ORIGINAL AND ECLECTIC.

ARTICLE I.

On Scarlatina. By Columbus W. Smith, M.D., of Jonesborough, Georgia.

In attempting to write upon this subject, I am fully aware how difficult a task it is. Many learned and experienced men have endeavored to present it in its true light, and yet scarcely any two agree. It is my design to present the disease as it has recently appeared under my own observation.

The simple form of this disease, termed Scarlatina Simplex, was generally ushered in with chill, pain in the head and back, followed by fever; some slight stiffness about the neck and lower jaw. The tongue was very variable in its appearance: it was generally furred white, with papillae of a red cast showing themselves through the fur, more or less numerous; in a few cases it was a bilious or brown fur, with red edges and without the pimples; but when it had this appearance it was always attended with vomiting of a bilious character, and it assumed more of a general redness after the vomiting had subsided. In some cases the patients were attacked with vomiting and diarrhoea, one or both at the same time. The fauces were invariably red, inflamed and tender, and at times pain was experienced during deglutition; but by no means very acute. No catarrhal symptoms were present; the pulse was generally full and frequent, and the skin hot and dry, although a perspiration would come on once in 24 hours, and last a longer or shorter time; frequently this would occur in the night, after which
the fever would be somewhat moderated. The appetite was occasion-ally impaired; at other times it seemed as good as in health.

In some individuals an eruption would make its appearance, of a red or scarlet color, with innumerable pimples or small eleva-
tions over the skin. This took place usually within the first forty-eight hours: it commenced on the thighs and body, and ex-
tended over the whole trunk. By rubbing the finger over the 
eruption it would feel rough, and by depressing the skin with the 
finger, a white spot would appear and the red would immediately 
return. The face was somewhat swollen. This eruption is very 
irregular in its duration; it generally continues growing thicker 
and redder until the fourth day, and then gradually declines until 
the seventh or eighth, when it entirely disappears with desqua-
mation of the cuticle. About the fourth day the fever and inflam-
atory symptoms begin to decline; but the eruption did not show 
itsel itself in half the cases we saw, and when there was no eruption 
there was no desquamation; the fauces would at times be red 
and tumult previous to the attack in either variety of the disease.

Scarlatina Anginosa.—This variety of the disease might be 
described in a very concise manner, for in truth it seems to be 
nothing more than an increased or aggravated degree or form of 
the preceding; but we will try and lay it down more particularly. 
It was most frequently brought on with chill, high fever, head-
ache, pain in the back, loins, &c. The pulse was rapid, and much 
more feeble than in the preceding variety; the temperature of the 
surface was much higher; fauces and adjacent parts were much 
more inflamed and tumult. There was also considerable difficulty 
in deglutition; hoarse voice; a tough nucleus was secreted or 
thrown off by the tissues, which appeared to impede respiration 
more or less—in fact, where the tonsils were much swollen and 
prostration very great, some seemed to sink from suffocation.

The prostration in this variety was much greater than in the 
preceding. The tongue was generally furred white, and the pa-
pillae were very manifest upon it. The fur soon left the tongue, 
and at once it became red and dry, and continued so until an 
abatement of the symptoms supervened; it then grew moist and 
paler until it lost its florid hue. Ulcers were formed on the ton-
sils, on the tongue, inside and at the corners of the mouth; in a 
few instances, two-thirds of the tongue were covered with a scurf
or scab which yielded to mild astringent gargles. The catarrhal symptoms were absent in every case—occasionally vomiting and diarrhoea were present in the beginning; in others the diarrhoea did not set in until the latter stage. It was then beyond the reach of remedies, and dissolution soon took place. In the latter part of the disease, when fatal, the patients became very restless, rolling and tossing about on the bed; in many of the cases which recovered, the cervical and other glands about the lower jaw became enlarged, suppurated and discharged a large quantity of pus. In those who died, the glands did not become swollen, from which circumstance we were at first led to think it a favorable symptom. It was always six days before any abatement took place, and more frequently not until the eighth, but always on the tenth an abatement was manifest, perspiration came on, and a subsidence of the more distressing symptoms was obvious. One of the most remarkable things connected with it was, in several cases, no loss of appetite occurred through the course of the attack.

The eruption was more irregular and uncertain than in S. simplex; some recovered with the eruption, others recovered without, while others died, with their skin as red as flannel. Delirium was present in a majority of the cases.

**Scarlatina Maligna.**—This grade of the disease differs from the others, and is indeed what its name indicates, malignant, in every respect. It usually appears with chill, followed by fever, headache, pain in the back, loins and extremities, with stiffness in the neck and lower jaw; the pulse is feeble; the reaction is not very great; the heat of the skin is not very high—it is lower than in S. simplex or in S. anginosa. The tongue was red from the beginning, and also the fauces and adjacent parts were highly inflamed and swollen; a mucus was secreted which interfered with respiration, and the parts were so tender and tumid, that deglutition was performed with difficulty. Ulcers were early formed on the tonsils, of rather white appearance, which soon gave way to others of a dark brown color, and altogether more malignant. The tongue and roof of the mouth became very dark and extremely dry; the lips also put on a very dark, dry, parched appearance. The nose ran a watery mucus, and the breath bore a very offensive odor. The rash or efflorescence was so variable that it is unnecessary to speak of it: it was frequently absent, and
so uncertain that it was of no practical importance whatever. In a few hours from the commencement, delirium occurred, the vital powers gave way, the patient fell into a state of collapse, and death ensued.

Death took place in one case in twenty-four hours, and none survived through the sixth day.

Sequela.—The disease, in the epidemic of which we speak, was followed by anasarca, and in one case rheumatism of the joints of the upper extremities. These were the only diseases that succeeded it.

Prognosis.—In this epidemic the prognosis was not very difficult. In S. simplex all recovered, and many did not take their beds from it. In S. anginosa, when delirium supervened and continued without intermission, with a high grade of inflammation about the throat, pulse quick and feeble, at times the surface would get cool, great restlessness, often turning in bed and attempting to rise or get out of it, cold sweat, diarrhoea, &c., death was the result.

In the cases that recovered, about the eighth or tenth day a general abatement of the symptoms was obvious; less fever, with perspiration; delirium began to moderate; appetite improved, and countenance brighter; the tongue was moist on the edges, which gradually increased until it covered the whole mouth: the florid hue at the same time was disappearing, convalescence was fully under way, and by the fifteenth day they were able to sit up at short intervals.

The prognosis in S. maligna is generally easy. In twenty-four or forty-eight hours the delirium was complete; the prostration great, the pulse feeble, respiration hurried, great restlessness; the skin was under the ordinary temperature, with dark, congested spots about on the body and below the eyes; the countenance was of a peculiar ghastly appearance, indicative of great distress and anxiety. We saw no case without a majority of these symptoms, and they all died.

Those who died were from one to thirteen years of age, and none died who was over that age.

Treatment.—Most authors teach us that scarlatina is a disease of the skin, and their treatment is predicated upon this belief. We are decidedly of the opinion that it is not exclusively a disease of the skin, and that the eruption should be taken into very little account in determining our practice. Our attention should dwell
upon the particular symptoms attending the case, and our treatment should be directed accordingly.

In the simple variety it was hardly necessary to do any thing—all recovered; but when a treatment was adopted it was the mildest and least irritating. In the beginning, a light laxative of sulph. magnes., Seidlitz powder, or oleum ricini; during the day, small doses spirits nitre every two hours, or spiritus mendereri, or any mild diaphoretic; at bed-time a warm pediluvium; a dose of paregoric to a child, or of Dover's powders to adults, if the fever is not too high, and all will be well.

_Treatment of S. Anginosa._—If any variety of scarlatina demands close attention and careful treatment, it is this. _S. simplex_ will get well if let alone, and _S. maligna_ almost as certainly kills; and if any good can be done, it is in _S. anginosa._

In the incipient stage, an emetic of ipecacuanha was given, and followed by warm infusions, until full emesis was produced. This was done to remove, if possible, the tendency to visceral congestion, after which the stomach was quieted with an opiate, and then a gentle saline laxative, or oleum ricini or any mild aperient was administered, being careful not to induce active purging; after which diaphoretics were given—as vinum ipecac., one-third, and spts. nitre, two-thirds—every two hours, in warm, weak infusions of balm, sage, &c.; or nitrate potash, three grains; ipecac., one grain, intimately mixed, and given as above, and in doses sufficient to nauseate. Spts. mendereri may also be used, or any mild diaphoretic, with the exception of antimonials; at night, warm pediluvium. If the fever was not too high, and the sensorial functions too much disturbed, a Dover's powder was administered; when the skin became cool and pale and the pulse feeble, the mustard foot-bath was used three or four times per diem, and also a sinapism to the spine. If a reaction did not come on, carb. ammonia was given in doses sufficient to raise the pulse as often as the case demanded it. When this did not answer, brandy and water, or other stimulants, were substituted. An application of sinapisms was made to the stomach and bowels if they were disturbed.

Much has been said and done respecting the use of cold water. In the epidemic of which we speak, no good was effected by it: in some instances injury followed its use, and it was altogether improper to use it in either variety.

Gargles were wholly useless in the early stages, and with chil-
dren they did harm; but in the latter stages, when ulcers were present, they were of great benefit. The mild astringent gargles were best, such as alum, infusion of sage, honey and borate of soda; a strong infusion of cinchona, with or without tinct. myrrhæ. Strong and irritating gargles, such as salt and capsicum, &c., &c., were injurious, and cannot be too strongly condemned.

Blisters were used to the throat and nape of the neck in the incipiency, if inflammation ran high in those parts, but their use was not attended with much apparent good. They should be used with great caution.

Treatment of S. Maligna.—This variety of the disease ran its course so rapidly that scarcely anything could be done. When time was given, it was treated in the same way as S. anginosa. If the reaction was high, an emetic was given, followed by gentle aperients; in the sinking state, counter-irritants and stimulants, carb. ammonia, wine, brandy, elixir vitriol, &c., always selecting such as seemed best adapted to the case.

During the stage of excitement, in each variety, cold water was allowed in small quantity, and acidulated if desired. The diet was mild and nutritious; the rooms were ventilated, and the clothing and beds were kept clean.

From our observations in this affection, we have been led to the following conclusions:—That scarlatina is not strictly a disease of the skin, the eruption being merely an effect or an occasional symptom. We could with as much propriety call typhoid fever a disease of the skin, because an eruption accompanies this affection. We think that scarlatina is a modification of the blood, producing great prostration of the nervous system, followed by inflammation of one or more of the internal organs, occasioned by some occult effluvium in the atmosphere, of which we know nothing.

These facts considered, it is but reasonable to conclude that the treatment should be mild and unirritating, as the attack sets in with so much violence as to prostrate the patient at once. We therefore deprecate calomel purges, antimonial in any form, blisters, venesection, &c. They cannot, in our humble opinion, be too strongly condemned. As respects the application of cold water, we have ever been taught that in no disease of the throat or thoracic viscera should it be used, and we know the throat and fauces are invariably sore, inflamed, tumid, &c. This reason, of itself, is
sufficient to proscribe it. We therefore place all of the last named articles in the same category. Those strong and burning gargles never do good, and often do harm, especially with children.

ARTICLE II.

LETTERS FROM SAML. D. HOLT, M. D., UPON SOME POINTS OF GENERAL PATHOLOGY.

LETTER NO. 7.

MONTGOMERY, ALA., Nov. 25th, 1855.

Messrs. Editors—Notwithstanding the advancement which has been made in the science of medicine, and especially in physiology, pathological anatomy, and animal and vegetable chemistry, there has been nothing like a proportionate advancement made in the art of curing diseases; and one of the principal reasons for it, I think, is to be found in the fact, that most of our young physicians set out upon their professional career without having been sufficiently indoctrinated in the principles of general pathology. They may have been well instructed in the causes, symptoms, diagnosis, prognosis, treatment, &c., of diseases, as they are taught in the medical schools, and from their text-books, according to the most approved and correct nosological arrangement and classification, and they go forth into the world impressed with the idea, and confident belief, that they are fully prepared for every emergency, and that nothing remains to ensure their success, but to apply those rules to practice. But they often find themselves doomed to disappointment and defeat, and sooner or later discover that the systems of practice founded upon the nosological classification of diseases which they had regarded as the standards of excellence and perfection, are unsatisfactory, unreliable, and often inappropriate to the many changes and modifications which diseases are constantly undergoing, from the influence of climate, seasons, atmospheric changes, conditions, &c., which can be met and provided for only by a correct knowledge of general pathology. Now, I am not opposed to the nosology and classification of diseases, as taught in the schools, and by systematic writers generally; but I am opposed to the systems of practice founded upon the simple detail and enumeration, in their order, of the symptoms which characterize the diseases to which they respectively belong, according to their most approved nosology and classification, and I fear that
it will be a long time before we shall see much advancement made, or have any thing like a uniform and reliable system of practice established, unless the present system is changed, and diseases come to be treated, not according to their name, or the class to which they may belong, but according to the condition which they present, and the symptoms upon the merits of their real pathology. If proof is wanted in support of the truth of the assertion, that the practice of medicine has not advanced in proportion to other branches of medical science, it is only necessary to examine the history of some of the most common diseases, as described by the systematic writers of the present day, and compare them with those diseases as described by the old systematic writers who named and classified them. Take Pneumonia, for example, and what new features of the disease do we find, which they did not notice, what new indications of treatment have we to fulfil, which they did not recommend, and what new remedial agents have we which they did not possess. We have the lancet, emetics, cathartics, diaphoretics, expectorants, blisters; so had they. We have calomel, tart. emetic, opium, quinine, &c.—they had calomel, tart. emetic, opium and cinchona. We have phosphorus, bryonia, belladonna andaconite! Alas, they died before the days of Hahnemann and Homœopathy. We have steam, lobelia, composition and number six!—but to them, the powers of steam and Doctor Thompson were alike unknown. Yet, with all the improvements suggested by these two great luminaries, it cannot be perceived that the disciples of either have made any great advancement in the healing art, or that they have improved much upon the old method of treating pneumonia, and other diseases. What success those old practitioners had in the use of the lancet, calomel, and other time-honored remedies, we have no exact means of ascertaining, unless we take as evidence the fact, that the testimony which they have given of their value and efficacy in the treatment of certain diseases and conditions, has had the endorsement of each age and generation through which it has passed; and it cannot be considered uncharitable in us to suppose, that they were as successful in the treatment of pneumonia, with those remedies, before the time of Hahnemann, as his disciples claim to be with phosphorus andaconite. Now, my idea is, that these old pioneers and fathers in physic, who named and classified our diseases, understood pretty well their special pathology, and also the power,
efficacy, and value of the remedial agents which they placed in our hands to be used, with a sound judgment and discretion, (in which manner, no doubt, they used them,) each one in its proper time and place, according to the symptoms indicating its use. But there is one great desideratum which they could not supply, namely, a quick perception, and a sound and discriminating judgment, to make the proper use and application of those remedies, the want of which has not only brought some of the most valuable of them into disrepute, and led to their rejection, or discard—such, for instance, as calomel and the lancet—but has rendered these two articles if not the worst used, at least the best abused, of any other two in the materia medica. It is true, that diseases are subject to such changes and modifications, in their general character, as to require a corresponding change or modification of treatment, for which our old authors made ample provision for supplying us with the means and remedial agents best suited to those changes and modifications—not supposing, I dare say, that they were to be used after the manner of the backwoodsman, who sat down to dinner at a fashionable hotel, and finding a bill of fare before him, thought it incumbent upon him to eat through it in regular order; or, perhaps, like a certain disciple of Hahnemann, not a hundred miles from this, who being called upon by a lady for something to ease an aching tooth, after calling often, and prescribing a great quantity of remedies, it finally became easy. Upon his next visit, finding such to be the case, he exultingly exclaimed, "Ah, ha, dat ish goot—dat ish it." But, said the lady, why did you not give me your last remedy at first, and spare me from so much pain? "Oh no, madam, dat ish not goot, dat will not do, it ish not goot; it will not do to skip." And so it is, I have no doubt, with many who essay to practice the healing art, according to the most approved nosological arrangement and classification of diseases. They find a bill of fare before them which they feel bound to go through with, believing that "it will not do to skip." And it is often a long time, and not until they have had a regular surfeit, before they find out how to make a proper selection, or discover that it will not do to skip. Now, I do not wish to impeach or impugn the character of the medical profession: on the contrary, I wish to defend it; and I would ask, in all sincerity and candor, of those members of the profession who have raised their voices in denunciation of certain remedial agents—namely, calomel and the lancet—whether
their opposition is of a negative sort, not founded so much upon experience, or observation of their use, as upon the fashionable sentiment of the profession. Whether their opposition is founded upon a conscientious belief of their inefficiency, their inappropriateness, and their dangerous or destructive tendency, after oft-repeated and unsuccessful efforts to apply them to those diseases in which they have been most highly recommended; or whether it is founded upon a reckless use and consequent abuse of those remedies, which by their indiscretion and want of judgment they have aided in bringing into disrepute, and from mercenary motives, or a desire to shield themselves from just and well-deserved censure, and maintain their place in popular favour, that they have joined the general crusade against these remedies? This may be considered a harsh criticism, but it is, nevertheless, a true one, and will apply to every practitioner in the South, who has publicly denounced the use of these remedies, and especially calomel, as being unsuited to the treatment of bilious diseases; and I care not which horn of the dilemma he may take. If it is to follow fashion, his opinion is worth nothing; if it is from a want of confidence, from the want of success, or the apprehension of danger, from the lack of a knowledge of its proper uses, he is to be pitied; and if it is to foster popular prejudice, from selfish and mercenary motives, he should be despised. For no physician, however well founded may appear to be his objections, can be justified in publicly denouncing a well-known remedy, because he may have been unfortunate or unsuccessful in its use; for, by so doing, he is only exciting and fostering a popular prejudice against a remedy which, in more skilful hands, would prove most efficacious and useful. And until some course of experiments and observations are instituted, to show that the liver has no material agency in the production and aggravation of the malignant forms of diseases in hot climates, and a set of arguments adduced to prove that calomel is not the most certain and reliable remedy known to the profession for regulating and controlling the functions of that organ, I shall be compelled to continue in the belief, that the sins charged to the account of this remedy belong not to the remedy itself, but to those who have misused and abused it.

But let us go back awhile and see how matters stand with our bill of fare friends. Well, some get through with it, though they find it generally, "a hard road to trabble, I b'lieve," and find out,
after awhile, that they have consumed a vast amount more than was necessary and proper; because they did not know when, or where, or even that it was proper for them to "silpy," but finding out that they are at liberty to make selection, and becoming better acquainted with its contents and arrangement, they are satisfied to let it remain as it has been furnished to them, and are opposed to rejecting or discarding any article from the bill, because it may not, under circumstances, have agreed so well with their powers of digestion. It is among this class that we must expect to find, and do find, our most scientific and best practical physicians—men who are soundest in judgment, freest from prejudice, most liberal in sentiment, and who take a common view always, as the best view of things. Such men find the lancet as efficient for good, and as potent for evil, to-day, as it was ten, twenty, or fifty years ago, and the same of calomel, tart. emetic, &c., and if in their use, they should fail to accomplish the objects and purposes intended, the failure will be attributed to the true cause—the want of a proper application and use of the remedy. There are others, again, who, by the time and even before they have gotten through with the bill, either from fastidiousness of taste, from feebleness of digestion, the loss of appetite, or a surfeit from the too free and liberal use of certain articles in the bill which they desire to have changed by striking them out and substituting something better suited to their appetites and tastes. They have gone out among the foreign restaurats and cook-shops, and found a few fancy articles in the establishments of Hahnemann, Doctor Thompson and Graeffenburg (institutions which appear to be under the peculiar fostering care and protection of the legislature of Alabama) which they wish to have inserted in the bill of fare, in lieu of the rejected ones. Now, I do not wish you to consider me as belonging to the "Hard-shells," or so "old Fogyish," as to be opposed to all progress and reform, especially as I am willing to adopt the sentiment of your journal, "Je prends le bein oü je le trouve," provided we confine our researches to the legitimate domain, and do not have to descend too low to get the good; nor do I consider all movements as a sign of progress, as we may discover in the motions of a sea-crab, whose progress is generally backwards. And so it is with most of the physicians of this class; having neither conceived or adopted any well digested and reliable opinions, as their own, and having no fixed rule or principle of action, and as little
confidence in their own judgment and the efficacy of the remedies which they use, they are perpetually shifting their ground, advocating a doctrine or a theory one day which they combat the next, extolling a remedy at one time and denouncing it at another, but always "au fait" and well posted in all new inventions and discoveries, but never make any themselves. These are they who have endeavored to bring into discred its, calomel, and other valuable remedies, and attempted to foist upon the profession, as their substitutes, such articles as aconite, phosphorus, and bryonia. No, no! call me Fogy—call me Hard-shell; but let me not progress in that direction. Give us what you please, gentlemen, but do not compel or ask us to discard or strike from the bill, our first principles, as our "backwoods" friend termed his bacon and greens. There are yet others who have labored to get through the bill of fare as it has been served up for us by the old fathers in physic, but have not succeeded, for the reason that they have seized with too much avidity upon a single article, which they could not be induced to relinquish until they had gorged themselves beyond satiety. To this class belonged the famous Doctor Sangrado, who, though he may have but few disciples, so far as blood-letting is concerned, in the present day; yet there are plenty of Sangrados in many other respects besides that of blood-letting, and if their work is to be judged of by the same rule, namely, the number of widows and orphans in Valladolid, it might be a difficult matter to determine which had been the most successful, the ancient or the modern Sangrados. The means used by each, though somewhat different in character, in principle have been about the same; for while the Sangrados proper effected every thing with the lancet, others have been about as successful with emetics and cathartics, upon the principle that man, like a gun-barrel, only required to be kept well washed out, to keep him in good shooting order; and if one washing was not sufficient, it was only necessary to give him another, and so on, to the end of the chapter. Others, again, have gone upon the principle, that man had no room in him for more than one disease at a time, and straightway they commenced crowding in one, which they thought they understood, for the purpose of crowding out one which they knew little about; and so calomel has had its day, and so things have gone on, up to the time of the discovery and introduction of quinine into practice, when all the little Sangrados, acting upon the advice which the
immortal Gil-Blas gave to his illustrious prototype, resolved to
"change their method" and "prescribe chemical preparations, what-
ever might be the consequences," have united in one grand league,
constituting the present Sangrado family, who see every thing
through the medium of periodic spectacles, and who have such
strong faith and confidence in the anti-periodic and seductive pro-
terties of the article that it would not be surprising if we were to hear
that they had offered to stop the oscillations, and to depress and
keep down the sawyers in the Alabama and Mississippi rivers—one
effect, however, has evidently resulted from the change, name-
ly, a positive reduction of the number of widows and orphans in
Valladolid. But what is to become of those Sangrados who have
"written a book"? They must either acknowledge themselves
"disabused," or fight it out, as Gil-Blas did; and let nobles, clergy
and people perish, but not their reputation.

Now, if it is seriously charged and maintained, that the intro-
duction of quinine into practice constitutes an era of improvement
and progress in the healing art, I would reply, that it is but a tri-
umph of chemistry, and that its active and valuable properties
were known and appreciated by the profession long before its dis-
covery, (in the substance of bark) which they liberally used, and
that its discovery has developed no new principle of general or
special pathology; and that while its introduction has had the
effect of facilitating the cure of malarial and periodic diseases gen-
erally, and of drawing the attention of the profession from the use
of other valuable and powerful remedies and diminishing the
chances for their abuse, and of substituting a less evil for greater
ones, if not a positive good for those somewhat doubtful, there
is danger that the very facilities which it affords will lead, if it
has not already done so, to repeated, if not general abuse; for so
general and indiscriminate has become its application, that the pa-
thological condition is seldom considered in connection with its
use. Indeed, all that appears to be necessary now in the treatment
disease, is to know that it is periodic, and pathology may go to
the dogs. Well, if you call this progress, improvement and re-
form, just write me down Old Fogy, and let Young America have
the field.

But if you ask me, where a remedy is to be found, and how it
is to be applied, for all the evils of which I complain, I will answer,
that it is to be found in the medical schools and colleges through-
out the country, and especially those of the South, in which the principles of pathology should be thoroughly taught, both general and special, but more particularly the former, for the reason, that the perpetually changing character of our diseases require it, and nothing short of a long course of observation and experience will serve to supply the want or deficiency of it, as every practitioner who has been long engaged in the profession is able to testify. And being a comparatively new branch of medical science, and necessarily imperfect in its infancy, it becomes every physician, who desires or expects to see any advance and improvement made in the healing art, to throw the weight of his talents and influence in aid of its development and perfection, which will eventually raise the standard of the profession high above the reach of every species of low and vulgar charlatanism.

But would not this "consummation, so devoutly to be wished for," be sooner attained by the establishment of something like a National College of Physicians and Surgeons, which would bring together and combine the best talent from all parts of our land, and which would serve as a sort of regulator to all the other schools and colleges, and finally furnish us with a system of practice founded upon the most correct principles of pathology, both general and special, which would answer for every latitude and climate throughout our widely extended country? But I fear that the sectional prejudice and animosity—the rivalship and jealousy, existing among the medical schools, (which are becoming very numerous in the land, and creating a greater necessity for such an establishment, or institution,) whose province it should be to take the lead in such an enterprise, will prevent them from ever doing so. Until such a work is undertaken and accomplished, I shall never expect to see a much better state of things existing in the profession than I have described, and must remain content with being run over "rough shod," by Thompsonians, Homeopathists, Graeffenburgers, &c., &c., for whom I entertain a more sincere respect, than for those physicians who try to rob them of their thunder.

Having thus given expression to my opinions, as to the causes which have prevented the proportional advancement of practical medicine with the advance of other branches of the science, but which have tended rather to produce a retrograde movement in the healing art—and having ventured to suggest a remedy, or
corrective, for the evils complained of, which many, no doubt, will be disposed to regard as imaginary, and having no real existence, and that my criticism upon the present state of the profession, is but the effervescence of a morbid sensibility or of disappointed ambition, I will leave the subject, and proceed with an examination of some of those much abused and rejected remedies already spoken of, the first of which will be the *Lancet*; for the reason that it very naturally comes first in the order of remedies, according to the classification which I have adopted, namely, the "*Inflammatory*" and *Irritant*, the *Congestive*, the *Congesto-inflammatory*, and *Congesto-irritant* forms of disease. But as this subject must be reserved for my next letter, which I hope to make more interesting and instructive than the present one,

I must subscribe myself, as usual, your friend, &c.

*Saml. D. Holt.*

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**ARTICLE III.**

*Non-Congenital Talipes.* By L. A. *Dugas*, M. D., &c.

The subject of the present case is a daughter of Mr. B., of Lithonia, in this State: she was born in March 1851, and in November 1853 was attacked with Erysipelas, with which she was very ill, and remained feeble for some length of time. I am informed that she had no spasmodic affection during or subsequently to her illness; but it was observed, when she began to run about again, that she was lame. This lameness gradually increasing, its cause was observed to be in the foot, whose distortion grew more and more obvious until I saw her, in August, 1854. The case then presented all the peculiarities of a well-marked Talipes varus, the weight of the body resting upon the external margin of the foot; one only being effected.

By a sub-cutaneous incision the tendo-achilles was divided in the usual way, and a few days after, Dr. Chase's very simple and useful apparatus was applied for the purpose of gradually bringing the toes upwards and outwards. This succeeded admirably, and in a few weeks she was enabled to walk flat-footed.

It is difficult to account for the production of such a deformity by an attack of erysipelas; yet, as the cause of these distortions, whether congenital or otherwise, is still involved in obscurity, it is
well to accumulate facts on the subject. This is the fourth case of non-congenital talipes I have met in private practice. The others have been reported in this Journal for 1853, p. 142, and 1854, p. 210.

Observations on the Root of Gossypium Herbaceum, or, Cotton Plant.

By Thomas J. Shaw, M. D., of Robertson County, Tenn.

Cotton Root—Its General Characters. It is fusiform in shape, giving off small radicles throughout its length. The size of the root varies, according to the soil from which it is produced. Its length varies from a few inches to that of a foot. When the root is cut or broken, it displays a white color; the bark is of a reddish brown; the taste is pleasant, somewhat sweet and astringent; it contains more of the latter principle than the root from which it is procured; it is very mucilaginous in its properties. The root is easily broken when dry, but the bark is quite tenacious, pulling off in strings.

This root is too well known in this country to require a lengthy description; therefore I will pass to the chemical analysis, as prepared and furnished to me by my esteemed friend, Mr. H. B. Orr, of Nashville, Tenn.

Chemical Examinations of the Root. The result of which, as accurately as might be determined, is as follows, to wit:

Gum, Albumen, Sugar, Starch, Tannic Acid, Gallic Acid, Chlorophyle, Iodine, Caoutchouc, Black Resin, Red Extractive Matter, Black and White Oleaginous-like Matter. The latter two abound in this plant.

Proximate Principles. Experiments were made with a view to the isolation of the active principle of the root, which were not altogether satisfactory; for though there was no crystalline principle obtained, as was desired, making the existence of it palpable and distinct to all; still there is evidence in favor of a principle existing in it. Time did not admit of an extended experiment in this department of the analysis. The author indulges a hope of having time to examine the active principle more minutely than he has yet done. What he has seen suffices to convince him that the medical properties attributed to it are not fallacious.

The attention of the medical profession was called to the medical properties of this root, first by Drs. McGown and Bonchell, of Mississippi; the latter gentleman by an article written in the Western Journal of Medicine and Surgery, about the year 1842, as well as I recollect. For a want of confirmation, it passed unnoticed by the profession, until the year 1852, when it was again brought into notice in an article written by Dr. John Travis, of Marlborough, Tennessee, in the Nashville Journal of Medicine and
Observations on the Root of the Cotton Plant.

1856.

Surgery. He reported but one case in which he tried it, and it was with entire success, restoring the menstrual flow in a short time, after an absence of about ten months.

I consider this root one of the very best emmenagogues of the materia medica, and I think it should be so classed. My reasons for considering it such, are grounded upon the different experiments which I have made with it, within the last twelve months. I sometimes use a decoction, and at others an infusion, but most generally a decoction, prepared thus:


boil down to one pint. S.—A wine glass full every hour. This produces the most salutary effect in dysmenorrhea; it acts as an anodyne in allaying the pain, and as an emmenagogue in aiding or augmenting menstruation; its action is very speedy; after its exhibition, in this case it produces an effect which, indeed, appears almost natural, that is, almost without pain; the patient, after its exhibition, feels but little inconvenience from pain, which soon subsides, and menstruation is immediately augmented, without acceleration of the pulse or gastric uneasiness. There are few other emmenagogues that can claim this feature.

Its action in amenorrhea I think superior to any other emmenagogue belonging to the materia medica, though it would be proper to pay some attention to the general health of the patient before its exhibition. It is superior to any thing that I have tried in the way of emmenagogues. I have had cases in which I first tried the usual emmenagogues, with but little effect, (or success,) when I would determine on trying the decoction of this root, which would far surpass my expectations by acting with the most marked effect; menstruation being produced on the following day after its exhibition. All of the symptoms disappeared on exhibition of this medicine. I believe this to be the best emmenagogue that we can employ in mere suppressio mensium, where there is no other disturbance in the general health.

With the usual enmenagogues, I was enabled to produce the catamenia on a young lady, which continued for about twenty-four hours, then suddenly becoming very sparse and painful; and in a few days after this period had passed, I employed the infusion of the cotton root as a means of exciting this function, which it did on the following day, a plentiful discharge being produced, which continued for five or six days. She has been regular at every period since that time, and has enjoyed good health, with the exception of a few simple attacks, which caused no derangement of the menstrual function. For about twelve months previous to the exhibition of this medicine, her health was very much impaired, but she commenced improving, and soon recovered her health. I could detail other cases similar, in which I have tried the decoction with the same effect, but I deem it unnecessary to mention its action in each individual case.

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As a parturient Agent, I think it superior to ergot in one sense of the word, and in another about its equal, its action being about as prompt as that of ergot, and attended with much less danger. I have tried both in parturition, and found the cotton root decoction to act with fully as much efficacy as ergot. In some cases in which I have tried it, the pain was to some extent allayed, and labor promoted with as much speed as when ergot was administered. It appears to be perfectly harmless, from the fact that its action is almost unattended with pain. It causes neither gastric distress, or acceleration of the pulse; if it does, it is not perceptible; both of which are occasioned by ergot, to some extent.

I have witnessed its action in retained placenta with good effect, which was an expulsion of the mass in about twenty minutes after the exhibition of the first dose. It may be proper to say, that I gave two doses before the placenta was thrown off. I believe it to be safer as a parturient agent, or an emmenagogue, or at least as safe, as any other article of the materia medica.

It should have a fair and impartial trial by the profession generally, because it will prove itself worthy of the time and labor spent in its investigation. It is handy to all, and free of expense. A few trials by the profession will confirm the truth of this short essay. Give it a trial, and it will prove itself in some case of amenorrhœa, dysmenorrhœa, or probably in some lingering case of labor, which may require the assistance of medicine, to produce contraction of the uterus for the expulsion of the child. I think it worthy of the attention of the profession, in the above cases.

Tincture of the Cotton Root as a Tonic. There is a condition of the system in which this tincture acts as a valuable restorative. These cases are of a leuco-phlegmatic temperament of both sexes, but it is to the female sex that I wish to draw the attention of the reader. Where there is general bad health, accompanied with tardy menstruation, I have used it with the happiest effect; in a few cases of emansio mensium, caused by anemia, where the patient was troubled with pains in the loins and giddiness of the head, with a derangement of the digestive organs, such as anorexia, accompanied with an uneasy, depressed feeling at the scrobiculus cordis, every month, which was promptly relieved by the tincture, but not with the effect of producing the menstrual flux, which was afterwards produced by the decoction, I find it necessary to continue the tincture from two to four weeks. The strength of the tincture that I have been in the habit of using, is prepared thus:

Bark of the Root, (dry,) 5 viij.; Diluted Alcohol, 1b. ij.

Digest fourteen days, then filter and give it in 3j. doses, three or four times a day. The tincture which I used was prepared by myself; and as I have seen no account of its use, I claim the first preparation of it, as well as the first experiment with it. My
brother, Dr. H. J. Shaw, has since tried it, with the same good effect; in fact, his experience coincides with mine throughout. In closing this short and imperfect essay, I indulge a hope that it will prove of some service to the profession.—[Nashville Journal of Medicine and Surgery.

An Essay on some of the Distinctive Peculiarities of the Negro Race.
By A. P. Merrill, M. D.

It will scarcely be deemed necessary, in treating of peculiarities, anatomical, physiological, pathological, and therapeutical, of the negro race, that we should enter upon the discussion of the science of ethnology, which has latterly engaged so much attention from learned men. It cannot be denied, however, that it involves to some extent the questions of physical and mental peculiarities, which are found to differ in different races of men, and to exercise a modifying influence over the animal and moral functions, both in health and disease; but whether these differences and peculiarities have arisen from a plurality of original creations, from the influences of accidental circumstances, or from special providences, it matters little to our present purpose. The subjects which we have undertaken to discuss, have reference merely to the existence of certain facts, in connection with the negro constitution, which so influence and control his health, and the diseases to which he is subject, as to constitute distinctive peculiarities, requiring the adoption of habits of life in health, and the application of remedial measures in sickness, differing, either in kind or degree, from those which are applicable to the white race. And these inquiries are supposed to have reference, especially, to these two races, as we find them existing in our own country at the present time, and principally in the Southern states, in the relations of master and slave.

Anatomical Peculiarities are conuded to exercise an important influence over physiological functions; and may, therefore, be briefly referred to here, as almost necessarily connected with the other branches of our subject. These, although sufficient in the negro, to be readily distinguished and palpable, even to the casual observer, can scarcely be considered of such a decided character, and so widely differing from other races, as to justify the broad distinction which has been drawn between different races by a certain class of ethnologists; or such as will properly authorize, of themselves, independent of other considerations, the grave conclusion that God did not make of one blood all nations of men, to dwell on all the face of the earth. Nor do these anatomical peculiarities lead us to expect, from any influences which they may be supposed to exert over the functions of the body, a wider difference in the character of the diseases affecting the different races, than
we actually meet with in practice. The color of the skin, and the peculiarities of the hair of the negro, however they may have been originally produced, undoubtedly serve important purposes of protection and comfort, in the climate where he is found in the enjoyment of the fullest health. They are such as are favorable to a high degree of radiation of caloric from the body, which presents to the air a constantly evaporating surface, and afford to the brain the most efficient protection from the influence of the rays of a vertical sun. The scantiness or entire destitution of clothing, which is the natural result of that improvidence engendered by a hot climate, where little other than vegetable food is desired, and where this is mostly supplied by the spontaneous productions of the soil, renders these provisions of nature essential to healthful functions, and even a comfortable existence, in his native country.

In regard to the brain, the peculiarity of the negro consists more in its conformation than in its volume; the latter being scarcely below the average of some other races of greater acknowledged intellectual endowments, although decidedly below that of the Teutonic and Anglo-Saxon races. The phrenological characteristics of the negro, are said to indicate a large preponderance of the animal over the intellectual functions; and such is the inference to be drawn, also, from an acquaintance with the mental constitution of the negro. A remarkable fact, in this connection, not generally noticed by writers, but hinted at by Agassiz, may, we think, be considered as one of his distinctive traits. Negro children are not, in general, deficient in mental quickness, and acumen; and are not unfrequently found to be precocious, and susceptible of successful instruction; while the intellect is not only not developed subsequently, as in white children, but appears in truth to retrograde, so as actually to fall below, in many cases, the developments which have taken place in the white race, even in childhood. It is not uncommon, on southern plantations, to meet with children of nearly the same ages, of both races, engaging together in childish sports and pastimes; and to notice that the negro children are equal, and sometimes superior, to their young masters and mistresses, in the quickness of their perceptions, and aptness to learn whatever is attempted to be taught them. Negro children often succeed in learning to talk in advance of the children of their master, with which they are associated; and we have found, upon a personal experiment, that they can most readily be taught, by a system of oral instruction, simple religious truths, hymns, and forms of prayer, so as to make a very creditable display of proficiency, as catechumens. The children of family servants, which are kept in close association with the older members of the white family, by whom they are apt to be much caressed, frequently exhibit such evidences of smartness, and such readiness of wit, as to afford great promise of future usefulness, in spheres of action requiring undue intelligence and judgment. With few
and rare exceptions, however, they lose all signs of uncommon talents, as they advance in years, and sometimes even become noted for their dullness. No advantage of position or instruction will, so far as we have been able to observe, obviate or retard this tendency to deterioration.

The thorax of the negro is less expanded, and his vital capacity for respiration is said to be somewhat less than that of the white man. Indeed it is said to have been proved* that such is the fact, and that a less volume of air is resired in consequence; but this apparent defect may be compensated for, in some degree, by the greater curvature of the ribs, giving scope for greater mobility of the chest, and consequently a more perfect exhaustion and expansion of the air-cells, in respiration. This curvature causes a deeper depression of the spine, which is a constant peculiarity in the formation of the negro skeleton. The scapulae are said to be shorter and broader, and the pelvis somewhat narrower, particularly in the male. The legs are apt to be bowed, and the heels projecting backwards. The muscles of the limbs are short and protuberant, with proportionally longer tendons. The genital organs of both sexes are more largely developed, and the breasts of the females are more conical, with a less extent of base. The nerves have been represented as being larger, and containing a greater aggregate of substance, in proportion to the amount of brain and spinal marrow; but this, perhaps, requires further proof. The liver is said, also, to be larger in proportion to other organs.

The Physiological Peculiarities are, in part, such as naturally result from the anatomical. Reason, judgment, forecast, and independence of character, could scarcely be the accompaniments of a brain however large its volume, in which the animal organs maintain a great preponderance over the intellectual and moral. Consequently, we find, what might reasonably be expected from the anatomical conformation, that the negro is essentially a degraded being, vastly inferior to the Caucasian race, in all the attributes of spiritual existence; and only capable of improvement by many ages of contact and association with civilized nations. How far such influences may tend to the improvement of his physical constitution, and to the relief of his mental deterioration, can at present be only a matter of conjecture; but admitting that all his peculiarities of deterioration are the result of forty or more centuries of constant decline, while the interval between him and the white man, has been widened by as constant an improvement and elevation of the latter, and it must be admitted as probable, that however much may be done by mankind, toward the promotion of the civilization and christianization of the former, many thousand years must necessarily elapse, before he can be brought up to the present position of the white man. No one who has had proper

opportunities of observation, and taken the trouble to improve them, can for a moment entertain a doubt, that, of all the providential occurrences, tending to the improvement and elevation in the scale of being, of this degraded race, none could be better suited to the purpose, than the existence of American slavery. It must not be denied, that it is a system which leads to egregious abuses. Of these we are not the apologist. To his own master let every slave-holder render up his account.

No fact in psychology is better established, than the inaptitude of the negro mind to improvement. In his native country he exhibits no signs of progression. The rising generation does not aim to improve upon the past, or to profit by a knowledge of its errors; but taking the place of their predecessors, they are content with doing precociously as has been done by their progenitors for ages. If his forefathers have been accustomed to plow with the rough branch of a tree, the negro has no conception of any other method, and works on with the branch of a tree from generation to generation forever. Nor does he seem inclined to follow the example of the white man. The latter may settle near him, and plow his grounds according to the most approved modern plan, and the negro may look on and wonder; but he is not any the less willing, still, to pursue the example of his fathers, and no improvement is attempted, however promising may be its results. Such has been the stationary condition of the race from the earliest times, tending more, perhaps, to deterioration than to improvement; and there can be little hope of progression in future, while the negro is left to follow the bent of his own inclinations. His condition and history promise nothing but the extreme of savage ignorance and degradation.

By the institution of southern slavery, the negro is brought under a system of tutelage, in contact with a race vastly his superior, and of whose habits of thought and action he is constantly compelled to take notice. By every humane and judicious master he is cared for, as he requires to be, as a child in leading strings; and although he has not yet attained a degree of improvement which would seem to be commensurate with his advantages, it must be considered, that his pupillage has as yet only been a short one, and not sufficient to test his capabilities of ultimate advancement. Time may so far develop these, as to enable him to recover his lost position in the scale of being, and to carry back to his native shores the germs of civilization, and the christian religion, both to be successfully cultivated, to the enlightenment and regeneration of benighted Africa. Human research and ingenuity have not been able to devise any other available means, by which these blessed results can be secured to an ignorant and degraded people, than by the influence of long association with a superior and dominant race. History affords examples in illustration of this position, and our own experience, as well as our reason, confirms
Peculiarities of the Negro Race.

It is an interesting problem, to be solved in the long and tedious future, whether the negro will, even by these means, ever be elevated in the scale of being, to a degree which will realize the anxious hopes of the christian and the philanthropist.

Other physiological peculiarities result from, or appear to be intimately connected with, the native climate of the negro. Whether so formed by a separate creation, as some contend, or adapted by long habituation, the negro race is physiologically constituted for the enjoyment of a hot climate. Living mainly, in their native wilds, upon a meagre and vegetable diet, their systems are less abundantly supplied with carbonaceous material, and have less adaptation to the generation of animal heat, than the white race in more northern latitudes. The air which surrounds them within the tropics, being much of the time of an equal or higher temperature than their bodies, and never at any time much below it, there is no necessity for an active reproduction of warmth, to replenish the moderate waste from external radiation. If it be true, therefore, that less air is respired by the negro, and a less amount of oxygen consumed, which appears to be altogether probable, it is because there is less occasion for physiological combustion; and this may be further reduced by the more rapid elimination of carbon by the liver and skin, while the copious supply of perspirable matter and proportionate evaporation from the surface, tend to prevent an undue accumulation of animal heat, from the moderate exercise of the functions whence it is derived.

The negro constitution being thus eminently adapted to the torrid region, it follows that the climate in which we find him in our country, is much too far north for him. Being exposed for a large portion of the year, to a temperature to which he is ill adapted, and liable to suffer all the while from the operation of those causes, above alluded to, which constantly tend to the reduction of the heat of his body, so sparingly supplied, he can only be protected from the evil influences upon his animal functions, and rendered effective as a laborer, by being better fed, and better clothed, and lodged, than in his native country. The changes which take place in his physiological functions, as a consequence of his sudden transfer to a colder climate, must be counteracted by corresponding changes in his mode of living, or disease and an abridgment of the duration of life; must be the natural result. This remark is, perhaps, scarcely less applicable to the white man of temperate latitudes, when suddenly transferred to the polar regions. If he neglected to conform, to some extent, to Esquimaux habits, and indulge in the use of oleaginous food, to furnish additional supplies of hydro-carbon for an increased production of animal heat, he will scarcely be able to endure a succession of cold winters, without a loss of health. The converse of this proposition is equally true. Emigrants from hyperborean to tropical regions, require, equally, that their habits of life should be changed,
and made to conform, in some degree, to those of the fruit-eating people among whom they go.

Of these physiological requirements there can be no doubt; and probably it will be found upon further and closer observation of the matter, that they are of a more urgent character with the black than with the white race; for the reason, that the former is possessed of less resiliency of constitution, and self-adaptation to change, than the latter; resulting partly from difference in actual idiosyncrasy, and partly from the greater reason and judgment with which habits of life are controlled. However this may be, it can hardly be matter of dispute, that southern planters who study their own interests, whether they understand the physiological reason for it or not, have found from long experience and observation, that it is good economy for them to give their slaves a full allowance of fat pork, and also of Indian corn, which abounds in oleaginous principles wherever it is grown, although to a somewhat less extent in hot than in cold climates. Every slave in the southern states, who has had opportunities for judging, is aware of the greater strength of diet afforded by northern, than by southern grown corn; and of the certainty with which the former will degenerate into the latter by a few years of southern cultivation. Southern corn is always preferred by them, however, on account of its greater palatableness, and lighter color. And it seems to be a providential circumstance, that the whole region of country in which slave labor is profitable, is particularly suited to the production of the two main articles of diet upon which they subsist, corn and pork. The former alone would afford them a stronger diet, yielding them larger supplies of hydro-carbon, than most of the tribes of Africa can command in their native country; and perhaps it may have been a knowledge of this fact, added to the cheapness of the food, which tempted the original planters of Louisiana, to rely almost exclusively upon Indian corn in feeding their slaves; while they were content to clothe them in the coarselinen goods of that period, as affording a much better protection from the weather, than they had been accustomed to in their barbarous homes. But when some of the large sugar estates fell into the hands of Northern men who had been accustomed to see the white laborers of the north much better clothed and fed, and performing more effective labor in consequence, the natural result was a trial of the experiment upon negroes; and the large increase of the product of their labors, consequent upon this change, soon caused a complete revolution in the system of plantation supplies, leading to a better provision for the slaves from year to year, until, at the present time, they are probably better fed, and better clothed, than are the white laborers in any part of Europe.

Still, certain errors are committed by planters, for the want of a proper understanding of these physiological peculiarities of negroes, adapting them to hot climates. The winter being the season
of comparative rest, as the crops are not then growing, to require extraordinary efforts at tillage, it is the custom of some, to afford their slaves less liberal supplies of meat at this season than at any other; when, if the views above given are correct, they require more of fatty and hydro-carbonaceous food in cold weather than in warm. On sugar estates, during the sugar making season, this want is in part supplied by the free access which the slaves have to the juice of the cane, and its products. Its physiological effects become apparent in the high degree of health and vigor which is maintained, in spite of the extreme labor imposed by this perpetual day and night process of sugar-making, out of which the slaves come with an increase of embonpoint and buoyancy of spirits. These invigorating and fattening effects of saccharine food, are said to be more perceptible upon the constitution of the negro than the white man. The amount of hydro-carbon furnished by it may, in many cases, be greater than can be obtained by the use of cod-liver and other oils, which cannot always, on account of their indigestible and cathartic qualities, be taken in sufficient quantity to produce these legitimate effects. As a remedial agent, therefore, in phthisis, scrofula, and cachexies of various kinds, saccharine matter is of no mean importance.

The inability of the negro constitution to generate heat, commensurate with the increased want of it, consequent upon the drain imposed by exposure to unusual cold, is manifest in its effects upon the respiratory organs; which, from exposure to cold air, without sufficient covering for the body, suffer from a constriction and chilliness, which are frequently quite painful. This it is which induces the negro, contrary to the common practice of the white man, to turn his head towards the fire, or to cover his face with a blanket, in preference to his feet, that the air inhaled may first be partially warmed, and thus save him the inconvenience of its chilling effects upon his lungs. Place him in a warm room, with plenty of warm bedding, and he will soon learn to omit this injurious habit, which deprives him of the fresh and uninspired air, so much required by him as a source of vitality, and of vital warmth. The same want of due supplies of animal heat is evinced, when negroes are required to sleep in the open air. Upon a hunting excursion, or a military campaign, white men will often inure themselves to the rapidly sinking temperature of the surface of the earth, and sleep with impunity without the interposition of anything to prevent the rapid radiation of heat toward the clear canopy of heaven; but if their negro servants who may accompany them, partake of the same exposure, they not only show signs of greater suffering, but the effects are apt to tell upon them, in the development of fevers, and of thoracic congestions and inflammations, not unfrequently laying the foundation for permanent ill-health. It is only in our hottest summer weather, or in inter-tropical climates, that negroes can undergo these exposures with
impunity. Indeed, we have but few nights in the southern states, which would not prove injurious to the negro sleeping in the open air, and particularly by the chilling effects of terrestrial radiation of heat upon the temperature of the atmosphere, toward morning.

Many of the diseases to which slaves are peculiarly liable, and which form the principal outlets of life among them, are caused by a want of proper attention to this high requisition of their organisms for heat, and by the want of proper supplies of fresh air; consequent upon the efforts which they are called upon to make, to relieve their bodies, and particularly their lungs, from the painful influences of cold. It is a great mistake, we apprehend, to suppose, that because negroes are often found sleeping with their cabins closed, and their heads covered, they do not require fresh air. It is not animal instinct which impels them to forego its use, but want of comfort. Let them be rendered comfortable, by due supplies of warmth, or the means of preserving the warmth of their bodies, and they will be found to enjoy the full respiration of fresh and wholesome air, not less than white persons. And it has seemed to us, that it is mistaking effects for causes to contend, that the elimination of an undue proportion of carbonic acid, by means of the skin and liver, is certain proof that nature has intended these organs to act as greater depurators of the blood in blacks than in whites. Whenever they do thus act, as is no doubt often the case, it is compensatory for defective action by the lungs, just as an increased action of the kidneys, in all persons exposed to the chilling influences of a cold and damp atmosphere, is compensatory for partially suppressed perspiration; and it remains to be proved, that the decarbonizing power of the skin and liver of the white man, is not just as active and efficient, under the same influences, or any other influences retarding the action of the lungs to the same extent.

To guard against disease from this cause, it is necessary that, in providing lodgings for slaves, great care should be taken to supply them with both ventilation and warmth. It is important that in winter the two should be furnished in combination; and probably there is no better way of doing it, than by constructing their lodgings so as to be warmed by hot-air furnaces, through which air both warm and pure may be supplied in abundance. Upon large plantations, where the saving of fuel is an object, this might be done, were the dwellings properly arranged for it, at less expense than the same advantages could be secured upon any other plan; and there are few nights in the year, that the planter would not find it his interest to kindle fires in such furnaces. The time lost by negroes in unnecessary sickness, and the cost of medicines and medical aid saved by such arrangement, not to mention the increased average duration of life, would amply repay the expense.

Many slave-owners, deeming it important to give their negroes a full supply of fresh air, without considering the importance of
warmth, construct their dwellings with openings in the loosely laid floor, and with crevices between the logs or planks which form the walls of the buildings, so that whether the room contain few or many, there is no possibility of any one individual occupying a position, which will not subject him to the constant action of a current of cold air. This induces him to sleep with his head covered, to avoid the painful constrictions caused by cold inhalations, and thus subjecting himself to the injury resulting from breathing impure air, even though his room be ever so well supplied with it. Full one half of every inspiration is made up of air which has been respired before, and the fresh air with which the dwelling is so liberally supplied, answers no other purpose, than to chill the surface of the body, and the extremities, turning in upon the vital organs that mass of fluids, and vigor of circulation, which are required for the healthful action of the cutaneous vessels. The fluids and vascular action thus repelled, lay the foundation of a large portion of those diseases which prove fatal to slaves.

But it is not impracticable to secure warmth and ventilation, to a healthful extent, by building close and warm houses, with glazed windows which can be opened at the top, near the ceiling of the rooms, while the lower portion is closed; and by warming the rooms by means of large, open fire-places. A plentiful supply of warm blankets, and the enforcement of a wholesome rule, to undress on retiring to bed, and lay aside the clothing worn during the day, will secure the occupant of such an apartment a free respiration of pure and warm air, a free action of the skin and viscera, and a great degree of comfort and health. The negroes will be enabled to warm and dry themselves immediately on their return from their daily labors, and thus avoid being chilled after exercise and exhaustion from fatigue. They will lay aside the clothing worn during the day, to be aired and dried in readiness for the morning. They will sleep without tight bands about them, and without obstruction to cutaneous exhalation. They will have no motive for covering their heads in their blankets. They will enjoy the benefit of tolerably fresh air, without danger of being chilled by its impinging directly upon their bodies. They will enjoy unbroken slumber, and be invigorated for the labors of the ensuing day; and when they rise and go forth, into the cool air of early morning, it will not be with bodies chilled by cold, or reeking with moisture.

The selection of a healthful locality for negro quarters, is a matter of not less importance than their proper construction. It is a common practice, upon the highlands, to give preference to some worn-out or barren hill, or ridge of ground, which produces little or no vegetation, and is, therefore, of little value for purposes of cultivation. And upon the low-lands, where there is no want of fertility and productiveness, the plan often pursued is, to keep the earth around the quarter nearly bare of vegetation. These prac-
ties are followed without reference to, or in accordance with, what we consider false views of the causation of disease by telluric influences. From long observation and experience in this matter, we are forced to the conclusion, that it is from the bare and naked earth that we have most to fear in this respect. Nature appears to have intended that the earth, or at least the habitable portions of it, should be coated over with vegetation. Accordingly we find, that when it is thus coated by the forests, by the luxuriant grasses of prairie grounds, by cultivated crops, &c., a healthful influence over the inhabitants is exerted. But whenever these natural coatings are removed, from any cause, bringing the bare surface to the long continued action of the sun and winds, sickness is nearly the invariable consequence. For this reason negro quarters should be established upon a fertile soil, or one which can be rendered so by cultivation, which should be sedulously shielded, as in a state of nature, by a luxuriant growth of vegetation of some kind. This is in accordance with common experience. In some parts of Mississippi, where the virgin soil has disappeared from the substratum of yellow clay, upon which it reposed, and the fields have been abandoned, and become washed in gullies, and bared of vegetation, sickness, and particularly malarial diseases, prevail to a much greater extent than formerly when these grounds were exceedingly rich in vegetable mold. The same necessity for a coating of vegetation exists when the bare surface of the earth has been exposed, in consequence of the subsidence of stagnant water, the drainage of swamps, &c., which very generally exert a deleterious influence until covered by a dense vegetable growth.

The health of negroes is scarcely less dependent upon proper clothing, than suitably arranged dwellings. The color of the skin is favorable to the radiation of heat, while the head is protected from the influence of the direct rays of the sun, by the non-conducting character of its woolly covering. While these and other constitutional peculiarities serve to qualify him for enduring the heat of a tropical climate, and a vertical sun, they disqualify him proportionally, for a cold climate, and for great and sudden transitions of temperature from heat to cold. They are, moreover, from a want of resiliency and native vigor of constitution, less able to adapt themselves to changes of climate, than white men. These truths are so universally acknowledged, as to require neither argument nor illustration in their support. Consequently the slave population of the United States, occupy a region by many degrees too far north, for the enjoyment of health and long life, without having their bodies specially protected from the depressing influences of cold, and from the influence of vicissitudes of the weather, in our capricious climate. The winter season is particularly trying to them, and apt to be productive of the most common and fatal class of diseases to which they are subject. It must be evident, therefore, that the selection of proper clothing is
among the most important considerations in connection with plantation hygiene. And such is now the cheapness of the coarse kinds of goods most suitable for this purpose, that no good reason can be given for neglecting to clothe them in a manner most conducive to the preservation of health. The danger of the loss of health and life, the loss of time, and the expense of medical aid, and of medicines, arising from a want of proper protection by warm clothing, is much more detrimental to the interests of planters, than the most expensive arrangements, in reference to this matter, which are adopted by the most considerate and liberal slave-holders.

Since cotton goods have become cheaper than those made of flax and tow, the materials used for negro clothing are almost exclusively composed of cotton or woolen, or a combination of the two. The coarse cottons commonly used, are well adapted to this purpose for summer, and, with the exception of old and infirm persons, negroes do very well with an exclusive use of such cotton goods for about seven months in the year—from April to November—but for the other five months it is safer, and good economy, to provide all who labor in the open air, and are subject to the vicissitudes of the weather, with woolen shirts. The old and feeble should wear them the whole year, and with the addition of woolen drawers in the winter. In all sickly localities, indeed, it is better that this arrangement should obtain with all; for it has been well ascertained, that the use of flannel next the skin all the year, affords the most certain protection against malarial diseases, of any means known, excepting, perhaps, the daily use of quinine; and it is reasonable to conclude, that its prophylactic agency is more decided with negroes, than white people, on account of physiological peculiarities to which we have referred, and particularly with negroes living in a climate of unnatural coldness. It is, indeed, a rare thing, according to our experience, to meet with a violent case of fever, cholera, or other malarial affection, so called, in a negro who habitually wears flannel next the person, and particularly if he sleep with a woolen covering at night, and in a cabin properly warmed and ventilated. Contrary to the common practice of planters, children and youths, for obvious reasons, require suitable clothing, and nightly protection, much more than grown persons.

There is no one article of clothing, perhaps, which is more necessary to the health and comfort of field negroes, than the overcoat. This is made of various coarse materials, and sometimes of thick blanket cloth, with a hood to be worn over the head at will, which is a necessary appendage for those who are not supplied with hats or caps. These over-coats or capots, are useful in the cool of the morning when starting out to work. The negro is roused from his slumbers at early dawn. Perhaps he has been sleeping in a close room, with his head enveloped in his blanket,
and he goes directly into the cold morning air with his skin reeking with moisture. His stomach is empty, and the general languor which prevails predisposes him to chilliness, and a repulsion of fluids from the surface upon the internal organs, to an extent well calculated to excite disease. In point of fact, we believe it is true, that a large proportion of the attacks of diseases in the autumn, and winter, come on, or become developed into notice, at this time. In cotton-picking and some other kinds of labor, a thorough wetting of the clothing takes place, and is kept up for some hours, until the time for breakfast, when that meal is taken in the open air, and sufficient rest allowed, to produce a pretty general chilliness of the surface of the body. In view of these physiological peculiarities of the negro, which tend to unfit him for the endurance of cold, no one can doubt, that this exposure is a trying ordeal for him, and that he requires all the protection that clothing can give. At no time, except while sleeping, does a negro require warmth and dryness more, than when resting and eating his meals in the open air, and after active labor. While in the full excitement of exercise, the wetting he receives from the dew, or from the rain, is of little consequence; but the moment he ceases to act, he is in danger of suffering constitutional injury, and unless particular care be taken to guard him against it, disease, and often fatal disease, will result from it.

We have already alluded to the fortunate, if not providential, fact, that the two articles of diet upon which our slave population are mainly subsisted, and which are the best adapted to their physiological condition, of all the long list of eatables known to man, are produced in high perfection, and with moderate labor, in all that region of country where slaves are owned and worked. Indian corn may be cultivated upon both sugar and cotton plantations, in sufficient quantity for plantation use, without interfering, in any material degree, with the amount of cotton or sugar produced. This article is easily preserved, and affords food for slaves, not only of the most nutritious and wholesome character, but requiring little labor and skill in the preparation. In general it is furnished to all the negroes on the plantations, ad libitum. There are two points in connection with its preparation, however, which, perhaps, are not sufficiently attended to. One is in reference to the grinding. It should not be ground to an impalpable powder, which makes heavy, moist, and soggy bread; and this it is which constitutes the principal difference between the corn bread of cities and plantations. Steam and water power are brought into requisition for the former, and corn meal is met with in their markets in a state of levigation equal to that of wheaten flour; but plantation grinding is more commonly done by horse power, with less perfect machinery, and the meal is of much greater coarseness. The other matter of importance is the cooking. Corn meal requires to be very much cooked, and with a
Peculiarities of the Negro Race.

high degree of heat: the more, of course, when not finely powdered. Water and salt are the only admixtures required.

Pork, the other article of diet alluded to, is easily and abundantly produced, under skillful management, in all that region of country in which Indian corn best flourishes; and the best qualities are fattened on southern grown corn. The large amount of pure fatty matter which it contains, is an abundant source of animal heat, so much required by the negro in a climate of lower range of temperature than he is suited to. In his native tropics it would be injurious, but when removed into—what is to him a cold climate, such oleaginous food becomes as essential to his health, as is the blubber diet to the Esquimaux and the Laplander. The unsuitableness of oily pork to people of hot climates in their native regions, may be the true physiological explanation of its interdiction to the Israelites by divine authority. The constitution of the ancient Jews was very unlike that of the negro. His temperament being more sanguine, and ended with a higher degree of nervous excitability, and a greater exuberauce of vitality, the generation of animal heat was proportionally more rapid. Of course, the leaner meats of the goat and the sheep, with the fruits, the milk and the honey, which abounded in Palestine, were better suited to his physiological condition.

But whether this be true or not, true it certainly is, that the fattest pork suits the negro in our country better than any other meat. Upon no other can he be subsisted, with any hope of returning to his owner such large profits of labor. The farther north you go with him, and the colder the climate to which he is exposed, the greater is the necessity for this oily diet; and without a full abundance of it, the negro not only cannot become an effective laborer in cold climates, but must necessarily suffer in his bodily and mental health, become short-lived, imbecile, and unprolific. Too feeble-minded to compete with white men in his struggle for a livelihood, and too improvident to provide, in the heat of summer, for the requirements of winter, he is reduced to the necessity of subsisting upon unsuitable food, and often compelled to wear insufficient clothing; and disease of body and mind, leading to early dissolution, and to deterioration in the bodily and mental vigor of his descendants, are the natural consequences.

In addition to meat and bread, slaves require milk, garden vegetable, ripe fruits, and sugar or molasses. For adults, sour milk or clabber is most digestible. Garden vegetables, are liberally supplied on all well conducted plantations. Figs are the most valuable fruit, not only on account of their easy digestion, but of the abundant saccharine matter they contain, and not less because of the fact, that they cannot be eaten in an unripe state. Sugar or molasses should be looked upon as essential, to the improvement of digestion, and on account of their anti-scorbutic
tendency; and liberal supplies of good vinegar should be furnish-
ed, for like reasons.

The negro is, from nature and habit, an uncleanly being. From early infancy to old age, his skin is rarely cleansed of accretions of perspirable matter and dirt, which accumulate so readily upon it, aided by petty copious sebaceous secretions of an odious character. The injurious effects of this habit might easily be prevented, by the construction of artificial ponds or tanks, for the special pur-
pose of bathing. The moderate warmth of water thus confined, would afford an inducement for them to practise ablutions at night. Even the habitual application of oily substances to the skin, would be an improvement upon the present neglect of the cutaneous surface. It would, perhaps, be a poor substitute for bathing; but the cuticle would be softened by it, facilitating excretory action, and preserving a free capillary circulation.

In a state of health, with proper food and clothing, and with suitable lodgings and means of rest at night, the negro is very enduring of labor, and will work at a certain slow and regular pace, with few and short intervals of rest, from early dawn until night, in the long days of summer. But he cannot be driven, for any length of time, beyond his natural or habitual movements; and any attempt to do it must always result in ultimate loss to the master. Up to his natural capacity he is not unwilling to work. Beyond it he cannot go without injury. When he is overworked, and becomes exhausted and disordered in consequence, he recov-
ers from the effects much more slowly than the white man; as he does, also, from sudden prostration by blood-letting, and the action of medicines. His reasoning faculties are dull and inactive, and his judgment defective, but he learns to do his work skilfully, and from long practice becomes very adroit in the use of the im-
plications of husbandry, and the tools of the mechanic; but his attention must not be directed to more than one thing at a time, and he needs to be particularly instructed upon every change in his daily tasks. Counseled and dealt with in a spirit of kindness, and patiently directed in his duties as a child, he is easily ruled and governed by white men, to whom he concedes a high degree of mental superiority and judgment; but becomes restless, and oftentimes depressed and sulky, under an exercise of impatience, and undue severity, on the part of his master or overseer.

Vascular and nervous action in the negro is comparatively sluggish, but his senses of seeing, hearing, and smelling, are apt to be acute and active; those of touch and taste, obtuse. He requires less sleep than the white man; has greater insensibility to pain; is warm, but impulsive, in his affections; suffers deeply, but not enduringly, from affliction; is strongly imbued with reli-
gious and superstitious feelings; a great lover of music, apt at the production of musical sounds, and at vocal imitations; and when uninfluenced by superstitious fear, he is courageous and stoical.
His mind is continually exercised upon supernatural agencies, is easily depressed by his confidence in witchcraft, and much of his unhappiness, as well as many of his diseases, proceeds from purely imaginary causes. He venerates age, but mingles with his veneration a superstitious dread of the control, which the aged are supposed to possess, over spiritual and ghostly influences; often assigning disease and misfortune solely to these agencies. In his religious devotions, he finds it an easy matter to work himself up to the highest pitch of enthusiasm, and even ecstasy, realizing in his excited imagination the felicity, almost, of the heavenly state; but the rapid subsidence of the excitement leaves him in the practice of certain vices, to which he is impelled by passion and habit; and from which, under temptation, he is scarcely able to refrain. The venereal excitement is one of these, to which his anatomical and physiological constitution strongly inclines him, and to the promiscuous indulgence of which he is apt to be led, by the habitual disregard of the sanctity of the marriage relation, and the wickedness of its violation. Another vice to which he is addicted, is theft; in which he indulges, with the exercise of the most ingenious expedient to escape detection, traveling sometimes many miles during the night, after a hard day's work, and with the prospect of another hard day's work before him, on the morrow, to accomplish a theft of little value to himself, and one which affords him very small remuneration for his labor and risk.

Thoughtless of the future, and improvident to a degree, the negro stands constantly in need of counsel and advice, and he is ever ready to place himself under the guidance and instruction of the white man, the superiority of whose judgment and intellect he is always willing to acknowledge. This trait of confiding dependance in the negro, is not less remarkable and uniform, than it is in the children of the white race; and the treatment he requires in return, to make him contented and happy, is the same that our children look for at our hands. In a spirit of parental kindness, he may, in general, be governed and worked to the best advantage, and his attachment and devotion to his master, when so managed, know no bounds. We have heard of an attachment which will induce a man to die for his friend; but if we were to look through the world for practical illustrations of this remarkable virtue, among no class of people would we as soon go, as among slaves, who have been reared up in immediate association with the members of the white family to which they belong, and who have been governed as children and dependents, in a spirit of kindness.

But slaves are submissive, and effective laborers, under very different treatment. They submit to and bear the infliction of the rod with a surprising degree of resignation, and even cheerfulness; and indeed manifest in many cases a strong and unwavering attachment to the hand which inflicts the punishment, particularly

M. Richet believes that many erroneous ideas prevail respecting the pathology of articular diseases, which has been retarded by the uncertainty that has so long prevailed in respect to certain points of structural anatomy—as, e.g., the vascularity and nutrition of the cartilages, and their investment with synovial membrane. The microscope has now led to the solution of these questions, and, by availing himself of the results of its teaching, M. Richet believes that he can steer clear of many of the difficulties that beset the path of earlier pathologists. His own researches date some time back, he having published upon the subject of white swelling in 1844.

While approving the mode adopted by Brodie and Velpeau, of viewing these affections through the pathological changes they give rise to, he believes that they and other writers have not sufficiently followed the succession of these changes as they are observed in the different tissues. His object is to supply this deficiency, in showing that the different stages of the same chronic inflammation have been mistaken for special affections. He believes that all "white swellings" may be included under two fundamental varieties—viz., chronic inflammation of the synovial membrane and of the articular extremities of the bones. The changes which take place in the fibrous tissues are, as Brodie has advanced without demonstrating, always consecutive, while ulceration of the cartilages is not admitted by M. Richet. The synovitis, osteitis, or osteo-synovitis, may undergo modifications, by the constitution and temperament of the individual, or by the causes that have induced them, such modifications being of the more importance, inasmuch as they often affix a special seal to these affections, causing them to be regarded as distinct maladies.
The Pathological Anatomy of White Swelling, constituting the basis of the essay, is given in minute detail; but we are only able to glance at some of the more salient points. M. Richet has, during several years, taken every opportunity offered by cases of arthritis or experiments on animals, of tracing the progressive changes that take place in the synovial membrane. Between the fifth and twelfth day after irritation has occurred, a pseudo-membranous-like exudation is effused from its surface, and becomes attached to granulations that are there more or less developed. When the chronic stage of synovitis arrives, these granulations may expel the false membrane covering them, and become themselves developed into fungous vegetations; or the pseudo-membrane may become more and more intimately united to the surface of the synovial membrane, undergo organization there, and prevent the farther development of the granulations. The two cases are respectively termed by the author—Fungous Synovitis, and Pseudo-Membranous Synovitis.

In Pseudo-Membranous Synovitis, layers of pseudo-membrane, intimately connected with vessels, unite the synovial membrane to the fibrous tissues of the joint; and when sufficient irritation is not induced to cause death or amputation, a natural cure may take place through the agency of a fibrous transformation. Retraction ensues, and all the soft parts becoming closely applied around the ends of the bones, the joint then appears less than the opposite one. This form of synovitis is not infrequent after acute rheumatism, and it constitutes one of the varieties of incomplete anchylosis.

In Fungous Synovitis the granulations, in place of becoming organized, become, under the influence of a special diathesis (as e.g., the scrofulous,) edematous and fungoid, and are, after different periods in different individuals, converted into reddish, softish vegetations, analogous to those which spring from carious bone. Containing some arterial vessels, they are chiefly made up of a venous network, in the midst of which is found a translucent jelly, exhibiting small spots like extravasated blood. The vegetations present an epithelial layer at their surface, and within, the fusiform fibres and elongated nuclei characteristic of fibro-plastic tissue. Brodie and other pathologists, from want of having sufficiently studied the alterations of the synovial membrane, have made of this a special affection, of a malignant nature. Occasionally, it becomes arrested in its course, a conversion of the fungosities into fibro-cellular tissue taking place, and a more or less complete anchylosis ensuing. In other cases, the fungosities become indurated, having cartilaginous plates diffused amidst their tissue. This induration is, however, only observed here and there, amidst the thickness of the changed synovial membrane, and gives rise to the development of irregular, so-called foreign, bodies, varying in size and density, being sometimes found loose in the joint, or only attached by a pedicle.

Brodie admits primary ulceration of the synovial membrane: but the cases he adduces are too briefly narrated to justify the appella-
The Fibrous Tissues are endowed with a very feeble vitality. The author's researches lead him to regard the ligaments as insensible, although, as their insertions into the bones are continuous with periosteal or osseous tissues, tearing or stretching these may cause pain. By no experiments has he been able to induce inflammatory action in the ligaments or capsule, even when the synovial was quite red, and the joint full of pus. When, in exceptional cases, they do become somewhat reddened, it is not the redness of inflammation, and it is almost always consecutive to lesions of surrounding tissues. One of the changes most frequently met with is a puffiness of the capsule and ligaments, produced by serous infiltration into the inter-fibrillary cellular tissue which separates the ligamentous fibres, these assuming, also, a dull tarnished appearance. This relaxation allows of great separation of the articular surfaces. At a later period, the fibrous parts become hypertrophied, or even indurated.

The Articular Extremities of the Bones.—M. Richet believing that, however well osteitis in general has been described by Gerdy and Miescher, the form that affects the spongy tissue in the vicinity of joints is imperfectly known, describes it, from his own observations, with a minuteness that defies our following him. It must suffice to say, that he admits three stages of primary osteitis. In the first of these, a section of the bone presents a vascular surface and enlargement of the cells, its compact surface being pierced with numerous minute holes for the passage of vessels. The secretions of the periosteum become diverted to the surface, and the bone is increased in size, in consequence of new layers deposited at its surface, as well as by the enlargement of its cells. Although such enlargement of bone is not admitted by Crowther, Russel, and S. Cooper, M. Richet has proved its existence by dismantling, after separation of the soft parts. In primary osteitis, periosteal effusion is, however, not constant, occurring only as the inflammation approaches the surface; but in secondary osteitis, it is the earliest change observed. In the second stage, the red colour is concentrated at certain points, little collections of blood taking place. The cells become more and more spacious, and true abscesses are formed within the bone. Sometimes, however, hypertrophy of the intercellular parietes leads to a diminution in the size of the cells, and the spongy tissue is resistant instead of yielding. In the third stage, the pus which had been infiltrated into the cells destroys the
vessels, and the lamellæ, deprived of nutriment, become necrosed. At other times, ulceration, terminating in caries, occurs, and bleeding fungosities, or vegetating granulations, spring from the cells. Sometimes the cartilage is perforated only in places, at the bottom of which bleeding vegetations are seen, an appearance mistaken by Brodie and others for true ulcers.

Arrived at this stage, it is rare for the osteitis to be confined to the articular extremities, and, on cleaving the bone, the entire medullary canal is found to exhibit an intense redness throughout its entire extent, while small sanguineous effusions, and the other phenomena of the early stage of osteitis, are observed at the other extremity of the bone, although externally this exhibits no evidence of the change.

Consecutive Osteitis.—As synovitis may be secondary to an osteitis, so this last may supervene upon a synovitis. An osteo-periostitis so produced differs much from an osteitis properly so called, there not being the enlargement of the cells or the vivid injection of the spongy tissue, with its purulent infiltration. It is the periostium which undergoes the chief alteration, the bone, at a later period, undergoing hypertrophy even to its centre. It is, however, the cartilaginous surface that chiefly suffers, the synovial fungosities rapidly leading to its perforation and destruction, and entering into immediate relation to the bone. The compact lamellæ become necrosed, and the pus penetrates into the spongy tissue, inducing more or less deep-seated changes. Vegetations are often found within the cells; but beneath the fungosities the intercellular lamellæ are found more resistant than normal, while in primary ulcerative osteitis they are softened. Consecutive osteitis is a less refractory disease than the primary, the articular surfaces sometimes becoming covered with fibrous tissue that allows of some movement.

There is another change in the bone which, although not rare, has not been described, and to which M. Richet considers no better appellation can be at present applied than fatty degeneration. A few spoonfuls of a sero-sanguinous or purulent fluid are found in the cavity of the joint, the synovial membrane not exhibiting changes proportionate to the symptoms observed during life. The articular cartilages are eroded, thinned and perforated by a great number of minute apertures. On raising them, which is easily done, a large layer of blood, having the colour and consistency of currant jelly, is found interposed between the spongy cells and the thinned compact lamellæ which is detached with the cartilage. On sawing the bone, in place of finding the cells more or less inflamed and gorged with blood and pus, the section presents a yellow color, deeper as the centre is approached. The cells are enlarged, and pressure by the finger produces slight crepitation, and expels a quantity of yellowish oily fluid. No trace of the smallest vessel can be found amidst the spongy tissue. The medullary canal is abundantly filled with this yellow fluid. The periostem is not in-
flamed, no trace of the vascularity seen in osteitis existing, while the size of the bone is diminished rather than increased.

Changes in the Articular Cartilages.—M. Richet regards cartilage as possessing a very rudimentary organization, coming between fibro-cartilage and the products of epidermic secretion. Its mode of life is, as it were, parasitical, living by absorption of the liquids amidst which it is placed, its component utricles or cells operating osmosis. To the question, whether the articular cartilages are susceptible of inflammation, and of participation in the diseases of surrounding parts, M. Richet replies in the negative. By no experiments can vascularity be induced, and no attempts at reparation are found after old injuries. Amidst the completest change in surrounding parts, they exhibit only some roughening or thinning from commencing absorption. Vascularity, supposed to have been seen on their surface, is really due to the development of new vessels in a pseudo-membrane that covers them. Ossification, adduced as a proof of vitality, is never found in the case of true cartilage; but the eburnation of the bony extremities, after the cartilage has disappeared, has been confounded sometimes with this.

The articular cartilages are, however, liable to various kinds of alterations, resulting from perversion of their nutrition, or from mechanical or chemical causes. Among such is a loss of elasticity, noticed by Delpech, and frequently observed by the author. Ramollissement, which appears to be another stage of this loss of elasticity, occurs also pretty frequently, especially in those who have died in advanced years. This change, which has by others been termed velvety, has been the object of much research by M. Richet since 1840, and he thinks there is always coincident with it a diminution of synovia, probably due to a lessened nutritive activity in the bones and articular secretions. A total or partial disappearance of the cartilages seems to be a third stage of these alterations, which, while they cannot be called normal, can yet hardly be described as pathological, as they are met with in persons whose joints were healthy.

As regards the changes in the cartilages of diseased joints, they are due either to loss of cohesion—ramollissement—or are characterized by thinning, inequalities, or erosions. The last especially claim attention, as by some authors they have been termed ulcerations. When the cartilage is found roughened and unequal, this is due either to wearing away or resorption exerted at certain points, to a perversion of nutrition due to disease of the bone, or to the presence of abnormal fluid within the joint. As the cartilages live at the expense of the parts which surround and support them, they become more or less changed, according to the duration and severity of the disease of the part.

When we examine a joint that has suffered from white swelling, originating in osteitis or advanced synovitis, we almost always find the appearance as if the cartilage had been irregularly punched
out. Around these spots it is quite normal, not having even lost its cohesion and elasticity, unless effusion or other alteration of the cavity of the joint be present. Generally there is more or less synovitis present; but when this is not the case, a superficial examination might lead to the affection being considered a primary lesion of the cartilage. But if the bone be so cleft that the saw falls in the centre of the erosions, osteitis will be found occupying the articular extremity of the bone, and most intense where the loss of the cartilage is seen. Brodie and other surgeons have contended that such loss of substance is due to a primary affection of the cartilage, which, extending to surrounding parts, gives rise to one of the most painful varieties of white swelling. The facts cited by Brodie are valueless, in consequence of the very superficial manner in which the examination of the joints was conducted. The history of the condition of the joints in the aged, in which, when the cartilage is gone, eburnation takes place, a change inducing little or no pain, is contradictory to the accuracy of Brodie's assignation of severe pain as a sign of cartilaginous disease. Osteitis induces the most dreadful suffering.

**Symptoms.**—While alluding to the gradual manner in which the disease may come on, M. Richet observes, that in the case of such superficial bones as the tibia and ulna, we may often detect early a little puffiness of the periosteum rounding off the edges of these bones that are naturally so sharp and distinct. The soft parts may be at first more considerably swollen than the articular extremity, the disease then seeming to have more tendency to attack the diaphysis, or even the opposite articular end, as, e.g., the pain and swelling of the knee in coxalgia. M. Richet, several years since, proffered the explanation of this circumstance by the propagation of the inflammatory action along the medullary canal from one extremity of the bone to the other; and all subsequent observation confirms him in its correctness. Such pains are important in diagnosis, showing that we have to do with an osteitis and not a synovitis.

**Diagnosis.**—In this section M. Richet chiefly occupies himself in pointing out the distinguishing marks between osteitis and chronic synovitis. The latter may be due to a local cause, although its progress is usually dominated by a general one: but osteitis is almost always referable to a general cause. Synovitis often succeeds rheumatism. Osteitis is usually of scrofulous origin. In synovitis, the various symptoms may appear almost simultaneously; but in osteitis they are more gradual and progressive. In synovitis, there is hypertrophy of the synovial without swelling of the bone, and the softened ligaments allow of considerable and abnormal movements, while consecutive displacements occur frequently and rapidly, without deformity of the articular surfaces. In osteitis, there is appreciable enlargement of the bone, the limited motions are terribly painful, and the displacements, which take place slowly, are due to the flattening down of the deformed articulations.
Treatment.—Upon the general treatment of the diatheses upon which the disease depends, M. Richet has not much to say. He speaks highly of iodine and cod-liver oil in certain cases; but he does not find that the former can be used as a substitute for the latter. He considers that the tonic effects of hydropathy are sufficiently shown to induce medical men to avail themselves of its aid. Sea air and mineral waters are useful in appropriate cases. Vegetable tonics are of little use; and iron, to be even harmless, requires care in its administration.

In the local treatment of synovitis, although leeches sometimes give great relief, they seem at others to do harm; and when the relief obtained is not prompt, they should be discontinued, as they enfeeble. M. Richet attaches considerable importance to the prolonged use of local baths. He thinks the large flying-blisters, so much recommended by Velpeau, should not be employed until the subacute stage has been reached. The nitrate of silver ointment is very useful, and sometimes dissipates violent and obstructive pains.

In pseudo-membrous synovitis, issues and the actual cautery, used transcurrently, may be resorted to when the ligaments are relaxed, and the bones, consecutively inflamed, are nigh luxation. In the fungoid form they are indicated early, and must be employed boldly. In this form, too, compression, combined with immovability, is useful. When the synovial membrane is much distended, it should be opened with a trocar. M. Richet has only sometimes derived benefit from iodine injections in fistulous openings; but finds the fungosities that spring up are well treated by the tincture.

Syphilitic Osteo-Synovitis.—M. Richet remarks upon the silence of authors with respect to the influence of syphilis in relation to white swelling, their attention being confined to scrofula and rheumatism. M. Ricord informs him, that although he has met with certain cases of white swelling, the cause of which has been influenced by syphilis, he has never seen any that seemed to have been directly determined by it. He believes, also, that this disease influences the compact rather than the spongy tissue of bone. Notwithstanding this opinion, M. Richet believes that syphilis may alone determine a synovitis or osteitis, and so constitute an important variety of white swelling. Since his attention has been turned to the subject, he has met with several cases of syphilitic chronic synovitis of the knee-joint, and reports three of these in the present essay. The effusion takes place gradually, and is liable to intermissions. The skin is never red or swollen, the tumefaction entirely arising from the amount of effusion, which is sometimes great, and the thickening of the membrane. This thickening may assume the form of indurated plates, which soften and rapidly disappear under the influence of iodide of potassium. The pain is not great, and is worst while at rest. Left to itself, it tends to pass slowly into the fibrous condition, producing partial ankylosis. M. Richet feels certain that several white swellings that resist all treatment are
syphilitic, although the detection of this cause is often difficult. As the effused fluid has no tendency to become purulent, or the synovial membrane to become fungoid, the occurrence of consecutive osteitis is rare. It is rather the history of the case, than any peculiarity of local symptoms, that reveals its nature; the treatment often becoming the test of the accuracy of the diagnosis.

Osteitis arising from syphilis is a far more serious affection than synovitis, and in M. Richet’s opinion, it is as common. He furnishes the particulars of three cases. The pain is severe, deep-seated, lancinating, and especially nocturnal. It is propagated along the shaft of the bone, which is swollen and tender. On motion, it is very severe, and sometimes terrible. The articular tumefaction is partly due to enlargement of the bone, and partly to hypertrophy of the synovial membrane. The general symptoms are little marked, but the impoverishment of the blood by the syphilitic poison, and the terrible suffering sometimes induced, may produce emaciation and the straw-coloured skin. There is less tendency to suppurate than in simple osteitis. The pus is viscous, and the sinuses assume the syphilitic aspect. The prognosis is much less serious than in simple or serofulose osteitis, but more so than in syphilitic synovitis. The preliminary, erratic pains may be mistaken for rheumatism by the most skilful; but in the latter there are febrile symptoms, while the joint is red and swollen from effusion. As compared with simple osteitis, the syphilitic form involves the articular structures earlier, but it does not give rise to local heat and oedema. The pain seems more concentrated in the deep-seated parts, and its nocturnal exacerbation is better marked. In simple osteitis, all the bones constituting the joint may become simultaneously affected; but in the syphilitic form, one bone usually alone suffers, as the femur in the case of the knee-joint.

The essay is illustrated by thirteen fully detailed cases, besides six of syphilitic white swelling, as well as by several good lithographs; and it must be regarded as a valuable contribution to articular pathology.—[British and Foreign Med. Chir. Review.

The Experience of Various Kinds of Treatment in Pneumonia.

The author, after recapitulating the leading points of his former paper, considered,

Ist. The question as to the influence of blood-letting in the treatment of pneumonia in regard to mortality. He denied that the normal mortality from that disease could be accurately given, showing, from a table he had collected, that it varied from 3 up to 31 per cent. out of some 7000 cases. He particularly alluded to age, sex, and complication as affecting mortality. At the extremes of life it was very fatal, but benignant at intermediate periods. It was more fatal among females; and complications of other diseases, chiefly phthisis and Bright’s disease, greatly increased it,
Thus, a selection of favorable ages only, a diminution of the number of females, in the number of complicated cases, would generally diminish the mortality.

2d. The author then considered the treatment by blood-letting singly, instancing first two series of cases from Bouillaud, which he showed were not fairly selected according to age, sex and complication. Also, two series of cases from Grisolle, in one-third of which only had blood-letting succeeded in curing the disease; in the remaining, it had failed, necessitating the conjunction of antimonials; lastly, he alluded to cases similarly treated by Dietel, of Vienna; the mean mortality from the blood-letting treatment was 16.5 per cent. Dr. Routh then considered the treatment by blood-letting, combined with tartar emetic, instancing the cases recorded by Dr. Hughes, of Guy's Hospital, and others occurring in the practice of Drs. Walsh, Peacock, and Taylor. These cases appeared to be in no way selected; indeed, as a rule, very unfavorable, the complicated cases amounting, in those of Dr. Hughes, to 51 per cent.; in the others, 53 per cent. He also alluded to some cases similarly treated by Grisolle. The mortality obtained by these gentlemen was—

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3d. He then alluded to the treatment by tartar emetic singly, instancing cases from Louis, and Grisolle, and Dietel, giving a mortality, out of 170 cases, of 18 per cent. These cases were remarkable as generally recovering with very little loss of strength; and in comparing this kind of treatment with that of tartar emetic and blood-letting, conjoined by blood-letting singly, the result proved that by blood-letting and tartar emetic conjoined was the most fatal, because the most depressing.

4th. Dr. Routh then dwelt on the treatment by chloroform, selecting Varentrapp's cases as the best recorded; but even these were not fairly selected, because containing too small a number of females. The mortality he obtained was 4 per cent., or, including some other cases, which he ought not to have omitted, 11.4 per ct. A large number of cases collected by Vacherer, Baumgartner, and Helbeing, (193) gave a mortality only of 4.4 per cent., but he could not speak as to their assertion, not having been able to find the original documents.

5th. The author then spoke of the results obtained by dietetic treatment only. These were of two classes, those obtained by homœopaths, (i.e., in those cases where they had been also diagnosed and investigated by legitimate practitioners), and those obtained by experiments directly made by legitimate practitioners.
themselves. From Jessier's cases the mortality was 14 per cent.; from Dietel's experiments, out of 189 cases so treated, the mortality was 7.4 per cent.; Dr. Todd's treatment was also much less energetic. He discouraged blood-letting and tartar emetic, trusting chiefly to the liquor ammonia acetatis, and giving the patient support.

6th. Dr. Routh then proceeded to speak of the treatment which he recommended. The indications were, first, to diminish the general fever, especially the increased cutaneous and pulmonary respiration. The former was effected by the tincture of the root of theaconitum napellus, on the action of which, in small and poisonous doses, he dwelt at length, and especially in reference to its certainty of action and utility as compared with the ordinary tincture of the Pharmacopoeia; the latter indication was effected by oleaceous inunctions, which cooled the skin very rapidly.

The second class of indications was to relieve the local symptoms, which was best effected by the employment of Junot's exhausting apparatus, which did all that blood-letting could do, but saved the patient's blood, and by dry cupping or counter-irritation largely, by turpentine, according to Dr. Todd's plan, or blisters followed by repeated dressings of cotton, so as to deprive the system of a large quantity of fluid ingredient. The last class of indications to be fulfilled was that which had reference to the support of the patient. He objected altogether to the 'diète absolue' of the French, recommending the ordinary middle diet of hospitals, or beef-tea from the first, to obviate tendency to death by depression. He occasionally gave small doses of tartar emetic during the first days of the disease, to promote expectoration, and perhaps an alterative mercurial. Under this treatment, he had been generally very successful in pneumonia.

Dr. Webster remarked that more men died of pneumonia than women, the proportion being 13 of the former to 10 of the latter. It was usually fatal among children; but most fatal after the middle period of life, the greatest mortality occurring in persons between 50 and 60. He referred to the occasional termination of pneumonia in gangrene, and of its rarity in sane as compared with insane patients. Thus, in 3102 dissections of sane persons made in the Civil Hospital at Prague, 55 exhibited gangrene of lungs, or 1 in every 56 cases; whereas in 123 dissections of lunatics, lately published by him in the Psychological Journal, 17 cases exhibited gangrene of lungs, or nearly 1 in every 7 autopsies, which makes the ratio eight times greater among insane than ordinary patients. With respect to treatment, he observed that the experience of French, German, or Italian physicians, could not be compared with that of physicians in our own country, as the constitutions of the people were different, and consequently the same kind of treatment not applicable. In this country, though bleeding could not be resorted to to the same extent as formerly, it
might be still employed, according to circumstances, either locally or generally, followed by tartar emetic and the repeated application of blisters; mercury afterwards, to the extent of slight salivation, was most serviceable.—[Dr. Bouth—London Lancet.

**Remarkable Case of Subclavian Aneurism; New method of Treatment; Recovery.**

Mr. Fergusson presented to his class on the 4th of August, a most interesting case—one of a series, as we subsequently learned—where a very remarkable cure has been effected in well-marked subclavian aneurism, by a new and specific method of manipulation which he has adopted. We may state here that we saw the case about a year and a half ago also, when the man was previously under treatment. Some short period before that time Mr. Fergusson conceived the plan of stopping the circulation in the aneurism by pressing the sides of the aneurismal sac together, with their intervening fibrinous deposit; and in this case, from the phenomena attending the manipulation, there appear to us very little doubt that the object held in view by Mr. Fergusson had been attained—viz: the clots of fibrin in layers in the aneurismal sac had been displaced, and, spreading from the subclavian into the auxiliary and brachial, a new sort of Brasdor's operation, at the distal side of the subclavian had been the result. In other words, we believe Mr. Fergusson here, without ligature, had attained all the advantages of the last-named operative proceeding; for not only had a blocking-up of the auxiliary and brachial been followed by a partial stoppage of the current through the enlarged aneurism of the subclavian, but even with very marked, but not so satisfactory, results as regarded the pulse in the radial at the wrist, which became completely stopped for a time, with symptoms of paralysis in the arm, all resulting from the displacement of the fibrinous clots.

The aneurism in the present case was situated in the subclavian, in the usual site of subclavian aneurism—namely between the scaleni muscles, and to us seemed almost to invite some modification of the Dublin surgeons' plan by compression on the first rib. The plan by compression, we need hardly observe, is in general applied to the artery above the aneurism, between the latter and the heart. Crampton, however, in 1816, showed that the obliteration of an artery can be effected without rupture or ligature of its coats, as generally conceived, simply by this blocking-up process. The early volumes of the Lancet contain cases also cured by Brasdor's operation; it seems, however more applicable to carotid than subclavian aneurism.

Mr. Fergusson related to his class on the 11th, at some length, the details of a previous case of subclavian aneurism, of the same character as the present, in which his ideas on this subject were
first matured. In both cases the method of cure by deligation at
the tracheal side of the scaleni, as well as Brasdor's operation at
the distal end of the aneurism, were inadmissible; yet it was
gratifying to find the present plan, by firm pressure of the thumb
on the aneurism, so as to displace some of the fibrinous clots, fol-
lowed up by local pressure, succeeded in obtaining most striking
and in many respects curious but satisfactory results. Intimately
associated as the subclavian is at the right side with the vertebrals
and carotid, the method of displacing fibrinous coagula is not with-
out danger. A patient under such circumstances will fall down
perhaps in a fit from want of circulation in one side of the "circle
of Willis," formed by these arteries; yet as the cause is so appar-
ent, the danger may not be very alarming. Some instances of
cure of aneurism of even the innominata have been given by
American surgeons, in which recourse was had to ligation on
Brasdor's plan of the subclavian; the result here ought to be
equally dangerous. Hodgson gives us cases also in which a plug
of effused lymph had nearly obliterated the subclavian; while
Gendrin has imitated all the phenomena of arteritis and blocking
up of aneurisms by injecting irritant substances into a portion of
artery contained between two ligatures. In Mr. Fergusson's new
mode of operation, we believe an entirely novel idea is acted on—
namely, the displacement of the lamellated fibrin of the aneurism,
on which no operation has been performed, and so directing the
clots of fibrin that they shall block up the distal end of the artery
so diseased. As Mr. Fergusson has expressed an intention of
bringing the entire subject under the notice of the Medico-Chirur-
gical Society, we purposely abstain from giving the cases in detail.
The method of treating aneurism by compression, originating with
Desault and Hunter, and recently revived with such excellent re-
sults by the Dublin surgeons, will gain an immense accession of
interest, if it should prove that the fibrinous deposit of the sac of
the aneurism may be thus as it were utilized in bringing about the
results hitherto gained in a different mode by Brasdor's operation
at the distal end of the aneurism. Considerable caution will be at
first necessary, as observed by Mr. Fergusson, in selecting cases
which are fitted for the present method, as premature or ill-judged
experiments in the shape of direct pressure or manipulation on the
sac of aneurism not requiring it, one of which we mentioned re-
cently as brought into Guy's where direct and prolonged pressure
had been made in the popliteal space before the patient came into
hospital would be certain to be followed by severe inflammation of
the sac and other dangerous results. The spontaneous cure of
aneurism is not unknown in practice; it may take place, it must
not be forgotten, by a coagulation of the contents or increase of
the quantity of lamellated blood in the sac, the cavity becoming
filled, and the circulation conveyed to the parts beyond the disease
by the collateral vessels; or, again in some rare cases the aneuris-
Dislocation of the Femur.

[January,

mal tumor may be doubled up and press upon the portion of artery leading directly to the aneurism; or in a third fashion, as in a remarkable case given by Mr. Liston, where the patient had well-marked subclavian aneurism, which subsided and disappeared—an aneurism of the innominate pressing on and obliterating the aneurism of the subclavian!

Whatever may prove to be the correct pathological explanation of the phenomena in Mr. Furgusson's present cases, we deem it our duty to state here briefly that the cure seems complete and unequivocal without any ligature of vessels, nor is there any reason to believe the case was one of spontaneous cure of subclavian aneurism, as in the case given by Mr. Liston. It is now two years since the man came first under observation; he has been, on and off, under treatment all that time in King's College Hospital and at home in the country; but happening to be in town within the last fortnight, Mr. Fergusson took advantage of the opportunity to exhibit the case to his class.—[Lancet.

Dislocation of the Femur into the Ischiatic Notch. Reduction by Manipulation. By FRANK H. HAMILTON, M. D., Professor of Principles and practice of Surgery in the Medical Department of the University of Buffalo.

In my report on "Dislocations" made to the New York State Medical Society in February last, and just published, I have stated that in reference to the reduction of dislocations of the hip by "manipulation" alone, I did not feel authorized to speak authoritatively, having as yet had no experience in this mode. I ventured, however, to express a hope, based upon the testimony before me, that it might hereafter prove, in a majority of cases, both safe and practicable. Since then an opportunity has been presented which has enabled me, in some measure, to determine, by personal experience, the value of this procedure, and I hasten to lay the case before the profession.

March 23, 1855. Charles McCormick, aged 21 years at work for the "State Line R. R. Co.," was caught between two freight cars, with his back resting against one and his right knee against the other; his thigh being raised to a right angle with his body. As the cars came together he felt a "cracking" at his hip joint, and was immediately unable to walk or stand.

Two hours after, I saw McCormick, and assisted by my son Theodore, and Austin Flint, Jr., I examined the limb and made arrangements for its reduction. The patient was lying upon his back and left side. His right thigh was flexed upon his body to nearly a right angle and adducted, the knee being carried across the opposite thigh. It was also rotated inward, but not forcibly.

Turning the lad upon his back and raising the left leg to a posi-
tion corresponding to the right, both legs were carefully measured with a tape line from the anterior superior spinous process to the patella, and the right leg was found to be shortened one and a half inches. Measuring again from the ant. sup. spin. p. to the most prominent point of the trochanter major the distance on the dislocated limb was six inches, and on the sound limb five inches. The head of the bone could not be felt, but no doubt remained as to its position: The limb was nearly immovable, except in one direction. It could neither be abducted, or rotated outward or carried downward.

Procedure. The patient lying upon his back, I seized the right leg and thigh with my hands, the leg being moderately flexed upon the thigh, and carried the knee slowly up towards the belly until it had approached within twelve or fifteen inches, when, noticing a slight resistance to further progress in this direction, I carried the knee across the body outward until I again encountered a slight resistance, and immediately I began to allow the limb to descend. At this moment a sudden slip or snap occurred near the joint, and I supposed reduction was accomplished; but on bringing the limb down completely I found it was in the same position as before. I think the head had slipped off from the lower lip of the acetabulum, after having been gradually lifted upon it.

Without waiting, I commenced to repeat the manipulation, and in precisely the same manner. Again at the same point, when the limb was just beginning to descend, a much more distinct sensation of slipping was felt, and on dropping the limb it was found to be in place and in form, with all its mobility completely restored.

No anaesthetic was employed, and no person supported the body or interfered in any way to assist in the reduction. No outcry was made by the patient, yet he informs me that moving of the limb hurt him considerably. The amount of force employed by myself was just sufficient to lift the limb, and the time occupied in the whole procedure was only a few seconds.

After the reduction, he remained upon his back, in bed, eleven days, in pursuance of my instructions. At the end of this time he began to walk about, but was unable to resume work until after eight weeks or more. It is probable that he could have walked immediately after the reduction, without much if any inconvenience, so slight was the inflammation which resulted from the accident. He never complained of pain, but upon interrogation he replied that there was a slight soreness back of the trochanter, near the head of the bone. This soreness continued several weeks and was especially present when he bent forward. Even at the present time, four months after the accident, he occasionally feels a pain at this point when he is stooping. The motions of the joint are, however, free, and he walks nimbly and without any halt.

In short, if I may judge correctly from a single example, nothing
could be more complete than the triumph of this process over a dislocation hitherto so formidable. Nothing could be more simple and easy of execution, and nothing more gratifying both to the surgeon and to his patient. Unless, therefore, experience shall demonstrate in its practical working defects or dangers which I cannot now anticipate, I shall regard it hereafter as one of the most valuable contributions to our art, and its inventor as a true public benefactor.—[Buffalo Med. Journal.

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Not only is M. Malgaigne one of the ablest practical surgeons of the present time, but he has, by his patient research and great critical sagacity, been the means of overturning more than one time-honored but erroneous doctrine. He thought he had succeeded in doing this as regards cataract, in his communication to the Académie de Médecine, in 1841; but finding some persons still holding erroneous ideas upon the subject, he, in this paper, re-states the case at some length.

The history of opinion upon the seat and nature of cataract may be divided into an ancient and a modern period. During the former, extending from the school of Alexandria to the beginning of the eighteenth century, the site of cataract was placed in front of the crystalline. The modern period is divisible into certain epochs—viz., 1. That of 1705, in which Brisseau demonstrated that the crystalline itself was the seat of cataract. 2. Between 1755 and 1763, Tenon and Hoin announced the existence of capsular cataract and cataract of the liquor Morgagni. 3. From 1790 to 1817, the German school multiplied the varieties of cataract beyond all measure. 4. M. Malgaigne published in 1841 the result of his necroscopical researches upon the subject. Prior to 1840, he believed in the existence of lenticular and capsular cataract, as other people did, when accident led him to investigate the matter in a succession of persons dying with cataract, at the Bicêtre, and to his astonishment he never could discover any traces of a capsular cataract. In 1841, he communicated accounts of twenty-five autopsies, and since then, these have reached to more than sixty. In none of these did he ever find the capsule opaque, or the opacity of the lens beginning at its centre—the cataract invariably commencing in the soft layers of the lens lying nearest the capsule, the opacity, in the great majority of cases, being complete at its anterior and posterior surfaces, while the nucleus continued transparent. In some rare cases the nucleus was also opaque. In other rarer cases, the capsule was found thickened from the deposition of coagulable lymph attaching it to the iris; but in no instance could he find an example of a simple capsular cataract. After a full consideration of the subject, and an examination of
the criticisms that have been advanced, he comes to the final conclusions—1. That the existence of a cataract commencing in the centre of the lens is as yet purely hypothetical. 2. There is no example of a simple capsular cataract without opacity of the lens. 3. Complicated capsular cataract may form an exception to this rule; only two instances of this, however, having been demonstrated. As to the cataract of the liquor Morgagni, the author's researches lead him to deny the existence of any such fluid. As a final résumé, it may therefore be stated that, to the present time, two varieties of cataract only are known, lenticular and capsulo-lenticular—the change in the crystalline always commencing in the layers adjoining the capsule, although this itself remains transparent.

In a note, M. Malgaigne makes an observation respecting the mode of judging of the transparency of the sound crystalline, when removed. The light can be very well seen through it, but objects cannot be distinguished. The surface has lost the polish bestowed on it by its capsule, and it resembles a piece of broken crystal, which, although transparent, refracts the rays too much to allow of distinct vision. If however we attach the object to the lens, we then discern it wonderfully—the smallest fibres, for example, of the tissue of a dissecting-room apron, upon which the lens has been laid, being distinctly visible. Applying this test to opacities, whether central or peripheric, slight or thick, yellow or brown, it becomes impossible to see the texture of the apron.


Professor W. Stone's Treatment of Yellow Fever.

We extract from the New York Medical Times the following remarks of Prof. Stone, whose acknowledged ability and success in the treatment of Yellow fever entitle his testimony to great weight. The learned gentleman's views were delivered at a recent meeting of the New York Academy of Medicine.

Treatment.—Yellow fever is a self-limited disease; it is not to be treated—it is to be managed. All that is to be done is to keep the patient alive for a certain time, and he will get well.

The disease is ushered in with a chill or slight rigor, often scarcely noticeable, followed by heat in the forehead, pain in head, limbs, and back. This is again followed by a hot fever, and if the patient be kept under cover, and carefully treated, these symptoms will quietly terminate in two or three days; but if left to themselves to toss about and not remain under cover, the sweating stage passes on for five or six days, and collapse, black vomit, and death result.

The only treatment found by Dr. S. to be useful, is to favor the efforts of nature in prolonged sweating, calm, and rest of the sys-
tem, and the fever will generally be got rid of in the first two or three days. It terminates in favorable cases on or before the third day, leaving the skin natural. Those who treat it otherwise than expectantly do not understand the nature of the disease.

Among those who may be said to understand the disease, there are two methods of treatment: the expectant—cups to temples to relieve cephalalgia, slight laxatives to open the bowels, hot baths under the bedclothes. Others give quinine. Dr. S. was the first to do so, whoever has the credit, but no matter about that. The only difference is that they do not give it with any specific object. His method was a full dose at the beginning of the disease, but not afterward. Thus given, it promoted and prolonged the sweating stage, and while this was kept up, the patient was safe. It was remarked, that they would get well without quinine where it was generally prescribed. He was physician for many years to a hospital where there were 40 to 50 cases a day, and he noted that those in favor of this quinine treatment were about 10 per cent.

Dr. S. remarked, that in 1847 he treated forty cases in succession by quinine, among mechanics, who had no nursing except what was provided by friends, and did not lose a single patient. It was in a favorable epidemic, but considering their destitution of proper nursing, deaths would have been as likely to occur as in a worse epidemic.

As to the use of calomel in this disease, there is no possible condition of the system where there could be any benefit derived from its use—there was no local disease. The liver has nothing to do with it. He knew this, for he had followed the patients of the Calomelites to the dead house in plenty. While serving as surgeon of the Charity Hospital, the medical side of the hospital was full, and there were several mechanics who applied for admittance, and wished to be treated by Dr. S. and as he had some empty beds, he received them. But one was sent to the medical wards, and he gave him foot-baths, kept him warm, regulated his drinks, &c., and gave quinine. The attending physician came in the morning; he ordered a drachm of calomel, but Dr. S. put up magnesia. The next day he was better, and the doctor repeated the dose, but he took the liberty to repeat the magnesia. He got well, and thenceforward was one of the attending physician's "brag cases," for he dared not tell him of his doings. Then came new physicians from Paris, full of Broussais' theory, and they bled and boasted of their successes also for a while, and in truth they did succeed as well as the former. Then came eclectics with fanciful theories; they gave a little calomel to disgorge the liver a little, cups a little, leeches a little, and with a result very little different from the others. In fact some will get well in spite of the treatment, and then again some forms of the fever are fatal in the beginning. When, however, they are brought side by side, and we can observe them en masse, we can more properly judge of the relative value of the dif-
ferent modes of treatment, than in the isolated cases met with in ordinary practice. The difference is very manifest—all perturbing treatment is alike bad.

There are some peculiarities in the disease that might not at first strike one—the disturbed nervous system, and especially delirium—one of the worst symptoms. This may appear at first, but not usually. Its first evidence is restlessness and want of sleep; objects are seen very much as in mania-a-potu. Narcotics produce stupor and death, for the patients with this disease are peculiarly susceptible to morphine; stimulants are much better. You must watch to give the stimulants as early as possible; they then sweat off, and are relieved in 24 to 36 hours; but even then they must not be disturbed—if raised up, they faint away. Perfect and absolute rest, body and mind, are indispensable. If they are excited, the heat returns, and they die. Watch for sleeplessness, and give minute anodynes and stimulants, such as they are able to bear. Of those cases that run on and approach the period of black vomit, if managed properly as to drinks, by avoiding bitter infusions, &c., very many recover; and those that do not vomit would have the black vomit if they vomit at all. Some have a preference for certain kinds of drink, as porter; others prefer brandy, &c. Give those agreeable to the palate. As they approach the black-vomit period with previous restlessness and acid secretions, give some alkali, with minute doses (say a 20th or a 30th of a grain) of morphine, with champagne, ale, beef-essence, &c. Impart to the patient a feeling of safety and security. And yet I have thought, in proportion to the mildness of the disease was the danger; for quiet is absolutely necessary, and coercion does not answer. The patient is to be managed, not treated.

Foot-baths under the clothes, will often produce favorable sweats. When in a state of dry heat, forced perspiration is bad; sponging with tepid water is then better. The douche is but of temporary benefit, and the subsequent reaction leaves the patient worse. Sponging with lemon-juice, sweet oil, and salt is used by the Creoles and Spaniards, but pure water is better. All that is to be done is to ease them through.

Dr. Gardner stated that Dr. Ashbel Smith laid great stress on covering, and said the patient should be enveloped in blankets and carefully excluded from the air. Was this correct, and what drinks are proper?

Dr. Stone.—Careful covering of the entire body and limbs is absolutely requisite, but not to swelter under too much covering. If the hands were but exposed, sometimes the heat would return and a relapse ensue. Some mild diaphoretics may be given; such drinks as the patients desire; one year all want brandy and water, other years malt liquors. Give that which is desired, and carefully avoid even the nervous shock caused by a bitter or disagreeable
Treatment of Sciatica.

Dr. Blakiston, F. R. S.

Dr. Blakiston has pursued the following treatment for twenty years with considerable success. He first saw it adopted in Paris in 1833: A blister, about the size of a crown-piece, is placed over the chief seat of pain, which is usually the flattened part of the buttock. After it has risen well, and the cuticle has been thoroughly removed, the raw surface is sprinkled with a powder, consisting of one grain of acetate of morphia on an average, and a little white sugar. This dressing is repeated for six successive days, the surface of the blister being kept in a raw state, if requisite, by cantharides or savine cerate, or else by Albuspeyeres' plaster. This suffices for a very mild case; but in severe cases of old standing, the pain will now be found to have left its original seat, and to have seized on the knee of the affected side. The same treatment is then applied to the ham; and after six dressings, the pain will have generally disappeared, and the patient will rapidly recover. By this mode of treatment, eighty-three cases of uncomplicated sciatica have been cured, without a failure having come to the knowledge of the writer. This number might have been greatly augmented had it included the results arrived at by such of his friends and former pupils as had employed it at his suggestion, and which have been no less successful than those which occurred in his practice; but he is desirous of recording such only as have come under his own immediate notice, and for the accuracy of which he consequently can hold himself responsible. In the great majority of these cases no other drug was administered; but in a few some laxative medicine or injection was given to remove constipation. In two or three cases, there was a tendency to double sciatica, and then the pain passed from the sciatic region first treated to that of the opposite side, and from thence down to the knee of this last side, but never attacked the knee of the side first.
affected. It is right to mention, that in hospital practice three cases were placed under the writer’s care, which he considered more than doubtful, and they were therefore treated under protest, so to speak. They all turned out cases of hip disease, and therefore they are not included in those above enumerated. The difference in the sensations felt by the patients on the first application of the morphia was remarkable; and without any attempt to generalise, it may be stated that a close connexion was observed between the sensations felt and the previous state of health. Thus the effect produced on three persons in robust health—a blacksmith, a gamekeeper, and a lady—was most intense; an extraordinary thrilling was felt over the whole body, particularly at the extremities, with great nausea, and a tendency to faint. The lady vomited incessantly for twelve hours, so that it was found advisable to reduce the quantity of morphia in the powders to half a grain. On the other hand, a gentleman, who had been much reduced by overwork and by long suffering, felt no effect whatever from the application of the powders, and yet he recovered in an equally short time with the others. A lady, also, who had been taking considerable doses of opium, hardly felt the application of morphia until it was increased to two grains; but this case has been excluded, because, although the sciatica was removed by the treatment, there remained an incurable disease, which eventually destroyed her. One lady, aged 26, in whom the disease was not of long standing, obstinately refused to have a second powder applied; but happily the one application sufficed to effect a cure. In six cases the disease recurred after an interval of from five to eighteen months; and in two of these it recurred twice; but each attack was less severe than the one which preceded it, and yielded readily to the same treatment. It is possible however, that relapses might have more frequently taken place without having come under the notice of the writer; but he thinks this cannot have happened very often. Some other forms of neuralgia were also benefited by this mode of treatment. Thus a very distressing case of neuralgia of the scalp yielded at once; and shooting pains, which frequently accompany eaneer of the stomach, were sometimes much relieved by it.—[Med. Times and Gazette.

On the Use of Chlorate of Potash in Mercurial Stomatitis.

From the experiments of M. Herpin, of Geneva, from those of M. Blache (Gaz. Hebdomadaire, vol. ii., No. 8, p. 147), as well as from some well-detailed facts that M. Demarquay has just reported, it would appear that chlorate of potash, given internally, arrests, with rapidity and certainty, the effects of mercurial stomatitis. This effect has been established in patients in whom the mercurial intoxication supervened on the exhibition of mercury for syphilis, puerperal peritonitis, and ophthalmia.
The chlorate is administered in a mucilaginous mixture, the dose commencing with half a drachm, which is frequently sufficient to remove the symptoms. But it has been given to the extent of four scruples, two and a half drachms, half an ounce, and upwards.

As this medicine, notwithstanding its remarkable efficacy, is by no means a specific, we must not neglect to combine with it local astringents and caustics, which, even alone, possess so powerful an action in mercurial ptyalism.

M. Gustin, intern in pharmacy, wishing, for the sake of experiment, to submit himself to the action of chlorate of potash, took two drachms at nine o'clock in the evening. On awaking, a sort of stricture, with slight nausea, was perceived in the mouth; the gums were a little rough to the touch. Although the saliva was not sensibly lessened, it appeared to him to be more watery than usual. This observer has also proved that the chlorate of potash is, in great part, eliminated by the urinary secretion.—[Bulletin Général de Thérapeutique, and Gazette Hebdomadaire, N. Y. Journ. of Medicine.

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I am anxious to direct the notice of the profession to a modification of treatment in the cure of fistula in ano. It is, I believe, an established axiom that in all cases it is necessary to divide the sphincter ani muscle, the usual operation consisting of the introduction of a probe-pointed bistoury as far as the sinus extends. Others recommended the mere division of the sphincter in a lower situation. Whichever operation is performed, the result is very often a relaxed state of the sphincter for some time afterwards.

In a case on which I operated twelve months ago, the gentleman had considerable difficulty in retaining the bowel up, particularly after violent exercise or defaecation. In this case I found that the fibres of the sphincter ani were much relaxed, so much so as to allow the rectum to protrude for several inches, so as very closely to resemble a prolapsed uterus. The constitution began to suffer from the constant discharges of muco-purulent matter, and he was quite incapacitated from following his employment. Having previously emptied the rectum by an aperient, I directed him to force down as much as possible, and then proceeded to touch the tumor with strong nitric acid; this was done with a piece of thin wood, four stripes extending from the upper part of the tumor to the sphincter being made on the surface; the part was then smeared well over with oil, and returned. The operation required to be repeated at the end of ten days, when only about two inches of the rectum could be forced down, and he has since then been able to go about his employment without the slightest inconvenience.
The profession are indebted to the late Dr. Houston, of Dublin, for the introduction of nitric acid in the treatment of vascular tumors of the rectum, many cases of its successful employment being given by him in the twenty-third volume of the Dublin Journal of Medical Science.

Since the above case was treated, I have had several of a similar nature, and the result has been the same. It would, therefore, be unpardonable in me to enlarge further on the subject, particularly as a similar treatment has been adopted very extensively by other surgeons, and is well known to the profession. It, however, struck me that if, instead of the great relaxation of the sphincter which so frequently follows its division, we could cause a constriction as great or nearly so as before the operation, we should be doing good service. Now this I think may be accomplished by a very simple method—employing the nitric acid before the relaxation takes place, or prior to any protrusion; and the plan I adopt, and which I have hitherto found very successful, is to apply the strong nitric acid around the margins of the sphincter ani which have been divided, and this I do on the fourth day after the operation; the pain of its application is quickly removed by smearing the parts over with oil, and it is only necessary to apply it twice.

Before concluding these remarks, I wish to state that I have found patients laboring under diseases of the rectum particularly difficult to get under the influence of chloroform, and have found the process much facilitated by employing it locally as well as by inspiration, as I have found the parts excessively sensitive even when the patient has apparently been fully under its influence, and when pricking or pinching was unheeded. This, I think, may be easily explained by the fact of the patient's sufferings having been for some time directed to the part, and to the nerves being in a highly sensitive condition.—[Lancet.

On the Use of Sulphate of Bebeerine in Menorrhagia. By Prof. A. P. Merrill, M. D.

A few weeks ago I was summoned, in haste, to a lady suffering from an attack of menorrhagia. She had been long subject to excessive menstrual discharges, and uterine hæmorrhages, and had been treated for them by several physicians without success. I administered five grains of the sulphate of bebeerine, which I happened to have in my pocket, and ordered twenty pills of four grains each, one of which she was directed to take every two hours, until relief should be obtained. On visiting her the succeeding day, she showed me the twenty pills, and said the dose I had given her suspended the discharge before they were brought from the druggist, and she deemed it unnecessary to take them. One other case, occurring about the same time, in all respects very
similar to the above, was relieved, also, by a single dose of five grains.

I could relate more than a dozen cases besides the foregoing, more or less severe, in which the sulphate of bebeerine has been successful. Several women in this city are now in the habit of keeping the remedy always at hand, with perfect confidence, from the results of their own experience, of being able to restrain excessive menstruation, and uterine haemorrhage, whenever they may occur. In several cases, also, I have known it relieve leucorrheal discharges, and to give tone and vigor to the vagina, suffering relaxation from the effect of such discharges; and it is the only internal remedy upon which I have been able to rely, for the relief of pruritus vulvae et vaginæ. Whether this remedy will prove to be as valuable as the above experiments would seem to indicate, remains to be proved; and it is with a view to elicit such proof, that this publication is made.—[Memphis Med. Recorder.

EDITORIAL AND MISCELLANEOUS.

Local Anaesthesia by cold.—The efficacy of the frigorific mixture of ice and salt as a local anaesthetic, in surgical operations which do not involve the deep seated tissues, and the slowness of its adoption as a general rule of practice in such cases, will plead my apology for again directing attention to it. An instance of its successful application as late as yesterday, also prompts me to say another word upon the subject, in the hope that the same relief may be vouchsafed to other patients. Bob, a negro boy about 15 years of age, was sent to me from Barnwell District, S. C., with a tumor about the size of a woman's fist, situated on the leg, about the upper end of the fibula. This proved to be a lipoma of five or six years' standing. The patient was brought before the Class of the Medical College and placed upon a table, when the freezing mixture was applied for four minutes. The surface being blanched by the cold, an incision six inches long was made and the tumor extirpated without the knowledge of the patient, who was lying in such a position that he could not see what was being done. The insensibility was so complete that when the operation was over, on being asked if it gave him any pain, he said that he had felt none whatever, and that he did not know we had commenced cutting; he could not be made to believe the tumor was removed, until it was shown to him. There was no bleeding until reaction took place, when a slight oozing ensued, which ceased upon bringing the edges of the wound together with adhesive strips.

Although I have been now resorting to this mode of inducing local anaesthesia for about a year, in all cases to which it was applicable, this is the first
instance in which total unconsciousness of the operation has been manifest. In most cases the patients feel the knife only as it reaches the deep tissues in passing behind the tumor, and then only slightly, inasmuch as the sensibility of the cellular structure is not great.

When it is remembered that the greater number of surgical operations involve superficial parts alone, and that we may by the use of so simple and harmless an application as the freezing mixture, render them comparatively painless, it must be conceded that the discovery is one of great importance and that it should in all suitable cases take the place of the more hazardous expedient of chloroformization. Yet, if we are to judge from the paucity of recorded testimony, surgeons have been unaccountably dilatory in its adoption, in comparison with the alacrity exhibited in trying other anaesthetics. The freezing mixture may be substituted for other anaesthetics in the amputation of the fingers, toes, and wrist, as well as the opening of furuncles, absceses, and whitlows, the extirpation of superficial tumors, &c., thus reducing to a very small figure the number of operations in which chloroform or the others would be necessary or proper.

Augusta, 20th Dec., 1855.

L. A. DUGAS.

BIBLIOGRAPHICAL.


Whilst systematic treatises are necessary in the study of Medicine, much good may be accomplished by the publication of clinical lectures or remarks suggested by the presence of individual cases of sickness, and designed for the ear of Students. It is true that the printed lecture loses a part of its value to the reader, in not being accompanied by the presence of the patient; still, there are countless modifications and peculiarities met at the bedside, which can find no place in a systematic treatise, and which may yet be made the subject of interesting observations to a class of novices, either orally or otherwise. In short, the relation of cases, with running comments upon them, constitutes one of the very best modes of conveying valuable information to the student of medicine.

The work before us is one of this kind, written in an easy, lucid, and happy style, eminently practical, and therefore valuable as a contribution to medical knowledge. Prof. B's extensive opportunities have enabled him thus to bring together a large number of the most interesting specimens of female and infantile affections, and to indicate his views of their treatment. In the accomplishment of the task, the author has evinced a degree of discernment which will doubtless add materially to his already extended reputation.

Having already had occasion to notice this work, upon the appearance of its first edition, we can only reiterate our commendation of it, as one of the most complete and useful treatises on syphilitic diseases we know.

History of Medicine, from its origin to the 19th Century, with an appendix containing a Philosophical and Historical Review of Medicine to the present time. By P. V. Renouard, M.D., Translated from the French, by Cornelius G. Comegys, M.D., Prof. of the Institutes of Medicine in Miami Medical College. Cincinnati: Moore, Wilstach, Keys & Co. 1856. 8vo., pp. 719.

We are indebted to the publishers for this valuable work, the mechanical execution of which, reflects great credit upon the taste and ability of Western printers.

It has long been a source of surprise to us that we had no History of Medicine in the English language, while the French and Germans are so well provided with them. We are happy to find the deficiency supplied by the industry of Prof. C. The translator has judiciously selected for presentation to the American reader, the standard work of Renouard, in one volume, instead of the more extended and elaborate History of Sprengel, which would have been too voluminous for the mass of our practitioners, who will doubtless feel grateful to Prof. C. for the opportunity thus afforded of becoming acquainted with the history of their profession.

M. Renouard divides the history of medicine into, 1st, the Age of Foundation, which comprehends the "Primitive Period, or that of instinct," the "Sacred or Mystic Period," the "Philosophic Period," and the "Anatomic Period," and extends from the earliest ages to the death of Galen, A. D., 200. 2d, the Age of Transition, which includes the Greek and Arabic periods, ending A. D. 1400; and 3d, the Age of Renovation, embracing the "Erudite" and the "Reform" periods, from the 15th to the 19th centuries.

We cheerfully commend this book to the patronage of the profession.


A very complete and convenient little book for the use of Students in the dissecting room.

How to Nurse Sick Children. Intended especially as a help to the Nurses at the Hospital for Sick Children; but containing directions which may
be found of service to all who have the charge of the young. New York: S. S. & W. Wood. 1855. 18mo., pp. 76. (For sale by T. Richards & Son.)

This little work contains much useful information, and should be in the hands of all young mothers. It would do no harm even to those who think themselves experienced matrons.

Prof. Joseph A. Eve's Address to the Class of the Medical College of Georgia, at the opening of the Session of 1855-6.

This very creditable production has been published by the Class to whom it was addressed. We regret that it is out of our power to do it justice by any notice we may pen within the limits assigned us. We cannot refrain, however, from reproducing the following tribute to departed worth:

"During the prevalence of the epidemic that scourged our city, last year—to the honor of our physicians be it spoken—no one was known to decline a call to a poor patient; but on the contrary, such were sought out and attended with the greatest zeal, with no expectation of reward beyond the approbation of heaven and their own conscience. It is not my design to eulogise my professional brethren; they need no eulogy from me; they enjoy that far richer reward—the consciousness of having acted well their part; but I cannot forbear a passing tribute of respect to departed worth: to the memory of the amiable and lamented Mackie, our accomplished and talented alumnus.

"The humane physician, the truly "good Samaritan," in both capacities he sought out the destitute and ministered to their wants, whether his own or others' patients, a minister of mercy to the poor! Long will his name be emblazoned in grateful remembrance. Long shall the widow's and the orphan's tear bedew his tomb. With a fixed presentation that he would fall a victim to the pestilence, he qualified not, nor faltered in the discharge of his duties, preferring like a good soldier to fall at his post with his armor on. With more cool, unflinching courage, more true heroism than inspires the warrior in the wild excitement of battle, he braved danger in its most appalling form, and nobly fell a martyr to the cause of humanity, a sacrifice on the altar of benevolence. Emulate his example, and let his name, as it is on ours, be engraven on the heart of every student and graduate of this college."

Ecraseur (crusher) of M. Chassaignac.

To the Editor of the New York Medical Times;

Sir—The new instrument for linear section, the Ecraseur of M. Chassaignac, is now daily employed for removing tumors, and in operations for fistula, varicocele, &c., and is destined soon to be universally known to surgeons by its legitimate use, if not, also, by its abuse.

The écraseur is so adjusted as to embrace the part to be cut by a loop of chain, presenting a plane surface with which the section is made. The two extremities of the chain, entering the tube of the instrument, placed in contact with the point where the division is to finish, are successively and at determined intervals drawn by a balance lever worked at the opposite extremity of the tube. Every successive diminution of the loop is retain-
ed, and thus the operation may be completed within any specified time deemed expedient, having reference to the state of the patient, and the vascular or hæmorrhagic tendency of the parts.

The end proposed to be attained by the écraseur is, section without the inconvenience of ligature or the hazards of hemorrhage; forming a new epoch in operative surgery.

A work containing plates and a full description of the several forms manufactured by M. Mathieu, of Paris, adapted to operations of the exterior of the body, and in sundry cavities, is soon to be published; therefore it will be preferable on this occasion simply to state a few cases of its application. Let us commence with hemorrhoidal tumors. In the case of tumors exterior to the orifice of the rectum, each separately, or several united, are, in the first instance, surrounded at the base, as in ordinary cases, by ligature. Over the thread, and in the groove thus formed, and separating the tumor from the healthy part, is placed the loop of the chain which is to penetrate by alternate progressions of each half of the loop, operated by the balance lever at such intervals of fifteen, thirty, or sixty seconds. Internal hemorrhoids are seized by an "écrou" or are brought to view by other usual modes, and are embraced and removed in the same manner as those already described.

Several of the cases operated on by M. Chassaingue have been of the most vascular kind, and yet their removal has not been attended, or followed by any loss of blood, or any of the grave accidents, which sometimes occur in the treatment by cauterization, ligature, or excision by the usual mode. Polypi of the rectum have been successfully removed in a similar manner.

One of the most remarkable applications of the écraseur is in the operation for fistula in ano, which alone entitles it to full rank among the "armamenta chirurgiae," combining, as it does, all the advantages of the apolino of the ancients, and the section of modern practice.

About three weeks since, M. Chassaingue removed a testis degenerated into an encephaloid tumor some five inches long, three broad, and two thick, occupying the right portion of the scrotum. A ligature was at first applied in such a manner as to define, as nearly as possible, the limits between the healthy tissue and the tumor. The pedicle thus formed was severed by the écraseur without the loss of any blood. A considerable portion of healthy integument was necessarily involved in the operation. This was to be regretted, and an observer might have hesitated to approve the employment of the écraseur in this case. A wound was thus left six inches in length, the edges of which were coaptated and retained by suture; but three or four days after, adhesion by first intention having failed, as might have been expected, the sutures were removed and simple dressings applied, and the wound is now rapidly healing by a process of healthy granulations.

This instrument has been successfully used in excising the neck of the uterns and in the removal of erectile tumors. It is not my object to enter into a minute description of these cases; nor shall I attempt to criticize what to many would seem an abuse of the écraseur in a case of phlymosis, and another of varicocele now under treatment at the Hospital Lariboisière.

I should not omit to mention a case of great interest at to-day's clinic, October 1st. A man aged about sixty, of strong constitution and vigorous frame, had a canceroid affection on the right lateral portion of the
tongue. The tumor was about two inches long, one broad, and three
fourths thick, projecting forward to near the tip of the tongue, from which
it was separated by a narrow fissure, giving the appearance of a double
tongue. Most of the patients mentioned have been under the influence of
ether or chloroform; but this man, of strong nerve, used no anaesthetic.
The operator, seizing with his left hand the entire mass, circumscribed the
tumor by a strong ligature, and placed in the groove thus formed the loop
of the écra-seur, and commenced the alternate motions of the lever. As
the hazards from haemorrhage in operations on the tongue demand special
care, M. Chassaingne directed an assistant to give the progressive move-
ments at intervals of one minute each, thus prolonging the operation more
than an hour.

The patient seated in his chair, himself supporting the instrument, pre-
sented the appearance of an oriental with his pipe. Occasionally he arose
and walked to the window, if not to view the beautiful court, parterre, and
pavilions of this model hospital of Paris, at least to breathe the refreshing
air as it circulated around the heights of Montmartre.

While the excision of the tumor was thus slowly progressing, M. Chas-
saigne was at liberty to proceed to the operation for fistula in ano, removal
of a polypus from the rectum, and the elimination of haemorrhoidal tumors
from three other patients. Verily, thought I, this is a new era in operative
surgery.

Permit me to add, that my observations are yet too limited and crude
to judge of the actual merits of this new practice; but, granting all appar-
et claims in favor of the écra-seur, there yet remain some positive fears in
regard to its popularization. The facility of operations by this instrument
may tend to its unwarrantable application in cases imperfectly diagnosed
by incompetent operators.

Yours truly,

Paris, Oct 1, 1855.

DAVID P. HOLTON, M. D.

Lizard in the Stomach.—Dr. Clark, of Montpelier, has exhibited to the
Society (Vermont Medical Society) a red lizard, about three inches in length,
living and well, which was vomited by a patient of his on the 1st of Sep-
tember. He gave the following history:

A healthy farmer, æt. 50, under his care for two years, for occasional
severe nervous symptoms. During the first year, occasional sudden attacks
of insensibility, falling and remaining for several hours unconscious, and
then recovering completely. These attacks occurred at irregular intervals,
and under all circumstances—separated by several weeks, more or less, of
perfect health. In the second year, these attacks gave place to paroxysms
of epileptic convulsions, sometimes repeated many times in a day, with
intervals of perfect health, as before. For several hours, however, after an
attack, usually headache or uneasy sensations in the stomach, lasting sev-
eral hours, which symptoms occurred at no other time. Was repeatedly
purged with cathartics—never vomited—till, on the 1st September, 1855,
after dining on fresh pork, was much distressed at stomach, and vomited,
with much strangling, a quantity of pork and the lizard which Dr. Clark
exhibited. Patient was in his chamber at the time, and immediately sent
for Dr. C., who found him as described. Vomited a little blood after the
lizard.

The patient has since been in perfect health—has had neither epileptic
paroxysms nor any unusual sensations in the stomach or head. As soon
as he saw the lizard, the patient said he remembered that a little before he began to suffer in health (twenty-eight months ago), he had the sensation of swallowing some small substance one day when he was drinking at a spring; but had forgotten it.

This case is worthy of record, from its authenticity. It has been denied that animals which have a known existence out of the body, can live within it. We have here indisputable evidence that a lizard lived in a man's stomach for a considerable time; and should the patient continue three or four months without a recurrence of the symptoms, we shall have no reason to doubt that the nervous affection was produced by the presence of the animal in his stomach. He had passed a much longer period than usual without an attack, at the time the case was reported.—[Boston Med. and Surg. Journal.

New Remedy for Hemorrhoids. By C. E. Buckingham.—The Journal of Nov. 15th contains a translation, from the Gazette des Hopitaux, of a conversation concerning the extract or powder of capsicum as a remedy for hemorrhoids. There is another preparation of the same plant, more agreeable to take, which will probably be found quite as efficacious. I mean the pickled unripe pepper, which I have been in the habit for years of prescribing, as an article of diet for patients with this disagreeable disease. The results of the treatment are quite as successful as from any remedy in any other disease. Many patients are unwilling to try the pickled pepper, unless permission is also given them to render their clothing filthy with some greasy substance. Such patients may be induced with safety, but the pepper alone, in the large majority of cases, the bowels having first been emptied, will be found treatment enough. Ward's paste, the confect. piper. nig., has for an indefinite time been used for this purpose, but it has not one half the virtue. Dose—one pepper for dinner.—[Ibid.

Aneurism of the Superior Palatine Artery. By M. Terlinc.—This surgical curiosity was met with in the case of a man, aged 74. The tumour occupied the roof of the palate, which bled so frequently that the patient was much exhausted. The tumour was soft, elastic, and pulsated synchronously with the heart, alternately expanding and diminishing. Its cause was unknown, and it had lasted for three weeks. The actual cautery was employed, the slough separated in eight days, the hemorrhage did not recur, and a perfect cure resulted.—[Dublin Hosp. Gaz., from Gaz. Méd.

Eczema.—The external use of cod-liver oil in chronic eczema and other troublesome affections of the skin, has been found very efficacious in various trials lately made by Mr. Paget of St. Bartholomew's, who derived the idea from Professor Malmsten of Stockholm. In the Allgemein Med. Zeitung, a Berlin journal, we find Professor Malmsten detailing his experience on the use of the fish oils in chronic diseases of the skin, including especially chronic eczema, impetigo, psoriasis, and that most distressing and intractable eruption, prurigo formicans. The affected parts should be constantly soaked with the oil for about two weeks, when the disease has generally yielded. The itching always gives way at once, and the remedy, however disagreeable, is more bearable than the disease. The use of an alkaline bath once a week is permitted, and the oil at once reapplied. [Virginia Med. and Surg. Journal.
Prof. Agassiz.—As most well informed physicians are fond of Natural History, we cheerfully give a place in our Journal, to the following

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Prospectus.


For more than eight years, I have now been in this country, devoting my attention chiefly to the study of those classes of the Animal Kingdom which American naturalists have, thus far, not fully investigated. The amount of materials I have already brought together is so great, that the time seems to me to have come when I should proceed with the publication of the more important results of these investigations. Desirous of contributing my share to the rapid progress natural sciences are making at present in this part of the world, I wish to present my work to my fellow-laborers in this field in the form most easily accessible to them. It has, therefore, appeared to me desirable to bring it out in a series of independent volumes. This plan will, moreover, leave me entirely free to present my contributions to science with such minute details, and to such an extent as I shall deem necessary to the fullest illustration of my subject.

Without entering into a detailed account of the contents of this work, it may be sufficient here to state, that it will contain the results of my embryological investigations, embracing about sixty monographs, from all the classes of animals, especially selected among those best known as characteristic of this continent; also descriptions of a great number of new genera and species, accompanied with accurate figures, and such anatomical details as may contribute to illustrate their natural affinities and their internal structure.

I shall not extend my publications to classes already illustrated by others, but limit myself to offering such additions to the Natural History of the States I have visited as may constitute real contributions to the advance of our knowledge.

• From a careful estimate of the materials I have now on hand, I am satisfied I shall be able to include the most valuable part of my investigations in ten quarto volumes; each volume containing about three hundred pages, with at least twenty plates. I therefore now open a subscription for such a work, in ten volumes, quarto, in cloth binding, at the price of twelve dollars each volume, payable on delivery. Each volume shall be complete in itself, containing one or several independent monographs; so that, if any unforeseen difficulties should interrupt the publication of the whole, the parts already published shall not remain imperfect. As far as possible, I shall always select first such of my papers as contain the largest amount of new matter, or may contribute most directly to the advancement of science. Having devoted the greatest part of my time to the investigation of the embryonic growth of our animals, I shall make a beginning with the embryology of our turtles, several of which I have traced through all their changes. I trust this monograph will afford our medical students a fair opportunity of making themselves familiar with the modern results of one branch of physiology, which has the most direct bearing upon their science, and for which the different species of the family of turtles found in every part of the United States will afford them a better opportunity
even than the artificial breeding of hens' eggs. Moreover, the extent of my embryological researches, covering, as they do, all the classes of the animal kingdom, will furnish, I trust, a new foundation for a better appreciation of the true affinities, and a more natural classification of animals. I foresee the possibility, upon this basis, of determining, with considerable precision, the relative rank of all the orders of every class of animals, and of furnishing a more reliable standard of comparison between the extinct types of past geological ages and the animals now living upon earth.

I shall have frequent opportunities of acknowledging the many favors I have received from naturalists of all parts of the country, from the Atlantic to the Pacific Coast, and from the shores of our great Lakes to those of the Gulf of Mexico; and also of mentioning the many specimens which have been furnished to me from every part of the Union, and of which I shall publish descriptions.

It is a matter of course, that a work like this, illustrated by a large number of plates, cannot be published without a liberal and extensive patronage. As it has been prepared solely with the view of throwing additional light upon the wonderful diversity of the animal creation of this continent, its structure, and its general relation to that of the other parts of the world, without the slightest hope of compensation for myself, I trust I may meet with the approbation of those conversant with the importance of the subject, and receive sufficient encouragement from the enlightened part of the community to enable me to bring to a successful close an undertaking upon which I enter now, and in this form, for no other purpose than to contribute my share towards increasing the love of nature among us.

As the printing of this work cannot begin until a sufficient guarantee is secured for the publication of the whole, I take the liberty of making an appeal to the lovers of Science to send to the publishers their own subscriptions, and such others as they may procure, as soon as convenient, and, if possible, before the first of August next, that I may be able to proceed at once with a work which, relating to animals peculiar to America, I wish to make, in every respect, an American contribution to science, fostered and supported by the patronage of the community at large.

To render the work more generally accessible, it is intended to publish at the rate of about one volume a year. Such an arrangement will bring the whole within reach of every student of Natural History, and of every friend of the progress of science in the country. The periods of publication, however, cannot be more definitely fixed, because the required uniformity of execution of the plates, to which particular attention will be paid, will demand that they be all entrusted to the same artist, who has drawn on stone most of the plates of my former works.

Cambridge, May 28, 1855.

L. Agassiz.

_Treatment of Chronic Entropium by Collodion._—Mr. Wm. Butten reports in a late number of the Lancet two obstinate cases of entropium, both of which had resisted a great variety of treatment, but which were cured by the application of collodion to the skin of the eyelid, previously corrugated by the thumb and finger. Several layers are successively applied and allowed to dry before the fingers are removed. The application is made at first every other day, and afterwards at longer intervals.—[Boston Medical and Surg. Journal.]

ERRATA.—On page 719, in our last No., second line from top, for "finger," read _finger._