient in itself to overcome a healthy degree of resistance. To suppose, with some, that a mere engorgement, or even ulceration of the os tincae, may be the cause of prolapsus uteri, is simply preposterous.

Let us now see what are the evil effects of prolapsus uteri. One of the first and most common indications of such a state of things is a sense of heaviness or of downward dragging about the uterus, which increases upon walking or taking exercise, and proves more or less inconvenient, according to the sensibilities of the patient. Hence a degree of prolapsus which might pass unnoticed by those who are less irritable, may become a source of annoyance to the sedentary and nervous ladies of the city. In some cases, the sensations just stated are attended with a feeling of weakness or pain in the loins, and more or less tenderness, with or without pressure, in the lower part of the abdomen, just above the pubis. This is probably induced by the traction exercised upon the peritoneal folds attached to the uterus and its ligaments, followed by irritation of this highly sensitive serous membrane. We are aware that this soreness is, by some, supposed to exist in the uterus itself. The prompt relief derived from recumbency, as well as by pushing up the uterus with the finger, would seem, however, to corroborate our views, independently of other considerations. It is indeed difficult to understand, otherwise, how a mere descent of the uterus could induce, _per se_, pain or tenderness of this organ; still less can we admit that such a state, unless in cases of actual procidentia, can be the active cause of ulceration or phlogosis of the os tincae. These we regard as coincidences, and not as effects of the displacement; yet the frequency with which they are met must have a very important bearing upon the treatment, especially by the use of the pessary.

We are now prepared to estimate, understandingly, the value of pessaries for the relief of prolapsus uteri, in its simplest form, as well as prolapsus complicated with organic lesions of the uterus. The
difficulty of getting a pessary that can be tolerated by the patient, or even worn without material inconvenience and injury, has led the advocates of its use to tax their ingenuity to the utmost for the invention of new forms and new principles of action. No person has yet succeeded, however, in designing one which unites the approbation of all practitioners—and the pessary most highly valued by one physician of distinction, may be condemned unqualifiedly by another of equal reputation. We cannot say how it is in Europe; but we doubt that, of the leading obstetricians who, in our country, use the pessary, any two can be found who recommend the same variety of this instrument.

We may, perhaps, accomplish our purpose by advertling to the principal forms which are typical of sub-varieties. We find then pessaries in the form of a disk, others globular, and some consisting of an elongated vaginal plug; all of which support the uterus at the expense of pressure upon the walls of the vagina. Whether they be made of metal, glass, wood, caoutchouc, wool, sponge, or other material, the mechanical principle remains the same: the os tincæ rests upon a foreign body, which is itself sustained by the vaginal parietes, and by immediate pressure upon an exquisitely sensitive and irritable mucous surface. Fully appreciating the objections to these forms of the instrument, some practitioners resort to the expedient of stem pessaries, the lower extremity of which may be sustained by bandages more or less complicated.

By the stem pessaries we certainly avoid the consequences of pressure upon the vaginal walls; but the contact of the os tincæ with a foreign body of sufficient resistance to support the uterus, still remains, and is very properly deemed injurious by some. In order to obviate this objection, therefore, the uterine extremity of the stem pessary is made to consist of a ring through which the os tincæ hangs as through a collar. It will be observed, that by this modification the point of contact is merely removed from the mucous surface of the os tincæ to the mucous surface adjacent, which is probably quite as irritable, and certainly more sensitive.* A serious objection to the use of this pessary, is the liability to injury by inadvertently sitting in such a manner as to bear upon the stem and to thrust the instrument abruptly against the uterus.

To resume: Every form of pessary bears upon one or more points of the mucous surface with a force equal to that necessary to support the uterus in its proper position, although the sum of this force

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* M. Jobert's observations go very far to prove that the os tincæ is nearly, if not quite, insensible, though not devoid of irritability.
must vary very much, according to the degree of relaxation of the natural supports of the organ and the downward pressure of the abdominal viscera. All pessaries, with the exception of those provided with a stem, exert compression upon both the os tinæ and the vaginal walls. And, finally, the stem pessaries come in contact with either the os tinæ or the adjacent vaginal surface, according to the mode of their construction.

Several questions now present themselves: 1st. Are these mechanical contrivances adequate to the support of the displaced uterus? 2d. Can they be tolerated without more or less injury to the surfaces of contact? 3d. Does their use remedy the state of things by which the prolapsus is occasioned? The reply to the first query must be in the affirmative: the uterus may unquestionably be maintained in its proper place by a pessary. The second question, however, cannot be so unequivocally answered. The pessary must evidently be intolerable or injurious whenever the surfaces of contact are in a pathological condition, which we know to be not unfrequently the case. It is true, that when the os tinæ is alone affected, the ring and stem pessary may be used; and the cup and stem pessary may be reserved for cases in which the lesion exists in the vaginal membrane only. But may not the ring pessary aggravate the lesion of the os tinæ by its constriction or strangulation of the capillaries so near the seat of disease? And may not the irritating contact of the cup and stem pessary occasion an extension to the os tinæ of the pathological condition of the mucous surface in its vicinity?

Whether the pessary can be used without injurious effects in cases of simple and uncomplicated prolapsus, is another branch of the question. The answer, here, would depend very much upon the length of time deemed necessary to use the instrument; for while its contact for a short period might induce no serious disturbance, it must be admitted that persistent or continuous pressure upon any living tissue, and especially upon a mucous surface, cannot be long endured without pain, irritation, inflammation, and even ulceration. If the mucous surfaces in question constitute an exception to the general rule, we have yet to learn the fact. Is the result of experience invoked?—are we told that the application of a pessary is often attended with immediate relief, and that many women have worn them with impunity for weeks and months? We shall not insist upon “the fallacies of experience,” nor do we feel disposed to reject the testimony of honorable men, of men who have nought but the welfare of their patients at heart. We therefore readily admit, that in cases in which
Editorial. [September,

the traction upon the peritoneal folds implicated in the support of the uterus, has made this serous membrane the seat of the soreness referred by patients, (and occasionally by physicians themselves,) to the uterus—that, in such cases, immediate relief may be obtained by recumbency, or by pressing up the uterus with the finger. The same relief may be derived from the application of a pessary. But is temporary relief all the patient needs under such circumstances? If so, she can obtain it as effectually by remaining upon her couch a few days. It is true, that with a pessary she may walk about without serious inconvenience a few days. Yet, we must insist that the object of the conscientious physician should be, not temporary, but permanent relief; not such a patching up of the case as will ensure his re-call in a short time, and place the patient under the disagreeable necessity of submitting to repeated manipulations highly revolting to delicacy, however much this may be tempered by reason. The mere relief of a sense of heaviness, lassitude, or even positive pain, is but a small part of our duty; and if this can be done without resorting to the pessary, we cannot admit the propriety of a measure which certainly does violence to every sentiment of modesty. Whatever may be the experience of others, we have never had any difficulty in securing this relief, by means of recumbency and suitable lotions, in a few days, as effectually as ever did those who substitute the pessary for these simple means.

If it be now alleged that the pessary accomplishes more than the relief to which we have just alluded; that it cures prolapsus uteri, its claims to our respect become more serious. Did you, reader, ever see a case of real prolapsus uteri cured by the use of a pessary? Did you ever see a woman in whom it was at one time necessary to introduce a pessary, who did not need it as much at some subsequent period? We have never known a case of prolapsus uteri cured by this instrument, nor have we ever known its use to accomplish any thing more than the temporary relief already admitted. We have, however, known many cases in which the pessary had been used repeatedly, and for a long time, without any benefit whatever, or with decided disadvantage, until, when the patients, wearied with the remedy, as well as with the pertinacity with which its farther use was insisted upon, would announce themselves cured in order to get rid of the importunities of their adviser. Subsequently, coming under the care of another practitioner, they would candidly acknowledge the above history. Every man who has long practiced medicine must know how extremely difficult it is to appreciate correctly the true effect of any remedial agent;
to discriminate between coincidence and effect; or even to determine whether his prescriptions have been faithfully carried out or not. Who has not encountered cases in which he was attributing his success to remedies which he subsequently ascertained had never been taken? And the more unpleasant the prescription, the more apt will the patient be to practice deception. We know of no prescription more apt to be disregarded, after one or two applications, than that under present consideration. This is the result of our own observation, and of that of many practitioners and non-professional persons of intelligence with whom we have conversed. We do not deny that many women, when once imbued with the idea that they have "a falling of the womb," will submit, with heroic sacrifice of feeling, to endless treatment of this kind. And, unfortunately, the influence upon the mind of any kind of uterine disease, real or imaginary, is such as frequently to amount to a monomania, under which the sufferer becomes a ready prey to the artifices of the charlatanical "womb doctors" who infest large cities, and may occasionally be found in more circumscribed spheres.

We insist that the use of pessaries does not and cannot remove the cause of prolapsus uteri; viz., relaxation of the physiological supports of the uterus. In the first place, unless all our principles of physiology and of pathogenesis be erroneous, the presence of a foreign body wedged into the vagina and against the os tincae, with sufficient force to obviate prolapsus uteri, and continued for any length of time, must necessarily induce a pathological condition of the mucous surface, more or less serious, if there existed none before, and materially aggravate such as may have been present previously. This is so self-evident that no argument can be adduced against it, save such as may be derived from experience—of the value of which we have already spoken sufficiently.

Pessaries cannot remove the relaxation upon which principally depends prolapsus uteri, because instead of increasing the tonicitivy of the tissues, they lessen it. This is especially true with regard to every variety of pessary, except those provided with a stem. All the instruments of the kind which derive their support by resting upon the vaginal walls, whether their form be that of a disc, of a globe, or of a plug, must of necessity dilate the canal and thus impair its powers of resistance—the contractility of its muscular fibres and the elastic retraction of its other tissues will be diminished to such a degree that the size of the instrument itself will soon have to be increased. And yet we are asked to believe that a canal thus dilated to the uttermost and relaxed in a corresponding degree can, after
ceasing to use the pessary, prevent the descent of the uterus which it could not accomplish before; in other words, that the prolapsus can be cured by dilating the vagina! We must confess that our credulity is not adequate to the requisition. We have already observed that our experience is utterly opposed to the admission of that of others.

We have thus, in a very unsatisfactory manner, we admit, (for our remarks have been written hastily and without time for revision) thrown together the principal objections to the use of pessaries. It remains for us to answer that portion of our correspondent's inquiry which relates to the plan we would recommend in lieu of both the "uterine abdominal supporters" and the pessaries. In doing this we must be brief, for we have already far exceeded the limits we had at first proposed to ourselves. Rejecting all mechanical appliances in cases unattended with procidentia, we limit our endeavors to the improvement of the general stamina and of the local tone in particular. The internal administration of tonics will usually accomplish the former indication, and the horizontal position for a short time will favor the action of local applications in subduing the unpleasant sensations. Irrigations of the vagina with tepid emollients by means of a large syringe (not the miserable little instruments in common use) should be made three times a day, until the irritation be subdued; after which we may resort to cold water in the same manner, and subsequently to astringent solutions. The cold hip-bath, with or without the cold shower-bath, according to the general state of the patient, will be found of material advantage in bracing the tissues. The female being admonished to avoid such muscular efforts as may impel the uterus downwards, and being apprized that the infirmity will not lead to serious consequences if managed in this manner, will cease to be in a state of continual mental anxiety, and may get through life with a degree of comfort utterly at variance with the mechanical treatment.

In cases of procidentia, such as we often meet in the laboring classes, in which every muscular effort brings the os tincæ in the vulva or still lower, to be chaffed beyond endurance, we would still resort to the above plan for subduing irritation and bracing the system, after having replaced the organ by digital manipulation, or by causing the patient to elevate the pelvis by resting a few minutes upon her knees and breast. In addition to these means, and looking to the necessities of one who cannot afford to dispense with daily labor, it becomes necessary to offer some obstacle to the protrusion of the uterus. We know of only two methods of accomplishing this; the
one is palliative—the other radical. The former consists of a perineal bandage and pad, which, by forcing up the perineum, will effectually, (if well applied) close the vaginal orifice and thus allow the ostioine to rest in contact with a natural and lubricated surface without serious discomfort.

The radical treatment is episioraphy, or the closure of the lower half of the vulva by denuding the surfaces and maintaining them in apposition by means of quill sutures, until their perfect union be obtained. This operation is, we are aware, repugnant to most women; but this is principally because of an erroneous appreciation of its effects. It does not impede sexual intercourse, nor even impregnation and parturition, inasmuch as women have borne children after its performance, without inconvenience. We have ourselves performed the operation with the happiest results, and have long felt surprised that it is not more common, especially upon our plantations. We have known field hands, who were utterly incapacitated for their duties, thus restored to complete usefulness in a short time.

In conclusion, we must beg the indulgence of our readers if we have not done justice to the subject, or if we have, in our eagerness to impress our faith upon others, evinced too much incredulity with regard to the views and practice of men who stand deservedly high in the estimation of all. We are all fallible, however, and if we may perchance succeed in opening the eyes of any of our professional brothers to a common error, we shall have accomplished all we have a right to expect.

Poisonous effects of Soda Water from Copper Fountains and Lead Pipes. By R. Ogden Doremus, M. D.—Having within a few days, had several friends relate their sudden illness after taking a single glass of soda water, and suspecting some poisonous impregnation to be the cause, I was induced to obtain several gallons of this favorite beverage, from different parts of the city, and to submit them to a chemical examination.

The substance which first attracted attention was copper.

This was very abundant in soda water obtained from several obscure shops, where it was presumed the traffic was limited, and consequently the acid water remained longer in the copper condensers. It was so evident that, on boiling off the excess of carbonic acid gas, a green scum made its appearance, which, on further evaporation, settled. This was carbonate of copper, previously held in solution by the carbonic acid.

The amount of metallic copper in a quart was one grain and a half!

Soda water obtained from the same establishment on different days, was found to contain varying amounts of the poisonous carbonate.
The source of this copper, and the cause of these differences, may be accounted for in several ways.

The copper condensers purport to be tinned internally; but where they have been in use a long time, the tin, by chemical and mechanical action, has been removed, at least in part; thus exposing a surface of copper to the corrosive action of the carbonic acid, aided by sulphuric acid, which is occasionally found in the soda water.

Although the carbonate of copper is insoluble in pure water, it is capable of being held in solution in water highly charged with carbonic acid gas; for the soda water which yields this green scum after discharging the gas, is clear and colorless previous to the operation.

The soda water drawn shortly after changing the condenser, would necessarily yield less copper on analysis, than that obtained from the same font after having several days to exert its corrosive influence. Again, the tinning (for all are professedly thus lined) would be more perfect in some than in others—dependent not only on the length of time the condensers had been used, but also on the completeness of original coating. I have been informed that, in order to facilitate the flow of the tin, soft solder is at times resorted to, or the copper is washed with a salt of mercury. Under these circumstances the chemical and electrical action would be rather complicated, and the soda water possessed of remarkable medicinal virtues.

The second poisonous compound which, from its abundance, demanded investigation, was a white precipitate, the carbonate of lead. This was found, to a greater or less amount, in most of the waters examined.

In the quart whence the grain and a half of copper was obtained, 0.65 of a grain of metallic lead was found.

The chief source of this impregnation is the lead pipe used in many fountains to convey the carbonated water from the condensers to the jet.

It is an established fact, that the free carbonic acid found in spring waters, is capable of dissolving or facilitating the solution of many of the salts of lead, such as are found encrusting lead pipes which have been used for conducting said waters.

By the investigations of Dr. Ellet, published in this city last year, it was clearly shown that even the trivial amount of carbonic acid found in Croton water, is sufficient to act upon the lead pipes.

This lead may be readily found in any kettle which has been used for boiling the Croton water passed through a lead pipe, by adding a little acetic acid to it. The acetate of lead will respond to sulphuretted hydrogen, by assuming a black tint (the sulphuret of lead,) or a yellow tint with the iodide of potassium, etc.

Since carbonic acid is possessed of such solvent powers, soda water, which is surcharged with it, must become poisonously contaminated by contact with lead, either in the pipes or the soldering; and as much of the tin of commerce is alloyed with lead, even this metal, to which we look for protection, may be another source of evil.

Many are impressed with the belief that the first few glasses may
be impregnated with lead to an injurious extent; and hence the cus-
tom, in the more respectable establishments, of discarding the soda 
water which is first drawn, and has lain in the tube over night.

Wherever lead pipes are used to conduct the water to the jet, and 
especially where in order to secure a cool draught, from thirty to sixty 
feet of lead pipe are coiled in a tank and covered with ice, the highly 
acid liquid must necessarily dissolve the metal, and communicate the 
poison to all contained within the condenser.

These remarks are not applicable to pipes of pure tin, or of led prop-
erly coated with tin.

I have examined the soda water obtained from a manufactory where 
it is bottled, but could discover neither copper nor lead.

The effervescent liquid which is at times " palmed off" upon the 
public, made by forcing atmospheric air into water (most truly, 
" aerated water," ) would from the very want of the carbonic acid, be 

It might be asked, " If these poisonous bodies exist in soda water, 
why are not the effects more commonly known?" I would reply, 
they are more generally known than is supposed.

Since commencing these investigations, I have learned from sever-
al medical friends, that a coppery taste, violent vomiting, colic pains, 
purging, etc., have not been uncommon results from such draughts; 
and most with whom I have conversed, have experienced these effects 
personally.

In Dr. Mitchell’s Therapeutics, mention is made that soda water 
from old copper fountains is strongly marked with the copper taste.

My assistant informs me that five years since, while in a drug store, 
he observed that vomiting and other symptoms of poisoning by copper, 
followed frequently after drinking soda water, and that many thought 
it was cholera; and after being similarly affected himself, he tested 
the water and found copper.

I am informed by a resident of St. Louis, that while the cholera 
prevailed, most persons abandoned the use of soda water; it was a 

" Mr. — took a glass of soda water, and was 
immediately attacked with cholera."

Probably the syrups which are the usual accompaniments of the 
soda draught, act in many cases as an antidote; for although the 
efficacy of sugar in this respect, as originally proposed by Duval, 
was denied by Orfila, it has lately been reasserted by Postel.

I regret that, for want of time, I have not been able to complete 
other experiments on this subject; yet, as I am convinced that in 
many cases this poisoned soda water has proved the exciting cause 
of cholera in those predisposed to this disease, and in others that it 
has by its inherent properties been injurious to health or destructive 
to life; and as at this time the cholera question is again agitating the 
public mind, I have thought it advisable to relate the results of this 
partial investigation.

With the knowledge of these facts, we may conclude that although 
soda water may be retained in a well-tinned copper condenser, and
discharged through a thoroughly tinned lead pipe, without poisonous impregnation; yet as any imperfection in the tinning of either, or long or careless usage may expose the copper or the lead (or both) to the solvent powers of this carbonic acid, and thus render the beverage dangerous, therefore these vessels should be discarded or only permitted in the hands of trustworthy persons.

Condensers of stone, of iron, or of the purest block tin supported by iron bands, or of gutta percha, aided in a similar manner, would be free from poisonous impregnation. Conducting pipes of these latter materials are likewise unobjectionable.

In another paper I shall present the results of more extended investigations, and shall be indebted to any physicians or pharmaceutists who feel disposed to assist in this work of common interest, by favoring me with reports of cases, or samples of suspected liquid for analysis. If those engaged in the fabrication of this article would afford an opportunity of examining some of the old soda fountains, it might aid materially, and perhaps result in the suggestion of better methods of protection.—[American Medical Monthly.

Hints for Young Doctors. By C. D. Griswold, M. D., of New York.—For ten years. I have led a somewhat variable and busy life, always devoted to the interest of my patients—when I had them to care for—and my profession: yet notwithstanding my predilections for the use of the pen, I have seldom contributed anything of my experience, or inexperience, to strictly professional journals; preferring always to read for my own instruction, rather than to write for the information of others. The principle is wrong, although it is better to be silent than to affect to be otherwise.

How much more attentively we watch the different phases and behaviour of a disease, when it is our intention to report it—how much more definitely each symptom is impressed upon the memory; and with what readiness its stages and the treatment may be recalled at any time afterwards. In this way a habit becomes confirmed, and holds good in all cases. In travelling formerly, I noticed everything for the purpose of giving a description. Nauvoo Temple has long since been crumbled to the earth; yet the peculiarities of that structure, and the ground and beautiful scene I looked out upon from its tower, are still distinctly visible in my recollection. The habit of observation thus formed, has led me ever since to the upper deck of a steamboat, or the top of a stage coach, that I might look out; and to detest cars, because they shut me up.

There is more utility in this habit of close observation, than most physicians are inclined to acknowledge in practice. I can remember distinctly the details of cases that I attended years ago, with the modifications in the treatment to meet indications—I held in view, and do still, intend to publish them—and yet I have by no means a retentive memory upon general subjects.

This habit any one can acquire by proper discipline, and it is one exceedingly important to the physician. The young physician who
writes out his cases, will be most sure to read the reports of others, and in this way his experience will be trebled in value, besides most likely escape that worst of all obstacles to progress, routine habits of practice.

In reading your Journal, which I always do with interest, I seldom pass over the report of a case; and if I know it to be from the pen of a young physician, I peruse it with a sort of "do by others as you would that they should do by you" principle—respect and encourage them by reading their productions, as we would cherish the memory of one departed—although both alke are obvious to our good intentions. In this way we not unfrequently fall in with good ideas, which like seed sown, spring up at a future time and multiply.

As I shall have no room in this for a "report," as I had intended, I will add one other hint for such of your readers as may be younger than myself, and put off the "case" to another day—or rather night.

In the first place, write out all your important cases; if time will not admit its being done immediately, keep thinking them over with that intention. When this is done, if you find any of them to contain facts which you believe to be of value, send them to a publisher, post paid. Do not make the mistake that many young writers do, by sending to the largest and most important Journals, for such are usually supplied with more matter than they can print; and therefore, in all probability, in such a case your production would never find a place in their pages, and you would most likely get discouraged with the first attempt. On the contrary, send your articles to a small Journal first, or to a new one that has little patronage—of which there are an abundance thankful for small favors; and in order that you may be sure to see them if printed, it is a good plan to enclose the subscription price with the production, and but very few if any comments, aside from your name and address plainly written. Draw no inferences on your cases—your readers will do that, and save you your time, and paper, and likely enough no small amount of future regrets—but simply the medical facts, plainly and concisely stated. Remember, if you have any desire to see your article reprinted in other Journals, that it never will be if long. Follow these rules perseveringly, and you will ultimately not only succeed as authors, but as good physicians.

A regular medical man told me, not long ago, that he subscribed for but one Journal—and that I will not mention—which he never found time to read. Now I shall remember this man as long as I do the Nauvoo Temple, for I have a habit of remembering such "cases." I shall never apprehend, on meeting him, that he has seen this comment for did he read this Journal he would know better than to make such a statement.

I remember calling on Dr. John W. Francis, late one evening, and finding him in bed, he not being very well; yet his light was safely arranged, and within reach there was reading matter enough to last all night. If there is no other time, an hour may be spent nearly every night in reading, before the eyelids drop; and he who culti-
vates his intelligence, as a physician should, will improve even this hour, if he has no other. If you do not read, never tell of it, for it is more creditable by far to have time for this, than too much business. [Boston Med. and Surg. Journal.]

**Method of detecting whether Olive Oil or other Non-Drying Oils have been adulterated with Poppy or other Drying Oils.**—Nitric acid has the property of converting the oleic or the liquid constituent of almond, olive, and other non drying oils into a crystalline substance, termed elaidin, while it has not the same action upon the drying oils. Wimmer has accordingly proposed a process to detect whether olive or almond oil has been adulterated with any of the cheap drying oils, founded upon this property. He introduces some iron filings into a flask, provided with a cork, into which he inserted a long bent tube, and then pours some strong nitric acid upon them; a part of the nitric acid will be decomposed, and nitrous acid fumes evolved, which pass off by the bent tube, and are made to pass through a sample of the oil to be examined, placed in a glass with a little water. In performing the experiment the end of the tube must be just in contact with the water upon which the oil is made to float. In a short time the whole of the non-drying oils will solidify into a semi-crystalline mass, while any poppy or other drying oil, if present, will float on the surface. In a similar way the adulteration of drying oils with non-drying ones can of course be detected.—[Month. Jour. of Indust. Progress.

**Chronic Urticaria.**—A severe case of this eruptive disease was lately successfully treated by Mr. Startin, at the Hospital for Skin Diseases London, in the following manner:—R. Quin. disulph., gr. xij; am. sesq. carb., 3j; magnes. carb., 3ss.; aq. pur., 3vij. Ft. mist. A tablespoonful to be taken thrice daily.

The quinine in this formula is undissolved, and is held in suspension by the magnesia. Mr. Startin advises the use of dilute nitric acid to relieve the itching, as being equally efficacious as the hydrocyanic acid, and much less expensive.—[Virginia Med. and Surg. Jour.

**Rheumatism.**—We recommend to our readers the following prescription for the cure of this most unmanageable disease:—R. Liq. potassae, gtt. xv.; potass. iodidi, grs. ij; mucil acaciae, 5j; aq. distill., 3xi. M. ft. haust.—R. Poiss. iodidi, 3ij.; morph. muriat., 3ss.; ung. cetacei, 3iss. Ft. ung.—R. Opii. purif., gr. j; extr. colch. acet., grs. ij.; pulv. scam. co., grs. iiij. M. ft. pil. ij.—[Ib.

**Pityriasis of the Scalp or Dandruff.**—In two cases of this disease of the scalp occurring in patients in the Middlesex Hospital, glycerine was found effectual in clearing away branny scales from among the hair. It is used as a hair oil, once or twice a week. Mr. Shaw (Med. Times and Gazette) states that he has often used it with great success.—[Ib.