SOUTHERN

MEDICAL AND SURGICAL JOURNAL,

EDITED BY

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"prends le bien où je le trouve."

VOL. XII.—1856.—NEW SERIES.

AUGUSTA, GA:
McCAFFERTY'S OFFICE—J. MORRIS, PRINTER.
1856.
LETTERS FROM SAML. D. HOLT, M. D., UPON SOME POINTS OF GENERAL PATHOLOGY.

LETTER NO. 8.

MONTGOMERY, ALA., Dec. 17th, 1855.

Messrs. Editors—I do not intend to commit an act of supererogation by attempting a history of the practice of blood-letting, for the reason, that I have nothing to add to the many complete and valuable essays which have been written upon the subject, as none connected with the history of medicine has been more thoroughly discussed, as there is no remedy whose effects have been better understood by the profession, none whose value in the treatment of certain forms and conditions of disease is better established, and none more generally used—nothwithstanding which, there are very few remedies which have been more misused or abused: and it is with the hope of correcting, to some extent, that abuse, and to vindicate its use, that I shall attempt an enquiry into the causes which have led to it. That the lancet, in skilful hands, has always, and deservedly, held the foremost rank among the remedies for the reduction of high states of nervous excitement and vascular action, and for subduing inflammation both local and general, there is no doubt; and that it will continue to hold the same rank with all intelligent physicians, there is as little, notwithstanding there may be a Sangrado now and then, who may "change his method," and betake himself to "chemical preparations." But the question is not whether the lancet or blood-letting is proper in
those conditions, but whether it is proper in those diseases in which it has been chiefly recommended? And here we are brought at the very threshold of our inquiries, in direct conflict with the nosological classification and arrangement of diseases; for, as I have said on a former occasion, the class of pyrexial diseases, the exanthemata, and febrile diseases in general, have the idea of exalted nervous excitement and increased vascular action, as intimately and inseparably associated with them, as heat is with fire; and the class of remedies, to-wit: antiphlogistics and sedatives, are as clearly indicated for their reduction, as water is for the extinguishment of fire. It is not, therefore, strange, that the lancet, which stands foremost among that class of remedies, should have been misused and abused, especially in those parts of the world where diseases of that class are not all of that character, indeed, where they seldom assume the character of high nervous excitement and vascular action, but where, on the contrary, they are usually characterised by the signs of depression and debility. But it is strange that this and other kindred remedies should so long have held a talismanic sway over the minds of Southern practitioners, or rather that they should have been so long in discovering that the same class of diseases which usually require the use of the lancet, catartics, diaphoretics, &c., for their proper treatment in northern latitudes, seldom require or even tolerate their use in southern climates; and the most satisfactory explanation which can be given, may be found in the old saying, that it is "a hard matter to teach old dogs new tricks"—for most of the Southern practitioners, and especially the older ones, having received their medical education in Northern schools, and derived their principles from books written by northern men in this country and Europe, who have uniformly held and taught the doctrines, that high nervous excitement and vascular action constituted the essential characteristic condition in all the diseases of that class, and properly enough, no doubt, for the reason that they found such to be their general character; and with such principles fixed in their minds, it is not unreasonable, but very natural to suppose that they found great difficulty in reconciling the character of diseases as they found them to exist in the South, with the character of the same diseases, as they had been taught to regard them in their northern aspect. It may be supposed, too, that those Northern writers, mostly Europeans, who have had an opportunity of observing the diseases of hot climates,
and who have furnished us with the best descriptions, as to the character of those diseases, were influenced in their minds by the same early impressions, of which they never could fully divest themselves, as is evidently manifested by the general inflammatory character and tendency of those diseases, according to their descriptions, and their general resort to the antiphlogistic plans of treatment, and the free use of the lancet and purgatives. And it is moreover evident that they were in the habit of regarding the opposite condition of depression as dependent upon adventitious influences, and consequently of a temporary and fugitive character, and comparatively of little import; and if the question was to arise, as to which of the two conditions constituted the essential pathological condition of those diseases, I would unhesitatingly acquiesce in the decision, that the character which they assume in northern climates, namely, exalted nervous excitement and increased vascular action, constitutes the essential pathological condition; and that their prevalence in southern climates, under the character and condition of depression and its consequences, is the result of extrinsic or adventitious influences. But, while acquiescing in such a decision, I would still maintain that, notwithstanding the admitted character of the diseases in northern climates, an opposite condition and character obtains with respect to the same class of diseases in the South; and the condition of depression, though depending upon adventitious influences, is as essentially pathological in all practical respects, and for all practical purposes, as if it was the universal and only condition; and I acquiesce the more readily in the decision, for the reason, that notwithstanding the adventitious influences which generally invest our diseases with the character of depression, (which I have already endeavored to point out and explain, and which it is unnecessary for me now to recapitulate—such as the influence of climate, meteorologic and epidemic influences, &c.) they often stand out in their full northern aspect, divested of almost every sign of depression. This, however, is by no means an event of uniform occurrence, for nearly thirty years of constant observation in the same locality, has served to convince me, that besides those causes which would necessarily produce a difference in the character of individual cases, under the same general influence, such as age, sex, temperament, &c., not only have diseases of a particular class, something like a cycle to run, and a definite period for recurrence, but
that the same disease often presents itself under very different, and sometimes new aspects, which changes we can ascribe only to the greater or less intensity of action of the adventitious causes or influences spoken of. It is this peculiar feature or fact, with regard to our diseases, which renders it impossible for our southern practitioners to follow successfully a uniform, or routine system of practice, but which renders it necessary that they should always be on the "qui vive," and constant lookout for those changes, and that they should at the same time be well fortified with correct views of general pathology, which alone is sufficient to enable them, at all times, to meet the emergency of such changes. It is this peculiar feature in the character of our diseases, which has suggested to my mind the propriety and the necessity of classifying them, according to the pathological condition under which they appear, without disturbing, or interfering with the general nosological arrangement and classification of these diseases; and the want of such a classification, or the want of proper attention to the pathological conditions upon which the classification is founded, and the habit which southern practitioners generally have indulged, of viewing and treating them in the aspect of their inflammatory character, has been the principal cause of error in the use, or the abuse of the lancet, and other kindred remedies hereafter to be considered.

Now, with respect to the classification which I have adopted, of dividing our febrile diseases, of whatever class or type, into the inflammatory or congestive, and the intermediate grades of irritant, congesto-inflammatory, and congesto-irritant, to which I would add the typhoid condition, being somewhat an innovation upon the usage of the profession, I deem it proper that I should offer a few arguments, in addition to those which I have already presented, in support of the policy or propriety of the measure.

Although Dr. Wood, Dr. Bartlett, and other late American, and some of the English writers, have improved largely upon the plan of the older ones, by adopting the more rational one of considering and treating diseases according to their physiological relations, and upon the broader principles of general pathology, they seem not to have recognized or considered necessary, any other division or classification of the grades of fever, than the one recognised by the older writers, under the names of synocha and synochus, the former representing the condition of excitement and
inflammation, and the latter that of depression and congestion; and while they recognise the condition of excitement as inflammatory, they recognise the opposite condition of depression under the terms asthenic, adynamic, or typhous. (See Wood's Practice, art. 5, Fever, sec. 3, Grade of Fevers.) "Besides the two grades of fever above described, (says Dr. Wood) there are often intermediate or mixed conditions, of which it is difficult to say to which they belong."

And here occurs the hiatus which I have attempted to close, with the classification which I have suggested; for though Dr. Wood has thus acknowledged the existence of intermediate or mixed conditions, he has failed or neglected to tell us what they are. But Dr. Wood further says: "The state of the vital forces on which these different grades depend, may pre-exist, or may be induced by the cause or causes of the fever itself. Whatever tends to increase the powers of the system, predisposes to the inflammatory condition of fever, whatever diminishes these powers, to the typhus." And he goes on to enumerate some of the leading causes which predispose to these conditions, concerning which, and the inflammatory condition, there can be no doubt or disagreement whatever; but his use of the term typhous, to express the opposite condition, creates a difficulty, to obviate which it is necessary that we should have a clear and definite understanding of the import and meaning of the terms. Now, the term typhous, which is synonymous with typhoid, is with us, used to express a condition in which, beside depression, there exists also a depraved and vitiated condition, or a broken constitution of the blood, with a certain hemorrhagic and eruptive tendency, such as petechia, sudamina, &c., and usually delirium and coma. And such is the idea of the condition which Dr. Wood, no doubt, intended to convey by the use of the term typhous: for, he further says, "But it also not unfrequently happens that the exciting cause of the fever is of itself of a depressing nature in relation to some, at least, of the vital functions, and that a typhous (typhoid) condition of the system, as well as the febrile movement, results directly from its operation. Such, beyond all doubt, is the case with the poisonous effluvia which cause the proper typhus fever, and to a certain extent, also, that which produces scarlatina," and to which I would add, yellow fever also. The character of the foregoing extracts shows very plainly that Dr. Wood's typhous condition is the same which
I have arranged under the *typhoid condition* with which *congestion* has little or nothing to do.

Having on a former occasion expressed my views with regard to the typhoid condition, which it is unnecessary, and would be irksome for me to repeat, and having from the very outset endeavored to prove the existence of a pathological condition of depression and congestion, as the true physiological, as well as pathological, antagonistic condition of excitement and inflammation, the opinions of Dr. Wood, and others to the contrary, notwithstanding, it remains only for me to say, that though both conditions are characterised by depression, they are altogether of a different character. That the depression of the *typhoid* condition relates chiefly to the cerebral and animal nervous system, and requires for its production an animal poison or effluvium, and has necessarily for its existence a depraved or vitiated condition of the blood, either as cause or effect, and does not necessarily require a disturbed balance in the circulation. While the *congestive* condition implies depression chiefly of the organic nervous system from the influence of atmospheric, meteorologic and malarial or miasmatic causes, and necessarily implies a broken balance in the circulation, and an undue accumulation of blood in the venous cavities, but does not necessarily require that the blood itself should be depraved.

With these views and explanations, with regard to the character of these conditions, and the classification which I have made of them, the necessity of which for practical purposes, I am, upon review, more fully convinced than ever, I shall proceed in conformity therewith, to the examination of the remedy in question, continuing as formerly to use pneumonia for illustration.

As remedies are valuable in proportion to the power which they possess, of increasing or diminishing the vital forces, and regulating and changing the vital actions, the lancet must always hold its rank among the most valuable, as it possesses the power in an eminent degree of diminishing rapidly the vital forces, and of moderating excessive vital action, and such being its power, such must be the necessity for its use. The first important and essential point to determine, then, is whether the general system is in such a condition as to justify or require its use, that is to say, whether there exists in the system such an amount of nervous excitement and vascular action, coupled with and sustained by, such an amount of vigor and tonicity in the general system, as to threat-
en vital organs with the invasion of inflammation, or to endanger the vitality of organs already in a state of inflammation, for blood-letting is often as important in such a condition as a prophylactic, as it is a therapeutic remedy. In ascertaining and settling this important and essential point, great nicety and precision of judgment is often required to determine, whether the excitement is sustained by sufficient vigor to constitute the inflammatory condition, or whether the excitement is a state of irritation only, dependant upon a state of debility, or atony of the general system. And to aid in arriving at a correct decision upon this point, it is necessary to keep in view, not only the peculiar symptoms present in each case, but to take in review the adventitious influences which are most likely to affect the condition, proximately or remotely, such as age, sex, temperament, habits of life, climate, seasons, epidemic influences, &c., &c., all of which, are not more necessary in determining the condition which requires blood-letting, than in determining the second important point, namely, the extent to which it should be carried, which, of course, must be regulated and controlled by the practitioner, in each individual case.

As the advantages to be derived from blood-letting in local inflammation, which often exists under very different and even opposite conditions of the system, (as I have already shown to be the case with pneumonia, and in like manner, with other diseases) must necessarily be incidental to a general reduction of the vital forces, and of general excitement and vascular action, the only safe rule which can be adopted with respect to this second point is, that in attempting such a reduction by blood-letting, no more blood should be withdrawn, than will be sufficient to bring the general inflammatory condition of the system down to such a point as will enable other adjutory remedies, aided by the recuperative powers of the system to complete the reduction. This object may often be accomplished by the extraction of small quantities of blood, and at other times much larger quantities may be necessary to be drawn, and the operation may even be required to be repeated; but under no circumstances can we venture upon the use of the lancet, in the bold, fearless, and confident manner in which it has been recommended by our northern brethren, for the treatment of rheumatism, pleurisy, pneumonia, and other inflammatory affections; for the reason that the tendency of all these
affections, to the opposite condition of depression and congestion is so strong, as to admonish us, under the most imperative circumstances, to take hold of it with prudence and caution, and sometimes even with "fear and trembling." For fear that it should be suspected that the great prudence and caution which I recommend should be observed in the use of the lancet, is prompted by the working of a tender conscience, from the reminiscence of past misdeeds, it is but truth and justice to myself, to say, that upon the subject of the abuse of the lancet, I have nothing to "disabuse" myself of: for, in the days when the lancet was in the greatest vogue, and the standard of a physician's skill was measured by the number which he carried in his pocket, and his knowledge by the exact number of ounces of blood which his patient was able to lose, and the precise amount of purging which he could stand, without sinking under the operation, which the test of experiment, too often, proved to be fallacious; my voice was then raised, as now, in remonstrance against its reckless use, and consequent abuse, as the following extracts from my manuscripts written many years ago upon the subject, will show, and to which I have now, nothing material to add or take away:

"Although I fully appreciate the value and importance of blood-letting, in inflammatory diseases, when regulated by a proper discretion, I must confess that I have never been able to understand the propriety of bleeding for the purpose of preventing or removing congestion—a condition dependent upon a state of debility and depression, which the loss of blood cannot remove, but which, on the contrary, is always accelerated by it; for, besides the loss of the stimulus of the red capsules, and the fibrin of the blood by their extraction from the circulation, as well as the quantity drawn, the blood taken by venesection, comes not from the congested vessels, but from that division of the circulation (the arteries) which are already deficient of their due proportion, blood, which has just passed with difficulty the pulmonary extremity of the circulation, to be hurried too rapidly through the capillary extremity, (for such is the general effect of venesection) thus depriving the brain, heart, &c., of their accustomed and necessary stimulus, inducing syncope and convulsions, increasing the amount of depression and rendering the state of congestion more complete. It is owing to these effects of venesection, and the great tendency which prevails with all our diseases, to assume a congestive char-
acter, especially when aided by excessive depletion of any kind, which renders the use of the lancet a matter of so much caution, even in those cases which appear to be more decidedly inflammatory in their general character. The object of bleeding in any disease, is to protect or to relieve important organs from the effects of undue determinations and accumulations of blood, (understood to be arterial) the result of undue excitement in the general system, while the organs affected are the weaker ones. Hence, the extraction of blood is to be made in reference to a reduction of the general excitement, thus giving protection to weak organs, and enabling them to regain their lost tone and activity, and allow them to repair the damage which may already have been done. But in the effort at a reduction of the general excitement, great care must always be taken that it be not done so suddenly, or by such violent means, as to produce the opposite state of depression and congestion. Instead, therefore, of the erect posture, large orifice, and the draft of blood by the pint or quart, for the purpose of cutting off disease, or subduing inflammation by a decisive blow, our patients generally require to be bled, (if they require to be bled at all) when in a recumbent position, from a moderate orifice, and in quantities proportioned to the effects upon the strength and frequency of the pulse, and the general vigor of the system. In judging of the propriety of a resort to the use of the lancet in any case, the existence of pain which usually indicates the seat of inflammation, must be regarded as fallacious on account of the extent and play of the nervous sympathies, especially as this symptom is often more intense, and the ordinary signs of excitement are more manifest when the investing membranes are inflamed or irritated in a slight degree, than when more extensive and serious inflammation exists in the parenchymatous structure of organs. To justify the use of the lancet from these signs, the pulse should always furnish evidences of strength, (the sign of arterial plethora) the pain should be fixed and permanent, whether acute or obtuse, and the evidences of excitement continuous, irrespective of the influence of regular exacerbations and remissions. Nor can we recognise the stage of a disease, as acting either as a warrant or bar to its use, for the reason that it is often contraindicated in the earlier stages of a disease, when during its progress, and even in the latter stages, the necessity for its use may become imperative and absolute."
Now, it must be recollected that the foregoing remarks upon the use of the lancet, were penned many years ago, and before I had thought of making any systematic classification of the conditions which I then had in view, and which are now embraced in the intermediate grades between inflammation and congestion, to which they are as applicable now, as they were then, and if those intermediate grades which I have designated as irritant, congesto-inflammatory and congesto-irritant, had not existed, in fact, if not in name, my remarks would have been altogether unnecessary, as no one, I imagine, could have been found to deny the value of the lancet, or question the propriety of its use in the "inflammatory" condition, or who would have advocated its use in the "congestive" condition, upon any more rational or philosophic principles than would suggest the propriety of holding a man's head under water to prevent him from being drowned.

There is a condition or state of the system, which is sometimes met with and recognized as a state of oppression, which, though it has some peculiarities which might entitle it to a separate consideration, may very properly be arranged with the congesto-inflammatory varieties. It is observed in robust and middle aged, or old persons, and is characterized by a slow, full and moderately strong pulse, attended with many of the signs of depression and congestion—as palor of the countenance, a sense of prostration, with stupor or low delirium, a furred tongue and constipated bowels. This condition appears to be dependent upon torpor and congestion of the liver, with viscerai obstruction, accompanied with a general arterial plethora, without inflammation, and will always be relieved by bloodletting. The typhoid condition, though usually characterized by the signs of depression, often presents cases of such unquestionable inflammatory character, sustained by such an amount of general vigor as to justify and require the use of the lancet—as in cases of typhoid pneumonia, yellow fever, &c., in which blood-letting often aids, not less in the elimination of poisons from the system, than in relieving or defending organs from inflammation; and in its use, the same rules of prudence and caution should always be observed, as in other cases which tend to a state of depression.

With a few general remarks concerning the effects of Blood-letting, I will bring this branch of my subject to a close:

Suppose, then, a general inflammatory condition, or such a con-
dition of oppression as I have just described, to exist, in which the arterial division of the circulation is replete to an unhealthy excess with blood, (the only condition which requires, or will justify the use of the lancet) and a vein be opened to allow of the escape of blood in any considerable quantity, the first general effect will be a reduction of the vital forces, which will be shared in by the heart, arteries and capillaries, and the latter becoming relaxed, from the loss of power, allows of the free passage of blood through them, while the lungs, sharing in the general reduction and loss of power, fails to transmit the blood as fast as it escapes through the capillaries, and the arteries become emptied, precisely in the same way as they do in the cold stage of an intermittent, though from a different cause. The effect upon the action of the heart, which, though sharing in the loss of power with other organs, (which otherwise would be reduced,) is to increase its action, or rather to accelerate its movements, in a like ratio as the arteries become emptied of blood. Now, if to the condition thus produced by bloodletting, we may suppose the lungs to transmit the blood as fast as it passes the capillaries in their relaxed state, and the heart should receive excitement, from increased excitement of the brain or other nervous centres, we will have before us the irritant and congesto-irritant condition—a condition, so far as external appearances go, similar to a state of reaction from the loss of excessive quantities of blood, and one in which the lancet may be used with about the same propriety.

As I expect soon to join the anti-periodic and sedative family, I hope none of the brethren will call me Old Fogy, for thus holding on to the old Sangrado "platform."

In the bonds of friendship and physic, I remain, as usual, yours, &c.

Saml. D. Holt.

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ARTICLE V.

Sulphate of Quinine in Uterine Diseases. By Jas. C. Billingslea, M. D., of Tuskaloosa County, Alabama.

Messrs. Editors—Having seen Dr. J. S. Wilson's article in your June number, on the "Action of Sulphate of Quinine on the Uterus," in which he solicits investigation and reports, I have concluded to give you some of the results of my experience and
observation, as regards the use of this remedy in uterine diseases. I am certainly of Dr. Wilson's opinion, that this great medicine acts on the uterus by some more direct and specific manner, than by simply relieving congestion or anemia; and in such a degree as to lead us to believe, that it possesses considerable emenagogue properties.

I had adopted this opinion, previously, from observation in my own practice, but felt a diffidence in bringing it to the notice of the profession through the press, yet I had expressed my views to some of the faculty privately. Since Dr. Wilson has given us his views, I take pleasure in giving any results, which may tend to substantiate his; and I do not know how I will do it better, than by giving you the notes of some cases I find in my case-book;

Case I. Nov. 1st. 1853.—Called to see Mrs. ———, in child-bed—first child. The patient is robust, and of good constitution. The labor was of usual duration, and terminated favorably. Everything went on well, until three days after confinement; then the lochia ceased. Pain in the uterus, slight peritonitis, and considerable fever supervenened. I prescribed quinine 4 grains, camphor 2 grains, every three hours. After three doses, the lochia appeared, the pain ceased, and the fever abated. The patient went on well. Since then, I have used quinine in several similar cases, with a like result; and sometimes the lochia would be of a sanguineous character upon reappearing.

Case II. Miss ———, æt. 17, fleshy and florid, was attacked in the fall of '53, with severe headache, pains in the loins and abdomen, attended with much fever. I ascertained that she should have menstruated a few days prior to this, but she had by exposure gotten her feet wet, and the catamenia not appearing, she attributed her illness to the exposure. Ordered a saline cathartic, to be followed by quinine 4 grains, every three hours. Eighteen hours afterwards, I found her quite deaf, and fever gone; and was informed that profuse diaphoresis and the catamenia had appeared after the third dose of quinine. She recovered rapidly. I have since attended this young lady in two similar attacks, pursued the same treatment, with like results.

I have this year attended two cases of dysmenorrhœa, which I thought were materially benefited by the use of quininc, in sedative doses. For two years, I have used quinine in suppressiomensium with great success.
Remarks.—The first case might well have stood depletion, by the lancet and purgation, but I contented myself with giving this sedative, with an anti-spasmodic; but I attribute the marked effect to the quinine. And this led me to use it in similar cases, and afterwards in amenorrhoea and dysmenorrhoea; so, that now, I feel even more sanguine, as to its effects in these diseases, than Dr. W. ventured to express. I desire not to make myself conspicuous by reporting these cases; but, I am so thoroughly convinced of the efficacy of this potent remedy, in certain uterine diseases, that I cannot refrain from adding my feeble testimony to that of Dr. W., who, ever seems ready with a vigorous pen, to give to the profession the results of his experience, in alleviating disease—(it's a pity there are not more like him.) And until I am convinced, by experience, that my practice in these diseases is not right, I shall pursue the same.

ARTICLE VI.

Gunshot Wound of the Brain. Reported by Drs. Hubert & Culver, of Warrenton, Ga.

A young man, about eighteen years of age, was wounded in the head October 4th, 1855, by the discharge of a pistol. The ball entered the brain, one inch above and a little posterior of the left meatus auditorius externus. He was found immediately prostrate upon the ground, unable to give any account of the accident.

As soon as possible, he was visited by Dr. Sterling Gibson, and found in a very delirious condition, tossing himself to and fro on the bed, and speaking incoherently—pulse about 90 to the minute. From the wound, a small portion of the brain escaped mixed with blood. The wound was probed superficially only one or two inches, the ball was not felt and further probing considered imprudent. From the direction the probe entered, it was concluded that the ball had gone directly across the brain.

The case being considered hopeless, but little treatment was directed; chiefly cold applications to the head. He was sensible of pain; would answer when called very loudly, but could never reply to a question sensibly; he would swallow water by the spoonful and coffee also; but when weak soup was offered, he would spit it out invariably.

In this condition, with no notable change in symptoms, he re-
mained about four days, when it appeared that the vital forces were yielding to physical laws. He gradually declined and died, surviving the injury five days and eighteen hours.

A post-mortem examination discovered that the ball had penetrated through both hemispheres of the brain and struck the lower portion of the parietal bone of the right side, indenting the inner table. Thus the course of the ball was almost directly across the brain, a little upwards and backwards. Had the ball passed entirely through the head, its exit would have been about one inch higher than its entrance and a little posteriorly.

The feature in this case of most interest, both to the surgeon and physiologist, is—how was life continued so long? Without indulging in speculative remarks ourselves, we submit it to the profession.

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

No. II.

After what has been said, in a former essay, upon the anatomical, physiological and psychological peculiarities which distinguish the negro from the white race, it seems natural to infer the existence of certain equally striking peculiarities in reference to the diseases to which the negro is subject, and the action of remedial agents in their cure. To this, the more practical part of our subject, we bring, as in our former essay, little else than the results of our own experience and observations. We have met with no elaborate or standard work on the subject, and the few fugitive monographs, to which we have been able to refer, in the periodical journals, afford us little assistance in the well-established facts and practical arguments which they supply. In writing and speaking upon the subject of the diseases of negroes, physicians are apt to take it for granted, that the negro race undoubtedly has its peculiar and distinctive diseases, which require equally peculiar and distinctive plans of treatment; all which are to be described and illustrated, by separate and distinct practical treatises, upon the principles and practice of medicine, as adapted to this particular variety of the human race.

The facts in the case do not, according to our apprehension, justify this extreme view. Peculiarities undoubtedly do exist, requiring particular and careful notice, and to such an extent as to greatly impair the value of medical treatises as guides of practice, which have been written with reference to the diseases of the white race,
Peculiarities of the Negro Race.

and particularly in European and northern countries. Still less can the principles and practice be applied to the negro race, which derive their importance from observations made in large cities, and in European hospitals and prisons. These remarks are applicable, also, to a somewhat less extent, to the white race, natives of hot climates; and the differences between the white and colored races in such climates consists, not so much in the existence of any distinct class of negro diseases, as in the modifications of the same diseases, as they affect the different races. It has been found true, with few exceptions, that whatever diseases prevail among one race, may prevail, also, among the other, under similar conditions, affecting the negro race sometimes more and sometimes less severely and fatally; but the disease itself is ordinarily characterized by the same, or very similar pathological conditions, indicating the application of similar therapeutical measures. It has happened very rarely in the southern states, that any disease has prevailed to a large extent, or become epidemic, exclusively among the colored race, and to which the white race was not subject under the same circumstances of exposure to its cause.

The Pathological Peculiarities of the negro race then, are dependent more upon their anatomical and physiological peculiarities, and upon their condition and habits of life, as these influence the action of causes of disease upon the human body, than upon any inherent and distinctive liability of the colored race, to the influence of causes of disease peculiar to it. It is true that epidemics not frequently prevail, which are confined mostly to negroes, both in city and country localities, but these do not differ essentially in their characteristics, from the same diseases as they attack the white race, whenever that race happens to suffer from them. Indeed it may be considered a very rare occurrence in the southern states, that the colored population is invaded by an epidemic from which white persons are exempt. There are seeming exceptions occasionally upon large plantations, where very few white persons reside; but even there, the overseer and other white subjects, undergoing similar exposures, are only a little less liable to attacks, which subject them to the disease in most cases at a later period in the season. Most of the epidemic diseases which prevail in the south, prove to be more violent and fatal to one race than the other, and attention is always required to the particular treatment suited to each, but the disease itself is the same, arising so far as can be known from the same cause, exhibiting in its progress very much the same local and constitutional symptoms, and requiring the application of the same general plan of treatment; the differences in the manifestations of the disease, and the differences in the curative measures required, being in fact mostly differences in degree, rather than in kind.

In treating, therefore, of the diseases of the negro race, as they appear in our southern states, we must allow ourselves greater lati-
tude, than would seem to be indicated by the expression, distinctive peculiarities; or, if this title be adopted, it must be understood as having reference, more particularly, to those peculiar differences, which are supposed to be dependent upon circumstances incidental to the negro, as fitted by nature for the enjoyment of health in a hot climate, and upon his habits of life as imposed upon him by his master, in a state of slavery. Vitality in negroes, as we have seen, is of a less vigorous and normal character, than in white persons; and there is, in general, less activity and acuteness in their nervous susceptibilities. These are peculiarities which tend strongly to modify the diseases to which they are liable, and such as call for a corresponding modification in the treatment. The pathological peculiarities, therefore may be considered as largely dependent upon the physiological; and therapeutical distinctions are required to be made, as in the different temperaments and idiosyncrasies of the white race, in accordance with the teachings of science and experience.

The habits of our slave population in living upon a more liberal and regular diet, and in being clothed with greater uniformity together with a good degree of regularity in the hours of working, and resting, and sleeping, as compared with the same race in a state of savage freedom, must, of course, have some influence over their functions both in health and disease, and also over the therapeutical operations to which they are subjected. Upon many plantations, it must be confessed, these things are not judiciously and skillfully managed. Ignorance of the proper physiological requirements of the negro, and mistaken views as to the true policy of the planter in giving liberal supplies of food and clothing, lead many who are engaged in the working of slaves, to practices at once injurious to their negroes and unprofitable to themselves. But it must be very rarely, if ever the case, that slaves are so badly cared for by their owners, as to render their condition worse, or more unfavorable to health, than in their native country, and in a state of savage freedom.

The vices too, which exercise such destructive influences over all ignorant and savage people, and particularly those vices which they derive from association with more civilized nations, are, in the case of the slave, constantly and vigilant guarded against, by the interest and better judgment of the master. Intoxicating drinks, in the excessive use of which savage tribes are so prone to indulge, and which are proving at this day, so destructive to the lives of free negroes in all parts of out country, are not allowed to slaves except in a few instances, and at long intervals, unless prescribed as a remedy for disease. Drunkenness, therefore, is a vice which is almost unknown among slaves; and it is, perhaps as much due to the restraints imposed upon them in this respect, as to any other single condition of their state of bondage, that their lives and the vigor of their bodily and mental constitutions, are so well preserved from one generation to another; affording them chances for
intellectual and moral improvement, which they could not otherwise enjoy, and which is so essential to their ultimate elevation in the scale of being. Were the slaves of the southern states to be emancipated upon the grounds they now occupy, and permitted to indulge without restraint in the use of alcoholic drinks, all hope of such improvement in the race, in our country, would at once be at an end; and, instead of a progressive increase in numbers, as at the present time, there would undoubtedly be a rapid diminution of them, until extinction, as with some of the Indian tribes. The indolent and sluggish nature of the negro, renders him more liable to such consequences than the Indian, and unless he be perpetually guarded from the evil effects of a mistaken philanthropy, which wars against philosophy, religion, and law, such may, in the long future, be the fate of the negro race in America.

Although alcoholic drinks are withheld from slaves with such vigilant care, on account of their acknowledged evil tendency, the same is not true of tobacco, which is allowed in nearly all cases ad libitum. On sugar and cotton estates a liberal allowance of this article is not only furnished, in most cases, by the owner, but the slaves are, besides, allowed the privilege of cultivating any quantity they please, for their own consumption. The use of tobacco is, therefore, pretty general, the males indulging from an early age in both the quid and the pipe, while the females are generally content with the latter. Their sluggish nervous action preserves them, to a large extent, from the nauseating and sedative influences of this narcotic, in acquiring the habit of its use; enabling them to escape, if taken in moderation in the beginning, the severe ordeal through which most white persons have to pass, before they can become adepts in this common vice. It is for like reason, perhaps, that we observe less injurious effects of tobacco upon the nervous system of negroes than white persons, arising from the long habit of its use. It rarely ever results, in the case of the negro, in the establishment of those serious and often fatal nervous derangements, so commonly the effect of its habitual use, in the white race. If they could obtain it in sufficient quantity, negroes would prefer opium to tobacco, on account of its greater excitation of the mental faculties; and it is not improbable, that the habitual use of this drug may yet become a serious evil in the south, where the poppy can be successfully cultivated.

The southern slave, then, when he is controlled and cared for by a judicious, intelligent, and humane master, has all his principal habits of life so well regulated, and is permitted to indulge in so few health-destroying vices, as to protect him from the attacks of many diseases to which he would otherwise be subject, and moderate the violence and frequency of others to which he is constantly liable. Excepting the mortality which occurs among negroes in early infancy, of which we shall have something to say hereafter, the slaves of the south are probably subject to a less number and variety of
diseases, and enjoy a longer average duration of life, than the white population of any large section of our country. Upon well-conducted plantations, the natural annual increase is commonly estimated at three per cent., and but for the casualties among new-born infants, above alluded to, and from which scarcely any plantations are exempt, this increase would be much larger. Slaves are not more liable to suffer from discontent with their lot in life, than their masters, or other portions of the white race; and are, as a class, less influenced in health and spirits by mental disturbances and perturbations, calculated to exalt and depress the vital powers; and it is partly on this account, perhaps, that they are less obnoxious to the class of diseases called neuroses.

In making the foregoing remarks upon certain peculiarities of the negro race, we wish to be understood as confining ourselves to the unmixed portions of it. The mulatto or hybrid population, embracing various degrees of admixture of white blood, now amounting to a large number in the southern states, present some peculiarities of their own, which perhaps have hitherto received less attention than they deserve. However it may affect the question, of such interest to ethnologists, in reference to the diversity of origin of the human species, it cannot be denied, that the amalgamation alluded to, exercises important physiological and pathological influences, one of the tendencies of which is, to impair the energy of the vital forces, predispose to adynamic diseases, and to shorten life. These conditions, it is natural to suppose, must have a tendency, also, to the impairment of the procreative powers, and thus to retard increase; while the congenital debility and disordered innervation resulting, give rise to a still greater sacrifice of infant life, than with the full-blooded negro. These deleterious influences increase in force, as the mulattoes intermarry among themselves, and probably become more intense in proportion as they recede from the original stock; as they do, also, from further admixtures of white blood.

We venture to put forth these views, as the result not only of our own long-continued personal observations, but as embodying the opinions of many others of equally extended experience in such matters; and, what may be considered even more reliable still, as being a true representation of public opinion as it exists among all classes of southern people, and especially among the mulattoes themselves. Physicians of experience in the treatment of the diseases of negroes, whose opinions we have been able to obtain, are in general fully impressed with the truth of such views, and it is rare to meet with one, who is not constantly influenced by them, in his practice among this class of people. Still, it must be remarked, that the information obtained upon this subject, may not be of that exact and definite character, which should form the basis of grave ethnological conclusions; if such can indeed result from the actual determination of the question of deterioration either way.
As a practical question, however, we are by no means disposed to admit, that it can be at all doubtful, that the mulatto, or mixed race of all grades, is more liable to those diseased conditions, principally of the nervous system, and to those depressions of the vital energies, which are supposed to be predisposing conditions to tubercular and kindred affections, as well as to all the various phases of neuralgic disease; and which are presumed to present serious difficulties in the way of successful treatment in all chronic afflictions and cachexies. This may account, in a measure, for their want of prolificness, and for the prevalence of hereditary diseases among them, checking their natural increase, and curtailing the average duration of their lives.

There is, manifestly, a discrepancy existing between the physical and mental constitution of the mullatto, as affected by admixture of the blood of the two races. While the physiological and pathological deteriorations, above referred to, pretty constantly show themselves, and in tolerably uniform proportion to the extent of white admixture, and the remoteness of the hybrid from the original stock, the mental constitution, on the contrary, as constantly approaches to, and partakes of the superiority of the white race, in nearly the same ratio of relationship, and remoteness of descent from the original African. On this account this hybrid race are selected, in the slave-holding states, to occupy places of trust and responsibility, requiring the exercise of judgment and reflection, as well as tact and ingenuity; such as house-servants, carriage-drivers, market men, sugar-makers, cotton-ginners, drivers, &c., making themselves exceedingly valuable upon large cotton and sugar estates, in the performance of labors and trusts, which would otherwise be assigned to white persons hired for these purposes. The mental qualities of this class are not less strikingly exemplified, in the lives and practices of families of mixed blood in a state of personal freedom. Feeble as they generally are in their physical constitutions, they often become prosperous, trustworthy and skilful in their several occupations, which are nearly always other than agricultural pursuits. As nurses for the sick, laundresses, cooks, hair-dressers, mantua-makers, &c., the mulatto women of Louisiana are justly celebrated for their excellence; while the men of the same blood are scarcely less conspicuous as mechanics, porters, hotel-waiters, &c., some of them becoming successful and thrifty, also, as merchants and brokers.

Whatever use may be made of these facts in the ethnological controversy, it matters nothing to our purpose. The fact of the deterioration of physiological vigor, consequent upon an admixture of white and negro blood, and of the infusion of mental energy into this mongrel race, in proportion to the preponderance of Caucasian blood, are fully sustained by observation; and what is of more importance in such an inquiry, by the practice of slave-owners and others, whose judgments are sharpened by pecuniary interest. As
a class, these slave-owners may justly be ranked among the best informed and intelligent of American citizens. No branches of industry in this age of improvement more strongly exemplify this fact, by the improvements made in them within the last half-century, than those connected with slave labor. We may therefore safely receive the predominant sentiment and practice of these people, as acceptable evidence of the truth of almost any question, connected with the character and capabilities of the colored population. The constant and almost uniform practice, of selecting the mulatto, for the execution of ingenious enterprises, requiring the exercise of reason and judgement, is the highest proof of their mental superiority over the negro; while the preference as uniformly bestowed upon the latter, for the labors of the cotton and sugar fields, is equally good evidence of the superior physical powers of the negro of unmixed blood.

But it is of the peculiar characteristics of the real negro that we propose, mainly, to treat in these essays, and principally with a view to the prevention and cure of the diseases to which he is principally subject, in a state of slavery. In speaking of his physiological and psychological peculiarities in our first essay, we briefly adverted to some of the precautions proper to be taken, in view of these peculiarities, for the preservation of his health. Much more might be said upon this subject; but it is our purpose at present to confine our remarks to a few of the commonly reputed causes of prevailing and epidemic diseases upon plantations in the south, so that when we come to speak of special diseases incident to the negro race, we can with better propriety confine our remarks to other branches of inquiry than those which relate to the question of etiology. This becomes the more necessary, because of the great uncertainty and discrepancy of views, in reference to the causes of disease, the unsettled condition of which question, does not in the least prevent the constant assignment of epidemics, to particular and specific influences, making the same disease the product of a great variety of distinct casualties, as it appears under different circumstances, and in different localities.

The febrile diseases to which slaves are subject, and which constitute more than one-half of all their sickenesses, like those which affect the white race in the south, are almost uniformly attributed to the influence of malarial exhalations. Fevers are, therefore, expected to occur oftenest and prevail most, in the near neighborhood of marsh lands, or upon low alluvial soils, into which dead and decaying vegetable matter largely enters as a constituent part. Our largest and most productive plantations are mostly situated upon just such soil as would seem best adapted, according to the commonly received doctrine upon this subject, to the production of this class of diseases. Yet it is notoriously true, that many such are particularly exempt from the prevalence of fevers, while others upon less productive, because less vegetable, soils are more liable
to them. Some which are situated upon the worn-out and impover-ished clay-hills, which can be made productive only by a system of manuring, which seeks to enrich the earth by this artificial process about every third year, and others established upon sand-plains of moderate productiveness from the beginning of their cultivation, are constantly liable to visitations of periodic fevers, sometimes assum-ing a very grave and fatal character.

From all we can learn of the prevalence of periodic fevers among negroes, there is no part of the world in which they enjoy a greater exemption from them, than upon the shores of the Mississippi and some other rivers in the south, where the soil is, perhaps, the most productive of any in the world, from its alluvial character; and which contains a large proportion of dead vegetable matter, not only upon the surface, but to a great depth beneath; enabling planters, whenever their fields show signs of exhaustion from long-continued tillage, or from a want of rotation in crops, to avail themselves of the advantages of a virgin soil, by merely dipping their plow-shares a few inches deeper into the substratum of earth. It is not, therefore, from any a priori reasoning, that we can judge of the healthfulness of particular localities, in this respect. Expe-rience alone is the safe guide in forming this judgment, as it is, also, in reference to other plantation diseases, arising from other causes.

Similar remarks are applicable to the etiology of other prevailing and epidemic diseases, such as pneumonia, cholera, diarrhoea and dysentery. Independent of those exciting causes which relate to errors in diet, clothing, exposure, &c., we know of no one condition which uniformly attends upon, or precedes their appearance among plantation negroes. Frequently it happens, that contiguous estates, whether similarly situated or not, are visited by epidemics of a very different kind, or one is visited while the other is exempt, without our being able, by the most careful investigation, to ascertain the existence of any essential differences either in the police of the places, or in the manner of living and exposure, to account for it. There is an epidemic influence of some kind existing, no doubt, and it is generally assigned to some apparent cause, for there is no sub-ject about which men are more ingenious than the discovery of causes of disease. The water, the food, the exhalations from stagnant water, the influence of old buildings, shade trees, prevailing winds, &c., all come in for their share of blame; but if we scrut-inize all these things carefully, we shall generally find, that precisely the same conditions have existed often before, without producing the same effects; while the same disease has often been known to appear, without the existence of the reputed causes.

We have known the yellow fever to become epidemic on a plan-tation which had always previously maintained a character for uncommon healthfulness, succeeding a general scraping and clean-ing up of the place, with the removal of heaps of decaying cotton-seed, and other noxious accumulations, with the express view to
prevent the occurrence of epidemic disease. The general cleansing
having taken place in the spring, and the disease occurring in the
succeeding autumn, there could be no just reason for attributing
the visitation to the exposure of decomposing substances, in the act
of their removal. Upon another occasion, we have witnessed the
rapid decomposition of several thousand bushels of sweet potatoes,
stored in stables and other out-houses, near a very large negro quar-
ter, and seen the rotten masses carted away upon the fields to be
used as manure, subjecting nearly two hundred persons to the great-
est intensity of putrid effluvia for several weeks, and without the
occurrence of a single case of disease all the while, or subsequently,
which could be attributed to such an influence. The harmlessness
of decaying cotton-seed, which emits a very fetid and depressing
odor, and of refuse cane, or begasse, together with the want of
deleterious influence from large stables, and immense heaps of
compost manure, all which are common upon cotton and sugar
plantations, have had the effect to deprive both slave-owners and
slaves, in many places, of all dread of the deleterious influence of
vegetable decomposition, in the production of disease; and they are,
consequently, disposed to ignore the common etiological theory upon
that subject.

Nor do negroes, in general, experience much dread of the influ-
ence of contagion. Their religion or superstition makes them pre-
destinarians or fatalists, and they therefore see the special hand of
God in every calamitous visitation, not doubting that life and death
are the inevitable consequences of particular and unalterable de-
crees of Providence, which can neither be suspended nor mitigated
by human agency. They do not appear to suffer any the less on
this account, however, from apprehensions and forebodings of evil,
which tend to depress their vital energies, and thus predispose them
to disease. As in epidemics affecting all other races of men,
whether in cities or in country localities, the most important, and
only certainly effective measure of relief, is removal beyond the
infected region. Negroes are fond of changes of this kind, and
repose great confidence in their efficacy; hence its powerful effect
upon their spirits; and if these exciting influences are well sustain-
ed by liberal supplies of wholesome and nutritious food, by a little
recreation and amusement, by encouraging conversation and ad-
vice, and by regular and systematic labor, they soon lose sight of
their danger, and feel secure in the renewed buoyancy of their
spirits.

Among other predisposing causes of disease, to which the field-
laborer is subjected, no one, perhaps, has a more deleterious effect,
than the practice of taking slaves out to their work, in the cool and
damp air of early morning, with their stomachs empty. The prin-
cipal meals are breakfast and dinner, and it is only at these, in
general, that slaves eat meat. The dinner is ordinarily taken at
twelve o’clock, after which, in summer, they are permitted to rest
from one to two hours, and sometimes longer, which interval is apt
to be spent in sleeping. This secures rapid digestion of the dinner,
and the supper which follows in the evening being a meager meal,
consisting of corn-bread or hominy, with occasional additions of
milk, it is reasonable to conclude that the stomach is pretty well
emptied of food by morning, when they are subjected to the most
chilling exposure of the whole twenty-four hours. The remedy
which suggests itself to every physiologist is, to supply the stomach
with food or drink, one or both, upon first rising in the morning,
which is, indeed, the important period for the negro's lunch. A
piece of coarse corn-bread, and a small cup of hot and well sweet-
ed coffee, would answer the propose perfectly well; and the
coffee might be charged, in times of prevailing periodic fevers, with
a grain or two of quina as an antidote to the fever poison. Strych-
nia might be substituted in case of cholera or diarrhea, to give each
person one-twentieth or one-fifteenth of a grain, as an antidote of
equal efficacy, to the cholera poison.

To nothing do slave-owners attach more importance, in their
efforts to preserve the health of negroes, than to the quality of the
water used as common drink. And, with the single exception of
the mistaken notion now prevailing somewhat extensively, that rain
or cistern water is a certain prophylactic against cholera, the im-
portance of the subject is not over-rated. Rain-water properly
preserved in cemented cisterns, is undoubtedly the most wholesome
of any in use, inasmuch as it is known to contain a less amount of
mineral impregnations, and the vegetable and animal matters which
may be infused, are in a short time, if permitted to stand undisturb-
ed, precipitated to the bottom. That rain-water, however pure it
may be, is not a certain preventive of cholera, has been too often
proved to admit of further question. Doubtless the use of impure
water is often a predisposing or exciting cause of this, as of other
diseases, and therefore those who drink good water are less liable to
suffer, than those who do not; but in no other respect can it be
considered a prophylactic, than as wholesome food, and proper pro-
tection from vicissitudes of the weather, are prophylactic. All
observation goes to show, that they who habitually drink well-water,
made hard or brackish by solutions of the salts of lime and soda, are
scarcey more liable to attacks of cholera, or other diseases, than
others as habitually accustomed to the present cistern-water. Upon
plantations, however, good cisterns are important, particularly on
the low alluvial lands, because the wells dug in these soils, are sup-
plied with water, to a large extent, by the percolation of the rains
through masses of vegetable and animal materials, taking with them
more or less of whatever is soluble; and these are the kind of im-
purities most to be feared, in their deleterious effects upon the slave
population. But it must be considered, that slaves are not addict-
ed to one of the principal habits which cause artificial thirst, the
use of alcoholic potations, and therefore they consume less water
than intemperate white laborers would, under similar circumstances. The use of tobacco is the only habit which proves injurious to slaves in this respect, and this to a much less extent than intoxicating liquors, which are taken by white workmen with the water, constantly increasing the evil which it is their aim to remedy.

From all that has been said, it appears evident, that although the distinctive peculiarities of the negro as a southern slave, place between him and the white man a less extent of interval than some have supposed, yet there are, in his habits and character, as well in his bodily and mental constitution, such differences, as must render inapplicable, to a large extent, the teachings of medical authors, whose study and practice have been confined to the white race in northern latitudes. On this account it is of the utmost importance, that young men educated with a view to become southern physicians, should not only receive the advantages of southern instruction and experience, but should have ample opportunities to observe the habits, diseases, and treatment, of the slave population. If it be true, as has often been remarked, that the writings of European authors, who form their opinions upon their observations of diseases and treatment in large cities and hospitals, are not well adapted to instruct and qualify for successful practice, the physicians of the northern states of America, it is equally and still more strikingly true, that the same European authors, even when commented upon and explained by American editors, and even the writings and teachings of the eminent physicians of our northern cities themselves, can be but poorly calculated to give wholesome instruction, touching the diseases and treatment of the white population of the southern states. How much less are any of them qualified, however learned they may be, to give instruction for the successful management of the negro race in a state of southern slavery. As well might we expect, that the New England farmer would be qualified, for the successful management of cotton and sugar plantations, without southern teachings and experience in his particular calling.

The peculiarities of the mental constitution of negro slaves, render these special qualifications for practice among them the more important. No class of people more urgently require, that the physician who attends them in their diseases, should rightly understand their mental characteristics; without which, indeed, it will be found impossible to secure their confidence, and inspire them with the hope of recovery, so essential to success. They all have sufficient penetration to discover the existence of any want of acquaintance with their peculiar accentricities, and necessities, and whenever they adopt the belief that their physician is deficient in this respect, he labors under great disadvantages in his treatment, and in many cases all his efforts will, on this account, prove nugatory. When we come to treat of special diseases, we shall have occasion to show that no people can be more completely under the the influence of the mind in sickness, than the negro race.—[Memphis Med. Recorder,
Clinical Observations on the Peculiarities of Empyema.

Dr. Finn exhibited to the County and City of Cork Medical and Surgical Society, March 28, 1855, some pathological specimens illustrative of empyema, and made the following clinical observations on the peculiarities of the disease.

Influence of Sex. In 30 cases, 25 were males—a result exhibiting a remarkable discrepancy between the sexes, in respect of liability to this disease; but which result, however, harmonizes with the general experience. In Dr. Hamilton Roe’s table of 24 cases, 21 were males; in that of Dr. Hughes, of Guy’s Hospital, out of 25 cases only two were females.*

Age. The average age varied from 18 to 35, 4 only having exceeded 40, 3 not having reached the tenth year, the youngest having been about 5. According to Dr. Hamilton Roe, 12 or one half, were between 18 and 45; under 18, 6; above 45, 6; the oldest having been 62. According to Dr. Hughes, 18 in 25 cases occurred between 18 and 45; under 18, 4; and above 45, 3; the oldest having been 48.

Side affected. The left was the side affected in 19 out of 30 cases; in the several cases of effusion into the left pleura, displacement of heart towards the right side was observed; in one case of very considerable effusion into the right pleura, the heart was observed to pulsate in the left axilla. In no case that came under notice were both sides affected.

Decubitus. The cases observed were only seen at an advanced period of the disease, when the decubitus was almost uniformly on the affected side. In one case of circumscribed empyema of the left side, overlying the diaphragm† (which formed its floor, adhesive inflammation having united the opposed surfaces of the lung and diaphragm around it,) the decubitus was indifferently on either side, but more conveniently dorsal. In another case, the decubitus was on the unaffected side, notwithstanding the existence of dextrocardia.

Pain. In 9 only of 30 cases was pain complained of; and this varied much in its character, having been in some instances acute, whilst in others it amounted to a mere sense of uneasiness in the affected side, and sometimes in the opposite one. This result would suggest a conclusion quite antagonistic to the preconceived notions on this subject, pleuritis being par excellence associated in

* It is not a little remarkable that, during the recent prevalence of ague in this city (which immediately succeeded the epidemic pleuritis forming the subject of these observations,) the influence of sex was also remarkably manifested, a comparatively small number of females having suffered from this disease.

† The inflammation in this case involved a portion of the diaphragm, which occasionally, under such circumstances, manifesta very high degree of sensibility, as referred to in the interesting article on “Pleuritis,” in the Cyclopaedia of Practical Medicine; and yet the subject of this case complained of no pain, but suffered much from constant irritability of stomach during the whole course of his illness.
Peculiarities of Emphyema. [February,

the popular mind, with pain. A very slight acquaintance, however, with thoracic pathology suffices to demonstrate that absence of pain is not incompatible with pleuritis of a very decided character, as exemplified in those rigid adhesions which almost uniformly unite the opposed pleure in the vicinity of tuberculous deposits in the apices of the lungs. In tuberculous pleuritis, the inflammation takes the initiative in the pulmonary pleura; and a question naturally suggests itself—whether the absence of pain in such cases generally is to be attributed to its concentric origin? The author of the article "Pleuritis," in the Cyclopedia of Practical Medicine, observes, however, that the pain present in such cases indicates the existence of tubercles long before they may be recognized by auscultation. This observation is not consistent with Dr. Finn's experience, as he has rarely observed the subjects of tuberculous disease refer pain to the part of the lung affected; and in the majority of cases, pain, if present, was referred to the precordia region, or in some instances to the unaffected lung, the increased requirements of respiration having imposed upon it a compensating duty. In pleuro-pneumonia, or pneumo-pleuritis, according to the more correct nomenclature of Dr. Watson, acute pain is referred to the region of the chest corresponding to the affected portion of the lung; but in this instance, in consequence of the sudden increase in the volume and consistence of the lung (the result of rapid engorgement,) the pressure on the costal pleura probably occasions the pain in question.

The susceptibility to pain of the costal appears to contrast remarkably with that of the pulmonary pleura, the nervous sensibility of the latter being modified by the laws which preside over organic life. Should any viscus, whether above or below the diaphragm, become the seat of organic change, the investing serous membrane is necessarily more or less involved, due allowance being made for the difference of the phenomena of serious inflammation in the localities referred to; and yet such deviations from the normal state, in which inflammation, in some form, plays its part, are not in general manifested by any consciousness of pain on the part of the individual.

In pleuritis terminating in empyema, the almost uniform coincidence of pulmonary disturbance suggests the probability of the concentric origin of that disease also; and this fact, if established, may offer, if not a solution, at least an approximation to one, of the absence of pain, and of the insidious progress which this affection so frequently presents.

Relation between Pleuritis and Bronchitis. In proceeding to canvass the subject of the relation between pleuritis and bronchitis, Dr. Finn recalled the attention of the society to the epidemic constitution which characterized the close of the year 1848 in this city. During the autumn of that year, on the occasion of the subsidence of the epidemic fever and dysentery of the years
1846-'47, influenza supervened, and prevailed with unusual severity to the summer of the year 1848. During that period and the two subsequent years, the writer exhibited, at almost every meeting of the Medical Society, pathological specimens illustrative of every variety of pleuritis, and specially called the attention of the Society to the remarkable frequency of this disease at the period referred to, as observed in the several hospitals in this city.

On inquiring into the history of each case, it was ascertained that this affection was preceded in almost every instance by bronchitis, or the prevailing influenza.

This result would appear to establish the relation of cause and effect between bronchitis and pleuritis, in the cases referred to in this paper, the congestion of the lungs, in the asthenic type of the former disease, determining more or less of structural change in the contiguous pleura; which change subsequently involves a corresponding extent of the opposed costal pleura; and this view is rendered further probable by the analogy offered in the order of succession of the pathological phenomena in phthisis and pneumonia.

Tuberculous Disease of the Lung.—Of 30 cases, only 2 died of tuberculous disease of the lung; in Dr. Roe's table, 3 out of 25; in that of Dr. Hughes, 6 out of 25 (a much larger proportion) presented that complication. The comparative infrequency of pulmonary tubercle, in connection with this affection, would imply that there existed a slight relation, if any, between these diseases; and this view is further confirmed by the fact that the tuberculous complication in one of the cases was confined to the opposite lung; as if the serous inflammation, however much it may have interfered with the functions and altered the form and consistence of the lung, yet exerted a conservative influence in preventing tuberculous deposit. This exemption from tubercle should excite surprise, when it is taken into account that, in almost all the cases that came under notice, there existed a physical condition eminently calculated to call into activity the tuberculous diathesis.

Bulging of the Intercostal Spaces. In one case only was protrusion of the intercostal muscles observed. The subject of this case was a child, aged eight years, whose illness, previous to admission to the hospital, had been referred to phthisis; an opinion not confirmed by the physical examination of the chest, which immediately revealed the real nature of his illness, the intercostal spaces

* It may be important to observe that, contemporaneously with the influenza and pleuritis, the so-called cattle disease prevailed.
† In sixteen cases of empyema observed by Dr. Walshe, as referred to in the last edition of his work on Diseases of the Lungs, &c., no single case of haemoptysis occurred.
at the left side occupying a plane considerably anterior to the ribs,* whilst, at the same time, the heart pulsated under the right nipple. This case, after a very protracted illness, terminated fatally; and, on making a post-mortem examination, the affected pleura was found to contain an enormous quantity of fluid, entirely purulent. The result of the autopsy in this instance favours the views of those who connect protrusion of the intercostals with the purulent character of the contained fluid; but in two out of four other cases, which also terminated fatally, the products of inflammation were equally purulent in the absence of any change in the muscles referred to. The inference, then, appears to be, that the phenomenon in question is irrespective of the purulent character of the effused fluid merely, and that other conditions are necessary to its production.

Paracentesis Thoracis. In one case of great urgency,† this operation was resorted to, other means having failed to afford relief; and owing to a recurrence of the urgent symptoms, it was twice repeated with great benefit.

In this case, the expectoration, previously profuse and purulent, immediately presented a marked diminution in quantity, and alteration in quality, which both continued for several days.

This result coincides with the observations of the late Dr. Greene‡ on this subject, and should perhaps excite surprise, as a priori reasoning would suggest the reverse, a large area of secreting surface being released by the operation from the pressure of the superincumbent fluid. The explanation of this interesting fact may probably be referred to the physical phenomena of endosmose and exosmose, the sphere of there activity being, in this instance, the portion of the pleura interposed between the effused fluid and the mucous membrane of the air-passages. Under such circumstances, the exosmose to the mucous membrane may be supposed to cease, or at least to be considerably diminished, on the occasion of the removal of the fluid contents of the cavity of the pleura.

Were fistulous communications between the lung and cavity of the pleura of frequent occurrence under such circumstances, a satisfactory explanation may thus be afforded; but such complications are rarely observed, and the pathological changes that ensue are admirably calculated to provide against this contingency; the investments of the lung being generally much increased in width, whilst the lung itself is diminished in volume.—[Dublin Quarterly Jour. of Med. Sciences.

* The comparatively rare occurrence of protrusion of the intercostal muscles may further imply that the inflammation had its inception in the pulmonary, not the costal pleura; but, in the more advanced period of the disease, the internal aspect of the cavity of the pleura, when presented to the notice of the pathologist, is, in general, so assimilated by the structural changes observed, that it is impossible to assign to either pleura a priority in morbid action.
† In this case only, a loud splash was heard on succussing the patient.
On the part which Acidity of the Mouth plays in the Muguet of Infants.

By Dr. Seux, Head Physician to the Hospice de la Charité of Marseilles.

The mouth of the adult, which in health has an alkaline reaction, may in the morbid state become acid. Thus M. Donné has found the saliva to be acid in cases of gastritis, and it is known that in the muguet of the adult the mouth presents a very decidedly acid condition. This acidity has also been found to exist in the muguet of infants; in fact, M. Gubler, in a note on muguet inserted in the Gazette Médicale of the 26th of June, 1852, observes—"I ascertained that children labouring under this singular affection have always extreme acidity of the mouth. The mucus covering the tongue, the cheeks, and every other part of the bucco-pharyngeal cavity strongly reddens litmus paper even the moment after the child has sucked. This reaction exists before any trace of muguet is perceptible; but then there is already a very intense raspberry-like redness of the mucous membrane lining this first portion of the digestive tube; so that from the coincidence of these two peculiar conditions we may anticipate the invasion of the cryptogame." But it was especially important to ascertain if the mouth is alkaline in an infant in good health, as it is in the adult. In order to decide this point, I have made numerous researches, from which it appears that the mouth of children at the breast in good health is ordinarily acid. I have verified this fact repeatedly both in private and in hospital, and as well at the moment of birth as some days and even some months subsequently; I have found it to be the case whatever was the strength of the child, or whatever were the hygienic conditions by which it was surrounded. My observations have been attended with the same result in children who have continued well, as in those who have, at a later period, suffered from illness.

Not satisfied with having established the fact myself, I requested Dr. Magail, junior, assistant-surgeon to the Maternité, to undertake similar investigations, and the results obtained by him have agreed with mine.

I did not commit to writing the results of all the observations I had the opportunity of making; but the following are the details contained in the notes I possess on this subject:

These notes refer to one hundred children in good health, aged from a few minutes to ten months. Of these one hundred subjects, eighty-seven were at the Hospice de la Charité, and thirteen in private. In five only the mouth did not present a trace of acidity on the first examination, made some hours after birth; but on a second examination instituted in three of them two hours subsequently, the mouth was acid; in the ninety-five other children there was invariably proof of acidity from the first.

I have arranged these children in three classes: those who had
Acidity in 2, in 3, those in those in [23x52]. This the knows predisposing thus influence of decided previously red.

From the foregoing I infer:—1, that the mouth of infants in good health is acid; 2, that this normal acidity becomes more decided as the children grow older; 3, that suckling is not without influence on this acidity.

The fact of the normal acidity of the mouth of the infant being thus established, I am inclined to look upon this condition as a predisposing cause of muguet, for every one at the present day knows that the presence of acids is favourable to the development of the vegetable element of which this production is composed. This normal acidity of the mouth in infancy may therefore explain the predilection of muguet for that age.

Since, then, it is probable that acidity of the mouth in the adult
affected with muguet precedes this affection, it may, perhaps, be its cause and not its effect. It will be easy to ascertain if, in the adult, in the chronic diseases which are sometimes followed by muguet, the mouth is acid before the development of the latter. The facts I have just pointed out call for new observations, and for my part I shall neglect no opportunities of completing the researches I have commenced on this subject. Thus it would be important to know at what period of childhood the mouth becomes alkaline. Hitherto my object has been to ascertain the part played by the acidity of the mouth in the muguet of infancy; I think I have attained it in proving that it ought to be considered as a cause, and not as an effect of that disease, as this acidity constitutes the normal state. — [Gaz. Méd. de Paris. Dublin Med. Press.

Seven Cases of Tetanus. Communicated by C. Stilwell, of Long Island, New York.

CASE I.—A strong, active woman, injured the sole of her foot by stepping upon a nail. A week after the injury, symptoms of locked jaw supervened. The spasms where regular and frequent. A consultation agreed in the diagnosis. Treatment—I administered half a drachm of tinct. opii, and one sixth of a grain of tartar antimony until one ounce was taken of the former, without any symptom of narcotism. Emetics were used after the eighth dose with a temporary relief of all the symptoms. I applied, to the entire length of the spine, a liniment of turpentine and laudanum, and administered half a drachm of sp. terebinth. by mouth, every two hours, until seven doses were taken. On the second day, the character of all the symptoms assumed more the peculiarities of hysteria than true tetanus. The spasms were of every variety. Emprosthotonos, opisthotonos and pleurothotonos would succeed each other. Recovery took place at the expiration of two weeks by a gradual subsidence of the spasms.

CASE II.—A lad of 12 years of age received an injury in the bottom of the foot. When called to him I found slight rigidity of the jaws and muscles of the back. He complained of an aching sensation in the back and neck. The expression of his countenance was anxious, and the corners of his mouth were slightly drawn down—closely approximating in expression the "risus sardonicus." Treatment.—I covered the wound with a tobacco poultice. Applied to the spine a liniment of tinct. opii., aconite and turpentine, and administered internally tinct. opii. and spts. terebinthine. There were no spasms, and recovery was immediate.

CASE III.—A man aged 35, of intemperate habits, slightly injured the nail of his thumb. A week after the accident, he complained of rigidity of the muscles of the neck. Complete trismus soon supervened, with regular spasms. He died on the third day.
Treatment.—Dover's powders and quinine every four hours, turpentine in drachm doses, with liniment to spine of tinct. opii. and terebinthinæ.

Case IV.—A young mechanic, of sound health, received a slight contusion in the palm of the hand. A few days after the accident he was seized with a spasm. The jaws were locked for a few minutes. He complained of stiffness of the neck and back. The wound was opened, and a sedative poultice applied. A large tobacco poultice was applied to the throat, and Dover's powder administered internally. No further treatment required.

Case V.—A lad, 12 years of age, was taken with idiopathic tetanus. I administered chloroform by inhalation, applied turpentine and laudanum to spine, gave turpentine and laudanum in large doses internally. He died.

Case VI.—This case, of a boy 13 years of age, presented several peculiar and interesting phenomena. For several days previous to any alarming symptoms manifesting themselves, his countenance would assume at times a peculiar and sardonic expression. His parents threatened to punish him for making faces—not believing anything to be the matter with him. There was complete trismus, with general spasms, during which his body would form a complete arch on the bed. There was strabismus of both eyes.

Treatment.—Quinine and Dover's powders. Turpentine liniment to back, combined with chloroform and laudanum, occasional doses of calomel to move the bowels, followed by enemata of turpentine and oil. He recovered in ten days by a gradual subsidence of spasms. For several weeks after convalescence he occasionally had a slight spasm. During his illness a splinter was discovered beneath the nail of the big toe.

Case VII.—This case was a child, 10 years of age, and admitted of more doubt than either of the preceding. A consultation decided that it was idiopathic tetanus. There was no trismus or stiffness of the muscles of the neck, but the spasms were confined to the back and lower extremities. I applied lint wet with chloroform to the spine, until partial restoration occurred, and exhibited internally camph., tinct. opii. and chloroform every half hour. The spasms soon ceased.

That the eastern end of Long Island predisposes to this disease from slight causes, I think no longer admits of doubt. Every domestic animal, excepting the dog and cat, are subject to it. The emasculating process produces more accidents from this cause alone than all others combined. The nature of this endemic influence I fear will never be satisfactorily explained; the fact that it exists, I think, is proved. Where no cure is known, prophylactic treatment deserves increased attention. A domestic remedy of almost universal application here, is salt pork worn upon the wound. As all the cases I have treated had availed themselves of this application, nothing further can be said in favor of the "por-
cine fomentation." It has also been the custom here to have every wound opened, and, frequently, irritating liquids injected. I have never believed any benefit was derived from this course. Of wounds (particularly punctured and contused) I have never known a single accident occur when treated with tobacco and opium. Of the pathology of tetanus we are entirely ignorant. I believe the traumatic form originates first locally in the wound, and the excito-motory nerves become deranged from this local cause. The chances of successful treatment, then, consist in powerful sedative applications to the wound. But if the wound exists, then make the applications to the spine. Chloroform by inhalation gives only temporary relief—the frequent repetition soon exhausts the vital powers. Bleeding and warm baths I have never derived any benefit from. Active medication by mouth I think will disappoint expectations. Strychnine I have never used, but if any future cases present the opportunity for its trial I will give you the results.—[Boston Med. and Surg. Journal.

Opacity of the Cornea treated by Operation.

Dr. M. Davis reports the following cases of opacity of the cornea treated by operation under the care of Mr. Haynes Walton and Dr. Taylor. A man about 50 years of age, a patient of Dr. Taylor's, had a quantity of lime thrown into his eye four years ago. The eye was immediately washed out, and it was supposed that all the foreign matter had been removed, but a dense white opacity remained, covering nearly two-thirds of the cornea, and completely concealing the pupil when in a state of medium contraction. Many ineffectual attempts had been made to remove or diminish the impediment to vision, by means of lotions and other local applications. On examining the eye minutely, it was seen that the opacity was smooth and uniformly covered by the epithelium; its upper edge, where it did not extend to the margin of the cornea, was shaded off gradually, and the surface generally appeared slightly more elevated than that of the clear part of the cornea. This elevation, taken in connection with the history of the case, led Dr. Taylor to suspect that the apparent cicatrix was formed by a portion of the fine which had not been removed at the time of the accident, and had become incorporated with the corneal tissues. He therefore with a fine iris knife, carefully raised the epithelium in front of the pupil, and found that, by careful manipulation, the opacity could be chipped off in small flakes, and that in no part, towards the centre of the cornea, did it appear to have penetrated the anterior elastic lamina. After clearing the pupil, the operation was suspended for the time, partly on account of the severe pain which it occasioned, and partly to avoid the risk of inflammation. On a subsequent occasion, the remainder was removed, with the exception of a few small spots towards the

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margin of the cornea, which appeared to be due to interstitial inflammatory deposit.

The slight haziness which remained after the operation was speedily dissipated, and the man was dismissed with almost perfect vision. Chemical examination showed the opaque matter to consist of carbonate of lime.

In another case, also under the care of Dr. Taylor, the opacity was removed, partly by operation, and partly by the process of absorption, excited by mechanical irritation.

The patient, a female, 24 years of age, had been subject, till within the last six years, to attacks of ulceration of the cornea. She now applied on account of a central milky opacity of the right cornea, shading the pupil and destroying useful vision in the eye. It had remained undiminished in size for six years, notwithstanding a great variety of local applications. Near the centre of the opacity were two small, dark-brown spots, situated apparently, in the substance of the cornea. These were, probably, the effects of a former long-continued use of nitrate of silver solution, while the cornea was ulcerated. The surface of the opacity was readily peeled off in small flakes, by a cautious use of the iris knife, but the brown spots were found to be so deep-seated, that Dr. Taylor did not consider it prudent to interfere with them, especially as they would not impede vision. The result of this little operation, which has since been repeated, has been the rapid diminution of the opacity, and corresponding improvement in vision; and as absorption is still going on steadily, there is every prospect that the sight of the eye will be completely restored.

It might be objected, that the following case ought not, in strictness, to be placed under the heading of this report, but it is given, not only on account of its great peculiarity, but because it is somewhat allied to the above.

T. P., aged 33, a meteorological instrument-maker, discovered, about four years ago, that the left eye was misty. The mistiness increased slowly, and attributing the failing of sight to the injurious effects of his trade, he disregarded professional advice, till the right eye had given evidence of the same kind of obscurity that had attacked its fellow, and now he applied to Mr. Walton. The eye first diseased, the left, is virtually blind, for nothing can be seen with it, as in the centre of the cornea there is a brown oval opacity, placed transversely, large enough to cover the pupil, and dense enough to intercept light. It is of a sepia colour, and shaded towards the extremities, not raised, and possessed of the same lustre as other parts of the surface of the cornea.

The right eye is affected in a similar manner, but in a less degree, and enough of the pupil is yet uncovered, that with a magnifying glass the coarser works of his trade can be executed. There have not been any subjective symptoms, and he himself is quite unaware that there are brown spots on his eyes.
Mr. Walton directed atropine to be used to the left eye, the effect of which was to dilate the pupil beyond the opacity, and thus to enable objects to be seen with that eye nearly as well as with the other.

The right eye was then treated in the same manner, and the vision was improved. The patient now expressed himself quite satisfied with the benefit received, and desired to cease attendance, but yielded to the request of Mr. Walton to attend another day, that he might ascertain how far the opacities were capable of being removed by operation. An attempt was made to scrape a portion of one away; but a clear surface beneath could not be obtained, as the disease had extended into the true texture of the cornea, and perhaps completely pervaded it.

Dr. Taylor, who had taken his microscope to the hospital, to examine, in a fresh state, whatever might have been removed, found that the portion separated consisted of epithelium, some of which contained pigment granules.

I must beg to observe that, so far as my personal experience goes, opacities resulting from loss of substance of the cornea; in fact, cicatrices and interstitial deposits from inflammation are not capable of being pared away, but depositions, for the most part consisting of earthy materials on the surface of the cornea, and the accidental impingement of a foreign substance, as in the first case, may be so removed.—[Medical Times and Gazette.]


The subject of cancer in children is nowhere treated of, probably on account of the rarity of this affection during the early periods of life; however, there is not a year in which the author does not see some cases of it.

For a very long time, cancer was met in children only in the orbital cavity, whether it took its origin from the globe of the eye or from the base of the orbit. It has since been proved to occur in the testicles. Dupuytren operated on several such cases; M. Guersant has also removed six or seven testicles effected with cephaloid cancer. Cancer has also been found in other parts, but less frequently, unless in the vulva. Ought we now to make a distinction between fibro-plastic and cancerous tumours? M. Guersant is strongly disposed to class them together, on account, he says, of the tendency the former possess, in common with the latter, to relapse. He admits, however, that their relapse occurs less frequently; and in this point of view they have a character of relative benignity which should be borne in mind, but they are nevertheless, according to this surgeon, closely allied to cancer.

The progress of a cancerous affection in a child is much more rapid than at a more advanced age. At the Salpêtrière and Bicêtre, cancer is seen in old patients to remain stationary for
fifteen to twenty years. In children, on the contrary, the progress of the disease is terrific. In a young boy, under M. Guersant’s care for a cancerous tumour in the orbital cavity, the eye was driven out of the orbit in less than six weeks. The sufferings of this little patient were fearful; the globe of the eye was extirpated, but the disease returned with extreme rapidity, and at the end of a month the ethmoid was destroyed.

The prognosis in cancer in children is, therefore, very unfavorable; and because there is no chance of the disease remaining stationary, the indication is to operate with more rapidity and energy than in adults. But, on the other hand, relapse is so general and occurs so quickly, that we ought to resolve on operating only with the view of procuring temporary relief from intolerable sufferings; nor should we fail to warn the friends of the patient of the likelihood of the disease returning.

M. Guersant quotes, in support of these remarks, a case which terminated fatally; although on post-mortem examination, nothing but fibro-plastic tissue was found in the tumour, the destruction of which had been attempted. The patient had been a little girl, aged thirteen months, who had a tumor in the vulva. This tumor was tied by a surgeon on the 6th of November, and came away. The disease relapsed, and on the 18th December a second ligature was applied; relapse occurred still more speedily than on the first occasion. In January, the second tumor was pretty large, and its presence gave rise to sympathetic vomiting. The child was presented to the Surgical Society, the members of which body verified the existence of a multilobular tumour, with prolongation into the vagina. Although it was difficult to trace its limits, M. Huguir advised removal with the bistoury, and cauterization of its roots. M. M. Lenoir and Guersant were of opinion that the results of such an operation would be incomplete. However the tumour mortified, and the child fell into a state of marasmus. M. Guersant thought it advisable once more to have recourse to ligature; but the little patient was already exhausted, and sank in a few days from adynamia.

Should excision have been more successful? It is not probable. Nevertheless, in another case, M. Guersant, considering such an affection as a sort of polypus, would excise it early, and cauterize its base with liquid caustics; and if the vagina was large enough to admit of these means, he would not despair of obtaining a more or less permanent cure.—[Dublin Med. Press, from Jour. de Méd. et de Chirurg.]

Treatment of Chancre.

From observations conducted on a large scale at the Vienna Hospital, Dr. Sigmund concludes—1. Chancre can only be treated locally during the first four days, and the further we recede from
this, the greater the urgency of the general treatment. 2. The local treatment consists in cauterization, which effectually destroys all the chancrous exudation to the sound tissue. 3. The observation of more than a thousand cases during eleven years, assures Dr. Sigmund that secondary symptoms never occur when the chancre has been completely destroyed within the first four days. He is only aware of two doubtful cases in which cauterization on the fifth day even has not prevented accidents. The best caustic is the Vienna, composed of quicklime and two or three parts of caustic potass. Cauterization should also be practised even after the fifth day, for although the chances of preservation from secondary syphilis are diminished, they are not totally abolished; and we prevent the chancre being communicated to other parts of the same patient, or to other individuals. 4. The general treatment consists in the methodical employment of mercury, no other means curing so quickly and so surely. 5. In the exceptional cases in which secondary symptoms occur in spite of general treatment, they are not found in an aggravated form. 6. According to circumstances, the general treatment should be continued for six or twelve weeks. The levity with which the public and the profession at the present time regard venereal symptoms, should be met by the strongest opposition. 7. Clinical observations shows that every chancre, well diagnosticated, and not carefully destroyed, leads to secondary symptoms, if general treatment has not been instituted. This will be admitted by all who establish a rigorous diagnosis, and look for secondary symptoms soon enough where they are first to be found, viz: in the lymphatic glands. 8. Positive diagnosis is alone attainable by inoculation or the production of secondary symptoms. 9. Secondary symptoms are usually observed about the sixth week after infection, and very rarely later than the twelfth; and we must not always depend upon the patient's assertion, but make ourselves a rigorous search for their early manifestation. If between the sixth and end of the twelfth week no secondary symptom has shown itself, and the local manifestation has disappeared, the patient may be pronounced cured—the few exceptions that occur notwithstanding. 10. The amount of mercury administered varies according to the indications offered by different patients. The dietetic and hygienic management, both during and after taking the mercury, is too much neglected.—[L'Union Médicale. American Jour. of Med. Sciences.


Dr. Mathysen's bandage was employed in thirty-six cases of fractures of various kinds early in 1854. The bandage is prepared by stretching it upon a table, and well rubbing powdered gypsum into it on each side. It is then rolled up or otherwise ar-
ranged, according to the use to be made of it. Immediately before applying it, it is dipped in water or other fluid, the limb being protracted by a flannel or other bandage prior to its application. Any portion of the bandage that is found not to have become wetted is moistened by a wet sponge. Flannel will take up twice as much gypsum during the rubbing as linen; but it is more clumsy, and not so easily applied. If a very firm, immovable bandage is required, some of the gypsum, in the form of a thin paste, should be applied during the last turns of the bandage. Its appearance is much improved by passing a damp sponge several times along it while still wet, and at a later period it may be smoothly polished by means of glass. To remove the bandage, it only requires to be again well wetted.

The Reporters pronounce this bandage to be the best of all hitherto invented, including those that most resemble it, as the starch bandage, upon the following grounds: 1. The rapidity with which it hardens. 2. Its simplicity and easy application. 3. Its small cost. 4. The ease with which it may be removed—the linen composing it being available, after twenty-four hours' soaking, for new bandages. 5. Its firmness and immovability render it suitable for the most oblique and difficult fractures. 6. From its rapid hardening and its firmness, it is well adapted for those cases which require extension and counter-extension to produce coaptation of the fractured parts. The position obtained remaining unchanged, apparatus of extension, so uncertain in operation, and so annoying to the patient, is not required. 7. The ease with which it is borne. 8. Its porosity. Cutaneous transpiration is not quite suppressed, and if the fracture be complicated by wounds, ulcers, &c., these are indicated by the discharges making their way through the bandage. 9. The gypsum bandage is a good conductor of heat, and a bladder of ice placed over some oil-skin, around the fractured part, takes effect in five minutes. 10. When the bandage is properly applied, the form of the limb is so well displayed, that any irregularity of the fractured part may be judged of externally. 11. Its handsome appearance and regularity distinguish it from all analogous bandages. 12. Fractures seem to unite sooner under its employment.—[Brit. and Foreign Med. Chiurg. Rev. from Annal. des Charité-Krankenhauses.

The strictest Caution requisite in Chloroformization in Midwifery Practice.

Dr. M'Clinток briefly relates (June 6, 1855) to the College of Physicians in Ireland, the history of a case of chloroformization in midwifery practice, in order to show the great necessity that existed for always using the utmost caution and circumspection in the employment of chloroform inhalation in labour, as well as the great importance of intrusting its exhibition to none but a medi-
cal man. He did so because the writings and practice of some of the foremost advocates for anaesthesia had led many persons to suppose that the administration of chloroform to parturient cases was almost, if not entirely, free from danger—a most dangerous fallacy, and one that would inevitably lead to disastrous consequences is generally acted on.

The leading circumstances of the case he brought forward were these: A healthy woman, aged 28, was admitted into the Lying-in Hospital, in labour of her first child, some days before. The first stage was very tedious, in consequence of an unyielding condition of the os uteri, and much general irritability. With a view to relieve this state, and to give her some rest, as she was much harrassed by frequent short pains, it was thought advisable to put her under the influence of chloroform. For about an hour she got it in small quantities—in fact, merely chloroform à la reine—but without experiencing any benefit, and without its producing any anaesthetic or soporific effect. The quantity put on the sponge a large cup-shaped one, was now increased, but still could hardly have exceeded one drachm, and was not more than is habitually given in the hospital to patients undergoing obstetric operations, to which cases its use is chiefly limited; and it was administered by the senior assistant, who has had ample experience of its use, having given it before in hundreds of instances. After the sponge was reapplied to her mouth, and she had taken three or four inspirations, a change came over her countenance, the eyeballs turned up, the pulse left the wrist, respiration was suspended for a space of time that would have occupied about three or four inspirations, and some froth collected at the angles of the mouth. On the first appearance of these alarming symptoms, the sponge was instantly withdrawn, the free circulation of fresh air was promoted, the face and chest were aspersed with cold water, and ammonia was applied to the nostrils. It should, perhaps, be mentioned that during the entire of the above period she was in bed, and lying down. Under the influence of these restoratives, animation gradually returned. It was evident, however, to all around—and many of the pupils were present—that she was all but gone, and that her life was preserved by the early recognition of the poisonous effects of the medicine, and the prompt and judicious employment of appropriate restoratives. Hardly any one will venture to deny that had this woman been in non-professional hands, her life would have been lost. That she got a dose of chloroform which, to her, was an overdose, is sufficiently obvious; and yet the quantity given, the quality of the chloroform used, the mode of exhibition, and even the administrator, were all the same as on hundreds of previous occasions, when everything went on favorably. Hence, then, the absolute necessity for invariably and uniformly observing the strictest caution, prudence, and circumspection in the employment of this powerful agent, and never intrusting its ex-
A case that strikingly illustrates these remarks is recorded in the *Medical Times and Gazette* for April 14, 1855, where a lady died in the course of a natural labour, from the effects of chloroform administered to her by the nurse, on a handkerchief, without the sanction or knowledge of the doctor, who was in the house at the time. The quantity used in this case, with fatal effect, could not have exceeded five fluidrachms.


**Complete Dislocation of the Lower Jaw reduced by a new method.**

By W. Colles.

Miss——, æt. 25, whilst indulging in a protracted yawn, felt a jerk in the jaw, and found she could not close her mouth. She immediately applied to a medical man in her neighborhood, who recognized a dislocation, but failed in his efforts at reduction. She then applied to Mr. Colles. "The mouth was open, the symphysis of the jaw slightly projecting. On applying the fingers to the angle of the jaw, and tracing the ramus upwards, it led in a direction much anterior to the position of the articulating surface. The posterior edge of the bone could be most distinctly felt, and a broad furrow or hollow existed between the bone and the ear. The heads of the bone were felt and perceived prominent in front of their natural position, so that the face appeared broader at this place than natural.

"Before attempting reduction, I wished to ascertain the position in which I would have most command of the force to be used. Standing before her, I passed both thumbs into the mouth, but felt I would not have a position the most favorable for applying all my force, if necessary.

"I then stood behind her, and it at once struck me this was the position which afforded most advantages.

"Placing her head against my chest, I passed each thumb as far back on the corresponding side of the jaw as possible. By making a rotary motion from the wrist, I found the bone to yield; by now adding a motion of drawing the hand in towards the chest, the left side first, then the right, slipped into their positions, and the patient closed the mouth, the rows of teeth falling into their relative positions, and she now could speak plainly.

"I think there are many advantages to be derived from attempting reduction in this posture, viz: the surgeon standing behind the patient, the head applied to his breast, and the thumbs turned inwards on the corresponding angles of the jaw, the fingers under the bone in front.

"In the first place, the head is much more secure than in the original process, where it is applied against a wall, because in the latter the surgeon may press down the bone, and the patient gen-
Iodine appeared small, whereas and, generally will draw the head in the same direction by moving the body forward in the chair.

"By standing behind the patient, while depressing and pushing back the thumbs, he is pressing forwards with the chest, and thus fixes the head more steadily, and assists his manipulations; and even if the patient do move on the chair, a slight motion of his body will suffice to counteract this movement, and retain the head steadily fixed.

"Another advantage is, that he can use much more force, because when standing in front he can only use the muscles that depress the hands; whereas standing behind the patient he has the power of those muscles, and is assisted by the powerful class of muscles that rotate the thumbs inwardly; and, besides, in the former case his pressure is away from his body, whereas in the new position the pressure is more directly downwards and towards himself. The only disadvantage in this proceeding, if it can be considered one, is, that the mouth is stretched more than in the original plan."—[Dublin Hospital Gazette.

Cutaneous Nævi cured by Application of Iodine Paint.

S. Edwards, M. D., relates two examples of this. In the first case, the naevus was unfortunately situated on the side of the neck of a female infant. At birth it appeared simply as a small, red shining spot, which in three months increased to the size of a four-penny piece. The mother of the child at this time positively refusing to have any escharotics employed, fearing that it might give rise to a permanent and greater deformity, I recommended astringent and cold applications to be applied constantly, and this was kept up for some time, but with no good result. The naevus at the end of ten months had acquired additional size, and was observed to become redder and a little more elevated, whenever the circulation was increased by crying, etc. The parents still refusing any of my former suggested remedies, or even of vaccination, "until it got worse," I recommended the use of iodine paint, which was regularly employed by gently painting over the surface with a camel's hair pencil every alternate day, occasionally leaving it off for three or four days when the skin was very irritable and rough. Under this treatment I was pleased to find that the growth of the naevus was arrested, became smaller and mottled, and finally disappeared; a speck or two being alone visible to mark its former site.

The second case was very similar; occurred in a little boy nearly two years of age. The naevus was about the size of a shilling, but slightly elevated, and situated on the abdomen, and had gradually, but very slowly, increased since birth. No treatment had been employed, the physician who attended the mother of the child, having advised nothing to be done unless it increased. The
Contagiousness of Puerperal Fever.

M. Depaul believes that puerperal fever, especially when epidemic, is contagious. He relates the following examples. During an epidemic of puerperal fever at the Maternité, a midwife was entrusted with the case of a woman recently delivered, affected with a most severe metro-peritonitis. One morning this midwife, in giving the attention to the patient which her situation required, was powerfully impressed, and as if suffocated, by the emanations which escaped on raising the bed-clothes. The same evening a strong shivering fit occurred, her abdomen became very painful, pulse small and frequent, greenish vomiting, diarrhoea; at last all the symptoms most characteristic of puerperal fever. She died in forty-eight hours. At the autopsy the changes usually observed in cases of this nature were found, the tissues of the uterus being ulcerated. M. Depaul was enabled, moreover, to establish that this young woman was not only not in any form of puerperal state, but that she presented all the signs of virginity.

A physician was engaged in making the post-mortem examination of a woman who had died of puerperal fever, when he was summoned to attend a labour. Precautions of every kind, change of clothes, washing, could not rid him of the smell that autopsies of this kind commonly leave on the hands. The labour took place in the usual way, but in the evening the patient was seized with a most severe puerperal fever, and died the next day. M. Depaul relates also another similar case in which the woman died in a few hours.—[L'Union Medicale. American Jour. Med. Sci.

Pathological Anatomy of Chronic Hydrocephalus.

M. Blache, in a communication read before the Academy of Medicine, describes the details of the pathological alterations resulting from this disease. The following are his conclusions:—

1. In internal hydrocephalus, the serum accumulates in the cerebral ventricles, but not in the cerebellar or fourth ventricle; it does not communicate with the cephalo-rachidean liquid.

2. Contrary to the opinion of some authors, the white and the gray substances are recognizable in the nervous laminae, into which the fluid pressure transforms the ventricular walls; when the distension has not been excessive, the circumvolutions are also to be found, and, in all cases, thickenings, which are the vestiges of them.

3. The corpus callosum, fornix, and septum lucidum, are almost entirely destroyed and converted into fibrous laminae.
4. The tuberculum annulare, the cerebellum, and the origin of the cranial nerves, preserve their integrity, with the exception of more or less alteration always existing in the optic and olfactory nerves.

5. The ventricular membrane is thickened so much as to be capable of dissection throughout its whole extent, by which it has been established to be continuous with the choroid plexus, and prolonged across the aqueduct of Sylvius and the foramen of Monro.

6. In the interval between the two laminae, which, by facing each other, form the septum lucidum, it is easy to demonstrate the existence of the fifth ventricle, and its communication with the third.

7. The pituitary body is canaliculated.

8. The anterior orifice of the aqueduct of Sylvius was found obliterated in the two cases where this was examined; the cerebral cavities were thus completely closed.

9. Regarding the nature of the malady, the absence of all softening of the cerebral substance, and the very slightly plastic nature of the fluid effused, discountenance the idea of chronic hydrocephalus being the result of inflammation. In our opinion, says M. Blanche, it is a pure and simple hydropsy.—[Edinburgh Med. Jour, from L'Union Médicale.

Some Experiments on the Smoke of Tobacco.

In Froriep's Journal, of a recent date, an interesting article has been published on the habit of tobacco smoking, and on poisoning by nicotine. Amongst the facts there mentioned, are the experiments instituted by M. Malaper, a pharmacien of Poitiers. His intention was to ascertain the exact quantity of nicotine absorbed by smokers, in proportion to the weight of tobacco consumed.

The apparatus used consisted of a stone jar, in which the tobacco was made to burn, connected with a series of bottles communicating by tubes. The bottles were either empty, or contained some water mixed or not with a little sulphuric acid. From a few experiments, it was found that, in the smoke of tobacco extracted by inspiration there is ten per cent. of nicotine. Thus, a man who smokes a cigar of the weight of seventy grains, receives in his mouth seven grains of nicotine mixed with a little watery vapour, tar, empyreumatic oil, &c. Although a large proportion of this nicotine is rejected, both by the smoke puffed from the mouth, and by the saliva, a portion of it is nevertheless taken up by the vessels of the buccal and laryngeal mucus membrane, circulated with the blood, and acts upon the brain. With those unaccustomed to the use of tobacco, the nicotine, when in contact with the latter organ, produces vertigo, nausea, headache, and somnolence;
whilst habitual smokers are merely thrown into a state of excitement, similar to that produced by moderate quantities of wine or tea.

From further investigations it is found that the drier the tobacco the less nicotine reaches the mouth. A very dry cigar, whilst burning, yields a very small amount of watery vapour; the smoke cools rapidly, and allows the condensation of the nicotine before it reaches the mouth. Hence it comes that the first half of a cigar smokes more mildly than the second, in which a certain amount of condensed watery vapour and nicotine, freed by the first, half, are deposited. The same remark applies to smoking tobacco in pipes, and if smokers were prudent, they would never consume but half a cigar or pipe, and throw away the other. Smoking through water, or with long tubes and small bowls, is also a precaution which should not be neglected.—[London Lancet.

On the Minute Structure of the Liver, and on the Nature of the Change known as Fatty Liver. By M. A. Lereboullet.

From this elaborate prize essay, which occupies many pages, we can only extract the author's summary of his observations on fatty liver.

"1. The fatty degeneration of the liver is due to the accumulation of fat in the biliary cells themselves. 2. Special fatty cells are not formed, as biliary cells would then be found amidst the fatty ones, which is not the case. 3. Nothing authorizes us to admit that fat becomes developed in the interstices external to the cells. 4. The biliary cells may, by the accumulation of fat, acquire double or triple their normal volume, this development of the cells explaining the increased size of the fatty liver. 5. These cells entirely lose their secretory character, and no longer contain biliary granules: the biliary secretion is obstructed, and the contracted gall-bladder contains but little bile. 6. The fatty degeneration induces a decolorized state of the liver, which progresses from the periphery towards the centre of a lobule, giving the organ a spotted and reticulated appearance. 7. The decoloration arises from the development of the fatty cells compressing the portal vesicles, and impeding the circulation in them. 8. In the artificial fattening of geese, the liver only becomes loaded with fat after the other organs of the body; and especially the abdominal viscera, have become saturated with it. 9. The cells of the liver of fattened geese differ from pathological fat cells, inasmuch as the fat that fills the former always retains the form of distinct droplets, accumulated in the cell, to which they give an irregular appearance on distension; while in the pathological cells the fat becomes united into larger and larger drops, until the cell is at last distended by a single one like a balloon. 10. The fatty cells in the goose resemble, as regards the disposition of the fat in the interior,
the physiological fatty cells of the foetus and those of the lower animals. 11. The nuclei of the normal cells, as well as the biliary granules, disappear when the fatty degeneration commences. 12. The degeneration takes place simultaneously throughout the organ, but all the fatty cells do not present the same degree of development. 13. This change of biliary into fatty cells is observed in tuberculosis, cancer, cirrhosis of the liver, &c. 14. The deposition of fat in the cells appears to be closely connected with a diminution of the nutritive process, and consequently of organic combustion, which is the primary condition of that process. When the quantity of oxygen absorbed is less than in the normal state (as in tuberculosis, cancer, and probably all diseases of nutrition); or, when the respiratory elements (fæcula, &c.) are taken in too large proportions, the combustion of these substances is incomplete, and the chemical elements which enter into their composition combine so as to form fat, which is deposited in the biliary cells. — [British and Foreign Med. Chir. Review.

A Sign of Congenital Syphilis derived from a Special Alteration in the Lungs. By M. Depaul.

M. Depaul, in the introductory remarks with which he prefaces his account of this new sign, observes that a mother undoubtedly healthy may become infected by an embryo deriving its diseased condition from the father at the time of fecundation. He also regards constitutional syphilis as a much more frequent cause of sterility than it is usually supposed to be, and perhaps more especially when it exists in the man than the woman. When it does not prevent fecundation, it may prove fatal to the infant at various periods of intra-uterine life, or after birth. When death is caused at an early period of pregnancy, no anatomical lesion capable of accounting for this effect can usually be found; but when the disease arrests gestation later, it generally leaves evident traces of its existence. The skin, of all the other organs, is that in which its presence is most commonly manifested, pemphigus being the most characterissic form of disease, as long since pointed out by P. Dubois. In all but two or three of more than forty cases of pemphigus in infants, collected by M. Depaul, constitutional syphilis has been detected in one or both parents. His own observations have not shown him much with regard to the intra-peritoneal lesions described by Simpson as syphilitic; but he has met with cases in which traces of peritonitis co-existed with undoubted syphilitic lesions. He has several times found the fibro plastic deposit in the liver, described by Gubler, the children not usually dying until some time after birth, although contracting the disease in utero. He has also seen several examples of abscess of the thymus, regarded by M. P. Dubois, since 1837, as a pathognomonic sign of congenital syphilis.
In 1837, M. Depaul directed the attention of the Académie de Médecine to a change observed in the lungs of children born of syphilitic parents, viz.:—the dissemination of multiple collections of pus through them; and in the fifteen years that have since elapsed, he has observed at least twenty such cases, the particulars of two of which are here given. Microscopical examination shows that these collections are not tubercular deposits; and M. Depaul believes that it is highly probable that the cases of tubercle in new-born infants given by Billard, Baron, and Husson, were really examples of this affection. It sometimes exhibits itself under the form of simple indurations, consisting of infiltrated pus, and at others of true abscesses, surrounded by more or less thickened walls. Formerly M. Depaul regarded these as the only two forms of the affection, but he has now several times met with another, which may be regarded as its first stage, and which consists in a greyish induration without pus, but attended with a deposit of a considerable quantity of fibro-plastic tissue. Sometimes the lesion occupies very circumscribed spots, but in other cases it is more generalized, invading several lobes. The pulmonary tissue is impermeable to air, even after repeated insufflation. These different degrees of the lesion are not unfrequently met with in the same subject. There are also usually other syphilitic lesions present, as pemphigus, abscess of the thymus, &c.

Various circumstances influence the prognosis in congenital syphilis. When the skin is affected, although the life of the child be seriously menaced, if the nature of the disease be recognised, and the treatment appropriate, it may sometimes be entirely cured. But when organs indispensable for the establishment of extra-uterine life become disorganized, as in this lesion of the lungs, it is obvious that death may ensue from a mere mechanical cause—the air penetrating in insufficient quantity. So promptly, indeed, does death take place, that the practitioner is disarmed; and hence the imperious necessity of combating the syphilis of the parents prior to fecundation, or seeking to mitigate its effects by prompt treatment of the mother during pregnancy. In M. Depaul’s opinion, mercurial treatment is sufficiently justified, even if the existence of syphilis can be detected in neither parent, when the above described change has already been observed in a product of conception.—[7b.

On the Etiology of Epilepsy, and the Indications of Treatment furnished by a Study of the Causes. By M. Moreau.

M. Moreau, as physician to the Bicêtre and different establishments for the treatment of the insane, has seen much of epilepsy. He believes that the very different accounts given by authors of the amount of success attendant upon treatment, arise from different pathological conditions having been confounded together.
Resembling each other much in their external manifestations, true and pseudo-epilepsy may, by hasty observers, be easily confounded. The convulsion, whatever may be its character, and a more or less complete loss of consciousness, do not in themselves constitute epilepsy, properly so called. They may assume an epileptiform mask, and may depend on various morbid conditions, disappearing on the removal of these. The cause is here everything, while the symptoms are of little import.

"Under these same sympathetic forms, a special disease may be also concealed, a deep-seated modification of the nervous dynamism, a special lesion of something unknown but no less real, which is termed a neurosity. It is a lesion independent of the various causes which may induce its external manifestation but do not create it, since it existed without and before them, and because, to use the language of the schools, it is essential. Here the importance of the cause entirely disappears in presence of that of the symptomatic phenomena. We speak here of exciting not predisposing causes, which, in our opinion, are not separable from the disease itself." (tom. xviii. p. 5.)

It is the confounding essential and sympathetic epilepsy that has given rise, according to M. Moreau, to the vague and uncertain views which prevail respecting the etiology and treatment of the disease. In his view of the disease, it is the predisposing causes of epilepsy that are of fundamental importance, being, so to say, the disease itself; and it is through these alone that the malady is, if anywhere, vulnerable to attack. He considers them at considerable length, and we proceed to reproduce his principal conclusions.

1. Physiological Predisposing Causes:

"(1) Hereditariness.—Of all the predisposing causes of epilepsy, the most serious and fertile, the one whose action is most certain and inevitable, attacking the majority of, or even all epileptics, and embosoming, so to say, the secret of the disease, is hereditariness—an expression which, in our eyes, comprises the conditions of organization in the double point of view of physiology and pathology of the ascendants and collateral relationships in which the descendants derive their predisposition. Thus comprehended, hereditariness constitutes the essential and truly fundamental part of our work. The principal source of the disease, this it is which furnishes the least vague indications, and those that are most easy of fulfilment for the prevention and cure of the disease." (tom. xviii. p. 17.)

To the term hereditariness, the author gives a far wider acceptation than that generally received—the mere transmission of a similar disease from the ascendants to the descendants. He believes that any abnormal conditions of the nervous system, the precise mode of manifestation of which may differ, may prove efficient; hereditariness, indeed, resulting from such transforma-
tion of diseased conditions, playing an important part. Mere simple nervous irritability, slight convulsive movements or tics, have their hereditary influence; and, in fact, nervous disturbances of all kinds, whatever their symptomatic form, whether simple or complex, predispose as much to epilepsy as does epilepsy itself.

Among the predisposing causes we must also range (2) Drunkenness. This is well known to be a frequent cause of insanity; and the mutual connexion of all nervous affections, especially of epilepsy and insanity, leads to the expectation of its effect proving alike in both. Again, (3) Phthisis acts as a predisposing cause, as shown by the number of phthisical persons found among the relatives of epileptics. There seems, indeed, also a remarkable consanguinity between phthisis and other cerebral disorders having an affinity to epilepsy, such as insanity and idiocy.

In support of these views, M. Moreau cites the particulars of 124 cases of epilepsy which have occurred in his own practice. In 44 of these, individuals below the age of puberty, 88 of their relatives (ascending as high as grand parents, and embracing uncles and aunts as collaterals) furnished 100 pathological conditions. Among 51 male adults, 113 pathological conditions were discovered in 115 relatives; and among 29 epileptic women, 71 such conditions were noted in 57 relatives.

The following are his conclusions upon a review of these cases. 1. The hereditary sources of epilepsy are far more numerous than usually supposed. In these 124 cases, epilepsy itself occurred among the relatives in 30 instances, insanity exhibited itself in one-fifth, hysteria in one-ninth, and paralysis and apoplexy in about the same proportion. In 80 of the cases the influence was traced back to the grand parents. 2. In the great majority of cases the epilepsy is not the product of any single pathological condition, but of several united, whether occurring in the same relative, or distributed among several. 3. When we observe the relatively large proportion attained by certain conditions, which have not hitherto been supposed to be related to hereditariness—as eccentricity, cerebral disturbances of all kinds, drunkenness and phthisis; and when we observe that these conditions intermingle, alternate with, and replace each other among the ascendants, we feel justified in attributing to them the large part we have. While in these 124 cases epilepsy manifested itself 30 times, drunkenness did so 24, insanity 26, and phthisis 35 times. 4. Cerebral accidents, paralysis, apoplexy, congestion, &c., were found in 52 instances; paralysis alone occurred in one-twentieth of the cases, and the frequency with which this condition is met with among the epileptic themselves is an additional reason for attributing to it hereditary influence. Forty examples of it were observed among 240 cases of epilepsy at Salpêtrière. 5. These considerations exhibit the powerful special predisposition the majority of epileptics are born with; and it may be predicted that a family having the appa-
ratus of innervation thus injured, must, sooner or later, furnish descendants suffering from epilepsy; and probably there is no other disease that furnishes such strong proofs of its hereditaryness. In such persons there is a special condition, an excess of excitability of the nervous system, which perhaps only awaits some insignificant occasion to become transformed into a morbid individuality. 6. We see in this remarkable hereditary predisposition a true neurotic diathesis, which explains the essential character of true epilepsy, and its resistance to curative agents. Epileptiform convulsions may manifest themselves, whether predisposition exists or not; but when the apparatus of innervation is in a normal state, the cause and effects will appear and disappear together. When it is deeply vitiated by hereditary predisposition, it is in vain we remove the occasional cause, for the disease existed in a latent state prior to its advent, and will persist after its cessation.

(4) Sex.—It would seem à priori that sex should exercise a predisposing influence, and that more women would suffer from the disease than men. Several authors, indeed, have stated this to be the fact; but the records at Bicêtre and Salpêtrière, for a considerable period, show that it prevails much more largely among men. In respect to the influence (5) of Age, M. Moreau’s experience is in accord with that of other observers. In a total of 995 cases, the disease commenced at birth in 87; before ten years in 306; between ten and twenty, in 364; between twenty and forty, in 170; and between forty and sixty, in 68 cases; the greatest number becoming developed first between ten and twenty years, next between two and ten, and then between twenty and thirty.

(6) Temperament.—The author’s experience goes to show, at least as far as women are concerned, that lymphatic and scrophulous tempers are more predisposed, the sanguineous coming next.

2. Pathological Predisposing Causes.—By those who include sympathetic epilepsy in their consideration, there is no malady or lesion that may not give rise to the disease; but even under the strict limitation imposed by the author, certain diseases may be regarded as predisposing. Among 364 epileptics, convulsions occurred in 79, for a longer or shorter time, prior to epilepsy manifesting itself. Of 671 epileptic women at Salpêtrière, 61 suffered from some form of hysteria. In most epileptics who suffer from paralysis, this is a co-existent or consecutive affection; but it occurs too often prior to the epilepsy to allow of our denying all causality. Eruptive disease of the scalp and small-pox seem in several cases to have excited some predisposing power. M. Moreau believes an etiological value they do not deserve has been attributed to the pathological changes in the nervous centres, so often observed in epilepsy. Imperfect development or vicious conformation of the cranium is often observed in congenital epilepsy, which is frequently combined with idiocy or imbecility; but on examination of the heads of 500 epileptics in whom the disease became developed at a later period, M.
Moreau could detect nothing remarkable. The condition of the system which results from venereal excess or onanism highly favors the operation of slight occasional causes. Like other observers, M. Moreau has met with many cases in which the epilepsy became first developed during sexual intercourse. The chlorotic condition is often observed in female epileptics, and may furnish useful indications of treatment. The nervous condition plays an important part as regards the individual, as it does in relation to hereditary influence. A remarkable peculiarity of this condition is the tendency the various accidents constituting it exhibit of replacing each other, and undergoing the most varied metamorphosces and unexpected transformations—fully justifying M. Cerise's appellation, proteiform neuropathy. Moreover, these proteiform phenomena have not only this disposition to succeed each other, but, what is of far greater consequence, they exhibit a marked tendency to transformation into more serious forms of disease, possessed of more definite, fixed, and complete characters, so as to pass into some of the great neuroses—as hysteria, insanity or epilepsy.

3. Predisposing Causes independent of the Individual.—The author, although convinced that the belief so generally entertained by epileptics, that changes in the moon influence their condition, is a popular prejudice, resolved nevertheless to give the question an attentive examination. He furnishes a detailed table, exhibiting the entire number of attacks 108 epileptics suffered during five years. The total of these amounted to 42,637, of which 18,324 only occurred at the lunar phases, and 26,313 in the intermediate periods. The same tables enable the author to give a similar negative response to the question, whether extremes of temperature exert any influence. The number of attacks which occurred in the different months of the year were remarkably similar. The affection has been sometimes said to be endemic, as in mountainous countries; but it is then frequently associated with idioxy, and may depend on local causes. The operation of endemicity, too, has been confounded with that of hereditary influence.

4. Occasional Causes.—So great is the importance of hereditary predisposition, that, in M. Moreau's view, it absorbs all the interest of the case, the occasional or exciting causes being, in its presence, of little importance. With the progress of science, the immense number of those admitted by the oldest writers have undergone great diminution. On an examination of his own and other observers' statistics, he finds that moral causes seem to have operated in 444 instances as compared with 85 physical; 364 of these being referable to the influence of fear in some of its varieties. One fact all authors are unanimous in admitting, viz:—the great tendency nervous attacks have to be reproduced under the influence of the same occasional causes that first called them forth. M. Moreau believes that the production of congenital epilepsy is not so frequently due to terror on the part of the mother as is
generally supposed. He also doubts whether imitation can give rise to true epilepsy, although there can be no doubt of the ease with which the sight of an epileptic paroxysm induces the like in one liable to the disease. As to the influence of physical causes, such as blows, or wounds of the head, &c., it is difficult to distinguish this from that of the accompanying mental disturbance. Drunkenness is an exciting, as well as a predisposing cause; and epileptics are, in general, much disposed to the abuse of alcoholic fluids. In respect to epilepsy excited by intestinal worms, the more exact observation of modern times only admits epileptiform convulsions being thus producible, although in a child strongly predisposed, hereditarily, true epilepsy may ensue. It is certain that epileptics are not liable to worms more than other persons.

5. Indications.—Although M. Moreau again dwells upon the importance of duly appreciating the potency of hereditary predisposition in our treatment of this disease, we cannot discover that he puts forward any novel suggestions derived from this consideration, as guides in preventive or curative treatment.

Adverting to the empirical treatment of the disease, he observes, that every agent capable of exerting a modifying influence on the nervous system has been again and again tried, further experience failing to confirm the existence of virtues at first announced. The only substance the claims of which he examines, is the oxide of zinc, which has recently been so prominently brought forward by M. Herpin. By a believer in the almost incurability of true epilepsy like our author, the statements of Herpin (that he cured 26 out of 48 patients, and ameliorated other 10, only 12 resisting all treatment) would naturally be received with utter incredulity. He nevertheless entered upon a series of trials with this agent, the results of which in no wise corroborated these statements; and he attributes their having been made to inexactitude and hasty observation—the diagnosis in some of the cases being founded on hearsay evidence, while in others, the patients had not been long enough watched after their reputed cure.

With respect to the claim set up for epileptic remedies, that they produce some relief and diminution in the violence of the symptoms, M. Moreau observes:

"Whatever may be thought by many estimable practitioners, we must confess that we altogether reject this statement, for the following reasons:—Every one knows that there are few remedies (or I might say there is no remedy) which, when first employed in the treatment of epilepsy, does not give rise to some apparent advantage. Is this attributable to the action of the substance itself, or merely to the imagination of the patient? We are of opinion that it depends a little on both; for we have seen these substances act in much the same way upon individuals susceptible to the influences of imagination, and those that were not so. It would seem that, in this great perturbation of the neu-
rosity, every agent capable of modifying in any manner the disordered condition of the nervous system, may produce temporary relief. However this may be, it is a fact for me beyond all dispute, that the improvement thus obtained, the few days of respite gained, are almost always, a little sooner or later, dearly paid for by the prevalence of a worse condition than before. The more sensible the amelioration seems, the more reason have we to fear the violence of the disease when it reappears." (tom. xviii. p. 156.)

Thus far no anti-epileptic has been discovered; but M. Moreau thinks, somewhat inconsistently with the above statement, that, in so exceptional a state, we should try and re-try every substance that may possibly exert a modifying influence on the nervous system. The so-called rational treatment, founded upon the endeavor to operate indirectly upon the nervous system, by remedying faulty general or partial derangements of the entire organism, has met with little more success, if any. Attempts have been made to cut short the disease by attacking a particular symptom, sometimes present—the *aura epileptica*. Various applications have been directed to near the spot where this manifests itself; but the benefit reported by Portal and other old writers to have accrued from these, probably arose from mere epileptiform diseases having been dealt with. It is possible, indeed, that temporary benefit might result, even in true epilepsy, from the effect produced upon the imagination.

Notwithstanding the highly unfavourable prognosis M. Moreau delivers in regard to true epilepsy, he yet admits that a cure does occasionally take place—this result, however, seeming rather due to the operations of nature than to any form of medication employed. Hippocrates pointed out the importance of regimen; and all subsequent authors have echoed or amplified his recommendations. M. Moreau also declares, that if any practical indications are deducible from his study of the causes of epilepsy, these are embodied in the precepts of Hippocrates. In a constitution so deeply tainted by hereditary influence, all has to be remodelled and changed. The indication is to amend, by every means art places at our disposal, the morbid disposition amidst which epileptics are placed; and for the production of modifications and transformations like these we can alone look to *hygiène*. Without dwelling upon the well-known laws of this branch of preventive medicine, M. Moreau adverts to one or two points of importance:

1. An almost indispensable condition is a change of climate. No importance, in this respect, can be attached to any particular climate. The essential thing is to change the one to which the patient has been hitherto accustomed. By this very change, the whole physical and moral habits undergo, though slow, yet certain modification, provided the sojourn be sufficiently prolonged. 2. Remove from the patient all that may over-excite his intellectual functions, and develope his sensibility, passions, and
affections, while you at the same time engage him in manual labour, or other exercises favourable to the development of muscular energy. Exercise in the open air, and the employments of a country life, where alone the requisite calmness and tranquility can be found, seem to fulfil these conditions in the best possible manner. Gymnastics, too, have been found at Bicêtre and Salpêtrière to exert a most beneficial effect upon the health of the insane and the epileptic. They should, however, only be employed under medical superintendence. 3. Food. Without doubting the importance of duly attending to the diet in epilepsy, M. Moreau does not advocate the adoption of too minute regulations. Sobriety and temperance are essential; and all drinks capable of exciting the nervous system—as tea, coffee, and, above all, alcoholic fluids—are to be avoided. The diet should be ample and reparative, but not in excess.—[1b.

A General View of the Results obtained by Subcutaneous Surgery.

By M. Guerin.

In a paper submitted to the Académie des Sciences, M. Guerin declares that all his subsequent experience is only confirmatory of the statements made by him in his celebrated memoir in 1839. In a general review of the subject, he here re-states in a summary manner, the principles upon which subcutaneous surgery is based, and the practical applications it is susceptible of.

1. Tissues when divided under the skin undergo immediate organization.—In the first memoir, he showed that if the absence of contact of the air, and hermetical closure of the orifice of the incision were secured, immediate organization, with an absence of local and general reaction, resulted. He now adds that there are certain incidental conditions which, if not provided for, may interrupt this process, and cause failure even when the main condition of exclusion of the air has been observed. In this point of view the behaviour of the fluids of the economy is of importance. Some of these, as arterial blood, are organizable, and while a moderate quantity effused between the lips of the wound acts as an important element of their junction, even large quantities thrown out under the skin are absorbed with great rapidity. Other fluids, as venous blood, are inorganizable, and while portions of that effused may be resorbed, the remainder continues to offer a mechanical obstacle to immediate organization. Then, there are excreted fluids, such as bile, urine, and pus, which are antipathetic to immediate organization. Pus, confined under the skin, may either undergo chemical change, or retain its normal characters. In the former case, the smallest portion will immediately excite reaction, and in the other gives rise, by inoculation, to the secondary formation of small cold abscesses.

The cicatricial tissue resulting from the healing of ordinary
wounds bears no resemblance to any of the normal tissues, and constitutes a functional interruption in the organs in which it is deposited. In the immediate organization which takes place after subcutaneous wounds, all divided tissues are susceptible of producing their like at the cut surfaces, muscle, muscle, nerve, nerve, and so on, each endowed with its proper power. When, however from the effusion of too much blood by surrounding vessels, the divided surfaces are kept too far separated, and the proper blastema is not exuded, functional interruption ensues here also, the extremities of the cut tissues becoming atrophied and losing their specific organization. This is the case with muscle, tendon, nerve, &c., but in none so obviously as with arteries, which are sometimes converted into fibrous cords for the whole length of the limb, contrasting with the integrity of their calibre when the contiguity of the divided surfaces has been maintained. The lameness which has often resulted from section of the tendo-Achillis, and the loss of motion of the fingers almost always produced by a division of the flexor tendons, are dependent upon the production of heteromorphous tissue consequent upon the non-observance of some of the conditions necessary for immediate organization. So, too, in the operation of strabismus, the functions of the muscles, when divided in an exposed state, are more or less impaired.

2. Surgical Applications.—Although tendons had already been divided by operations somewhat analogous to those of M. Guérin, this was an empirical procedure only, having at most the object in view of limiting the amount of resulting inflammation. M. Guérin claims to have raised these subcutaneous operations into a method, based upon principles deduced from the teachings of experiment, and clinical and pathological observation. The object of this method is not to merely limit the amount of suppurative inflammation, but to absolutely prevent it, and to secure immediate organization by homogeneous tissue. The means of effecting this are comprised in four principal rules:—1. Make the wound in the skin at the greatest possible distance from that of the tissue to be divided, so that the track joining the two may be sinuous; 2. Circumscribe the section to the tissues to be divided, isolating them from surrounding parts by tension, contraction, &c.; 3. Prevent the effusion of inorganic or antipathetic fluids into the wound, and expel all such, as well as air, from its track after the operation; 4. Close the lips of the external wound securely by adhesive plaster. The results, when the condition of the operation are observed, are so satisfactory, that M. Guérin declares that in many more than 2000 cases, he has never met with a suppurating subcutaneous wound. In conclusion, he gives a summary of the various applications he has made of this method.

(A.) Subcutaneous Sections:—1. Of the skin and cellular substance. —In five instances, M. Guérin has detached bridles of cellular tissue, which by displacing the skin, or causing its adhesion, have
produced grievous deformities of the face or neck. 2. Tendons.—These operations are now so common as to call for no remark, further than indicating the superiority of the results attained compared with those of ordinary tenotomy. 3. Aponeuroses.—Besides the section of these as an orthopaedic procedure, M. Guérin has resorted to it with success in débridement in inflammatory tumefaction. One of the most original applications of subcutaneous tenotomy was its employment in old and congenital dislocations, and the success that attended this practice has led to its adoption in aid of the reduction of recent fractures and dislocations. 4. Muscles.—The largest as well as the smallest muscles of the body have now been divided, some of the operations involving large muscular masses. Among the most important may be mentioned those applied to spinal curvature, congenital luxation of the femur and strabismus. In one case, reported to the Académie, M. Guérin divided forty-two muscles and tendons, for general deformity of the articulations, at a single sitting, no suppuration or fever resulting. Myotomy has also been applied to the radical cure of reducible hernia, and for débridement in strangulated hernia. In the first of these, the entire thickness of the muscles and aponeuroses constituting the canal is traversed in various directions, the resulting exudation proving an effectual obturator, as witnessed in several of the author's eleven cases. 5. Ligaments.—The section of these in such deformities as resist the mere division of tendons and muscles has now been performed times out of number. 6. Vessels.—In several instances, subcutaneous incision and scarification have converted vascular tumours into cicatricial tissue, and that without producing the suppuration consequent on ligatures; and various subcutaneous operations have been performed on the veins. 7. Nerves have been thus divided in neuralgia with advantage. 8. Cartilages.—M. Guérin states as a fact,—of which we have met with, however, no confirmation elsewhere,—that subcutaneous section of the symphysis pubis, for facilitating labour, is of common occurrence in France. 9. Bones.—Among these we have the subcutaneous ablation of painful exostoses, and the fracture of rickety bones in order to rectify their curvatures. M. Guérin has shown that in such curvatures the old bone is reduced to lamellae, which are lost in bone of new formation. At the second stage of the disease, the latter is spongy and flexible, and if we make an incision half through the arch of an angular curvature, a deformity that threatened to become permanent may be at once removed.

(B.) Punctures and Extractions.—Under this head M. Guérin refers to three of the applications, as indicative of surgical progress: 1. The opening of large congestive abscesses.—So great is the danger attendant upon this, performed in the usual modes, that we have no example on record of success; the opening in cases where recovery occurred, having taken place spontaneously, the
pus gaining issue through a sinuous track at a distance from the seat of collection. It is by imitating and generalizing this process of nature that the subcutaneous mode has been enabled to convert recovery into the rule and death into the exception. 2. Thoracentesis.—In a recent memoir, M. Guérin detailed 80 cases of this operation, deducing from them the conclusion, that the operation is devoid of all danger, and cures whenever serious complications do not exist. 3. The extraction of foreign bodies has been repeatedly performed with success.

(C) Intermediate between the other two is another category of applications, comprising: 1. The abortion of imminent phlegmon.—M. Guérin believes that all phlegmon commences by a nucleus, a thorn as it were, in the cellular tissue, and has found, if this be divided by the subcutaneous incision, no suppuration will ensue, though the phlegmon may have reached a considerable size. 2. He has effected the destruction of painful cervical glands in four instances, by fixing the gland and dividing it in various directions, thus separating it from the surrounding vessels and nerves. It becomes converted into an insensible, amorphous, cicatricial tissue, which is afterwards resorbed. 3. The destruction of painful tumours, forming in the substance of muscles.—Under this head, too, may be noticed the section of fatty and other encysted tumours (loupes). Trifling as the operation is, when performed in the ordinary way, ablation has not infrequently led to fatal results.

Illustrations of the Influence of Pregnancy in controlling or retarding the Development of certain Diseases.* By W. F. Montgomery, M. D., Professor of Midwifery to the King and Queen's College of Physicians.

On a former occasion, when treating of the condition of pregnancy, I took occasion to remark that it appeared from experience, that women who bear children generally enjoy more even health and are less disposed to disease than those who lead a life of celibacy, or who, having married, remained unfertile; so that Gardien seems to express no more than the truth when he says, "Dès qu’une femme est grosse les probabilités de sa vie augmentent;" and this is what we ought, à priori, to expect, because, childbearing being the ordinance of an allwise Providence, we should anticipate that the fulfilment of the duty thus ordained would conduce to the welfare of those on whom it has been devolved.

It seems in conformity with such a view to believe, what indeed, I think, experience has taught us, that pregnancy acts in a great degree as a protection against the reception of disease, and perhaps on the common principle, that during the continuance of one very active operation in the system, it is thereby rendered less liable to

* Read before the Association of the College of Physicians of Ireland.
be invaded or acted on by another; thus it has been observed, that during epidemics of contagious diseases of different kinds, a much smaller proportion of pregnant women have been attacked than of others: but when attacked, they suffer severely; thus, when the cholera visited this country, the proportion of pregnant women who took the disease was very small, but all who caught it died, I believe, without almost a single exception. Gardien's experience led him to a similar conclusion, he says: "Les femmes enceintes sont moins exposées à gagner les maladies contagieuses; mais lorsqu' elles en sont atteintes, elles succombent plus promptement." I think also I have seen sufficient to satisfy me that pregnancy does, at least occasionally, exercise another kind of influence over disease in the system, namely, of preventing its development during that state, although the infection may have been caught; as is proved by the disease showing itself immediately after delivery, as in the following cases:

Mrs. W., when in the ninth month of pregnancy, was much about her brother, who was dangerously ill of malignant scarlatina; she seemed to have escaped the danger completely, but the day after her delivery she was covered with the disease, of which she died in a few days; between the time of her exposure to the infection and her delivery, there had intervened three weeks, during which she appeared to be quite well.

When Mrs. F. was in the eighth month of pregnancy, her husband had typhus fever, in which she assiduously attended him; after his recovery, she went to her father's house, some fifty miles from town, where she was delivered in due time, and immediately afterwards was seized with typhus fever, of which she died in eight days; between five and six weeks had elapsed between Mr. F.'s illness and her labor, and during that interval, she seemed in perfect health.

In the month of November, 1854, I attended a young lady in her first confinement; previous to which she had both the lower extremities much enlarged by anasarca, but she appeared, in other respects, quite well, with one exception, which was that she had such soreness of the abdomen, she found a difficulty in laying on either side; and when I passed my hand over the abdomen, she complained that the pressure hurt her everywhere.

On the 12th she was confined, after a favorable labor, but the abdominal tenderness remained, and there was a peculiar doughy feel of the whole abdomen; next day, this was equally felt, but with little or no pain or fever, and a perfectly quiet pulse.

On the 14th, I found the insteps of both feet, but particularly the left, covered with well-developed erysipelas; her mother, who seemed very anxious about her, was present when I examined the feet, and on our reaching the drawing-room said, "Doctor, isn't that very like erysipelas?" I said, "Yes, certainly, there was no doubt about it." "Dear me, sir, do you think she could have
taken it from her husband?" She then, for the first time, informed me, that some weeks before leaving home, to come to town for her confinement, her husband had a severe attack of erysipelas, during which she had assiduously nurse-tended him. Immediately on the appearance of the erysipelas on the feet, the abdominal symptoms began to decline, and after two or three days, ceased to exist. I cannot but believe that this lady caught the infection from her husband during her close attendance on him, that it remained in abeyance until gestation was over, and was then developed. She recovered well.

It is, I believe, a matter of common observation, that when women who have been laboring under certain forms of disease happen to conceive, the morbid affection previously existing is oftentimes either greatly mitigated, checked, or even altogether suspended for a time, as has been frequently observed in persons affected with phthisis; though I must add that the influence of pregnancy in cases of phthisis is a question on which a variety of discordant opinions has been given by high authorities. Andral's conclusion, from his latest observations, is, "that in the great majority of cases the symptoms of phthisis are suspended, or at least remain stationary during the course of pregnancy." Louis says he is not "in a condition to determine whether pregnancy is, or is not capable of retarding the progress of phthisis," but he suggests that the fact might be, that several of the symptoms become somewhat more obscure during pregnancy, without any check being in reality given to the advance of the disease. My own experience would lead me to the conclusion, that if a woman predisposed to phthisis, but in whom the disease has not actually become developed, prove pregnant, she is likely to be benefited thereby; and I think I have seen life thus prolonged, for years, in several instances; but, on the other hand, if pregnancy takes place in a woman already actually in consumption, or if this disease supervene on pregnancy, the fatal issue is as likely to be accelerated as postponed, or, perhaps even more so.——[Dublin Quarterly Jour. Med. Sci.]

_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.]
EDITORIAL AND MISCELLANEOUS.

The Bearded Woman and Child.—We have recently had an opportuni-
ty of seeing these interesting freaks of nature, during their sojourn in this
city. Mrs. Clofullia, the person in question, was born in Switzerland, in
1829, and is, therefore, now about seven and twenty years of age. We are
informed, by the printed narrative of her life, that her parents presented
nothing peculiar in their appearance, and that her father had rather a
sauty beard; but that her maternal grandfather had a very strong beard,
and was quite hairy; that she was observed, soon after her birth, to have
the body and face covered with a down; that this gradually increased, so
that her beard was two inches long at eight years of age; and that at the
age of fourteen it had attained its present length of about five inches. She
is of ordinary stature, rather stoutly built, has a masculine face, (said to
be very much like that of her grandfather) a well formed female chest,
large mammae, and feminine shoulders and arms covered with as much
hair as seen in strongly bearded men. Her beard is fine and soft, though
very abundant, extending from the ears and the malar bones, over the
whole of the lower jaw down to the neck, as in man, but the upper lip
presents only a downy appearance, such as is occasionally met with in brun-
ettes. In short, with the exception of the upper lip, she has as strong a
beard as we usually see in man. Married early in 1831, she gave birth in
December of the same year to a daughter, in England, as is attested by
Hy. Thos. Cornelius, M.R.C.S., who attended her in her confinement. This
child is said to have died, during the process of dentition, but to have been
very handsome, and to have had no more hair than ordinary children.
Her second child is attested by C. H. Dean and J. B. Evans, surgeons of
Oxford, England, her accoucheurs, to have been born in December, 1852,
and is the one who now accompanies her, under the name of Albert Esau.
He is quite a sprightly boy, (now three years of age,) with a coat of hair
over the body and limbs, especially over the shoulders and back, and a
beard about an inch in length covering the face, as described in the case of
his mother, whom he strongly resembles.

During a judicial investigation in New York, provoked by a person who
alleged that he had been cheated out of his fee of admission to Barnum's
museum, inasmuch as he believed the bearded woman to be a man in dis-
guise, Mrs. C. was examined by Drs. Valentine Mott, John W. Francis, and
Alex. B. Mott, who certify that she is a well formed female.

Mrs. C. and her child are unquestionably genuine and most interesting
specimens of anomalous hirsute development, and this is our apology for
placing their history upon record.
BIBLIOGRAPHICAL.


The growing appreciation, by both the Medical and Legal Professions of our country, of the importance of correct information upon the subject matter of the volume before us, will secure for this work a ready sale, especially when its intrinsic merits are made known. It is the production of the joint labor of able members of the professions of Law and Physic, who have, each in his own sphere, brought together a sum of information not to be expected in the work of any individual of either of the learned bodies.

This treatise is divided into six books: the 1st, on "Mental unsoundness;" the 2d, on "Questions relative to the Foetus and new-born child;" the 3d, on "Questions arising out of the difference of sex;" the 4th, on "Questions relative to Identity;" the 5th, on "Questions relative to the causes of death;" and the 6th, on "Legal relations of Homicide, Foeticide, and Infanticide." These subjects are all treated elaborately, ably and perspicuously.

An Introduction to Practical Pharmacy: designed as a Text-book for the Student, and as a guide to the Physician and Pharmaceutist—with many formulas and prescriptions. By Edward Parish, Graduate in Pharmacy, &c., &c., with 243 illustrations. Philadelphia: Blanchard & Lea. 1856. 8vo., pp. 544. (For sale by T. Richards & Son.)

This is altogether one of the most useful books we have seen. It is just what we have long felt to be needed by apothecaries, students, and practitioners of medicine, most of whom in this country have to put up their own prescriptions. It bears upon every page the impress of practical knowledge conveyed in a plain common-sense manner, and adapted to the comprehension of all who may read it. No detail has been omitted, however trivial it may seem, although really important to the dispenser of medicine.


This is a popular little work upon an interesting subject to young practitioners. This improved edition will therefore be welcome to those who may be in need of something of the kind.

This work has been some time on hand, but has not been noticed earlier from unavoidable circumstances; and we even now regret that we have not as much space to devote to it as we would like. It contains, besides the minutes of proceedings, and the address of Dr. Pope, President of the Association, a Report on the diseases of Missouri and Iowa, by Thos. Reyburn, M. D.; the Report of the Committee on the Hygrometrical state of the atmosphere in various localities, and its influence on Health, by Sandford B. Hunt, M. D.; a paper on Deformities and Fractures, by Frank H. Hamilton, M. D.; a Report on the diet of the sick, by Charles Hooker, M. D.; an Essay on the Pathology and Treatment of Scrofula, by W. H. Byford, M. D.; a Report on the means of preserving Milk, and on the influence of Pregnancy and Menstruation on the composition and nutritive qualities of that fluid, by N. S. Davis, M. D.; the Report of the Committee on Dysentery; an article on the effects of Alcoholic liquors in Health and Disease, by R. D. Mussey, M. D.; a sketch of the Caustic pulverizer, by R. H. Thomas, M. D.; and the Prize Essay, by J. D. Trask, M. D., on the Statistics of Placenta Previa. Several of these papers are highly valuable contributions to practical knowledge, and are of themselves worth the price of the volume.


The magnitude and importance of this work may be estimated partially by the extracts we have reproduced from the proof-sheets kindly sent us in advance by the able and indefatigable superintendent of the census.

Mortality Statistics of the Seventh Census.—We are indebted to Mr. DeBow, Superintendent of Census, for the proof-sheets of the "Mortality Statistics of the seventh census," so far as they relate to Georgia. This census was taken in 1850, and shows the population of Georgia to have been at that time 906,185, of whom 521,572 were white, 381,682 slaves, and 2931 free colored. The mortuary statistics for the year 1850 are made out separately for the northern, southern, and middle sections of the State, and are also represented in the aggregate. This last classification we reproduce below. Admitting it to be as correct as such documents can usually be made, it reveals some interesting facts. The whole number of deaths for the year
was 9925, or about one per cent. of the population. The mortality among
the whites was 4580, that of the slaves 5304, and that of the free colored
41—showing a much greater ratio of deaths among the colored than the
whites. This is in accordance with the well established fact that in all
countries the laboring classes suffer greater mortality than others.

A reference to these tables shows that the mortality from affections of
the Respiratory apparatus (comprehended under the heads of asthma,
bronchitis, catarrh, consumption, croup, hooping-cough, influenza, lung
disease, pleurisy and pneumonia,) was 1986, of whom 831 were white, and
1155 colored. The negro would, therefore, seem to be much more suscepti-
ble to pulmonary diseases than the white, unless this difference be attri-
buted to the relative degree of exposure of the two races. Upon examin-
ing into the mortality from the fevers usually termed malarial, (enumerated
as bilious, brain, congestive, inflammatory, intermittent, and remittent,) we
find that the number of deaths was 933, of whom 490 were white, and 443
colored, thus revealing also a greater liability of the black than of the
white to this class of affections, for these numbers, when viewed in connec-
tion with the relative numbers of each color as indicated by the census, will
make one death per 1064½ whites, and one per 861½ blacks. The deaths
from typhus (typhoid?) fever were 287 whites and 270 colored. While
tetanus proved fatal to but one white, it carried off 23 blacks; whereas,
cancer destroyed 44 whites and only 16 blacks. Convulsions were fatal
to 132 whites and 54 blacks. Scarletina killed 109 whites and 202 co-

clored.

In a moral point of view, these statistics are truly startling. We find
12 suicides among the whites, and only two among those whom fanatical
philanthropists would suppose most dissatisfied with life. Of homicides,
(shot, killed, murdered, and poisoned) there are no less than 70 during the
year! 40 whites and 30 blacks. Executed, one white and one black.

These documents sustain the general impression that the African lives
longer than the Caucasian race, 100 whites and 148 blacks being
reported as having died of old age. Although we do not mean to deny the
correctness of the received opinion, we yet believe that it is exaggerated.
Age has advantages to the negro which are not experienced by the whites,
and its immunities are generally claimed by the slave long before his
master would think of resting from his labors. Hence it is, that very many
of our slaves, when sixty years of age, imagine and declare that they are
eighty or ninety, and are accordingly indulged with an exemption from
further compulsory labor. Many of the citizens of this place may recollect
"old daddy Quah," who averred, apparently in good faith, that he was
so old that when he arrived here from Africa, the Savannah river was so
small a stream that he could "step over it!" He thought himself 150
years of age, but was probably not more than 95 when he died.
Fallopian and Uterine Pregnancy simultaneously.—The Boston Medical and Surgical Journal reports that Dr. Buck, of Manchester, N. H., sent to Dr. H. J. Bigelow, who presented them to the Boston Society for Medical Improvement, the specimens referred to in the following account:

"The patient was a married woman, about 25 years of age, and was attacked suddenly with pain in the abdomen at 9 P.M. on the 17th ult., from which time she sank rapidly and died in about seven hours. Before her death she told her attending physician, Dr. Tebbets, that she was pregnant and had taken a medicine to procure abortion; and that she had, further, had an operation performed in Boston for the same purpose.

"Dr. B., having been summoned by the coroner to make a post-mortem examination, introduced a speculum, but found no appearance of injury about the os uteri; the os and the lining membrane of the vagina being perfectly blanched. The peritoneal cavity contained six or eight pints of blood, partly fluid and partly coagulated. The uterus was enlarged to twice its usual size; and, upon laying it open, after its removal from the body, there was found in its cavity an ovum, the foetus being about three inches in length, and in every way well developed externally for one of that size, as were the membranes. The right Fallopian tube was abruptly distended towards its distal extremity, so as to form a solid tumor of the size of an English walnut, upon the surface of which was the orifice from which the blood had escaped into the peritoneal cavity. Upon incision of the tumor there was found a second ovum; the foetus, however, being less developed than the one contained in the uterine cavity. The right ovary contained two well-marked corpora lutea, there being nothing remarkable in the left.

"The uterus, which was sent to Dr. B. without the fetuses, had been preserved in spirits, but showed several of the points above described perfectly well; the deciduary portion of the inner surface of the fundus and body of the uterus being thick and well characterised. The case, which was unique, as far as any one present was aware, seemed to be regarded as one of twins, in which one of the ova was accidentally arrested in the Fallopian tube."

The Cincinnati Medical Observer.—We have received the first number of this new periodical, published monthly, under the Editorial supervision of Professors G. Mendenhall and John A. Murphy, of the Miami Medical College, and E. B. Stevens, M.D. We cheerfully add it to the list of our exchanges, with our best wishes for its success.

A large lot of pamphlets has accumulated upon our table, which we regret not being able to notice according to their merits. Among them we should, however, mention the following:

Transactions of the Medical Society of the State of Pennsylvania, at its annual session, held at Holidaysburg, May, 1855.
Transactions of the State Medical Society of the State of New York. Transmitted to the Legislature February 13, 1855.
The Transactions of the New-Hampshire Medical Society, (sixty-fourth anniversary,) held at Concord June 6th and 7th, 1854.


Reports of the Trustees and Superintendent of the Butler Hospital for the Insane, presented to the Corporation at their annual meeting, January 24, 1855.

Nineteenth Annual Report of the Managers of the New York Institution for the Blind, to the Legislature of the State: made in conformity to law, January, 1855, for the preceding year.

Annual Report of the City Inspector of the City of New York, for the year ending December 31st, 1854.

Discovery of the cause, nature, cure and prevention of Epidemic Cholera. By M. L. Knapp, M. D., &c., &c.


A Brief History of the Origin, Progress and Extension of the Epidemic Yellow Fever, in Memphis, Tenn., in 1855; with some account of its Symptoms, Character, Treatment and Fatality. By L. Shanks, M. D., Prof. of Obstetrics, &c.


Correction of the Erroneous Statements of Henry H. Smith, M. D., published in the Medical Examiner, January, 1855, in relation to a case of Gastrotomy, which occurred in the practice of Washington L. Atlee, M. D.

Reply of J. C. Hughes, M. D., Dean of the Medical Department of the Iowa State University, to a certain document published by John F. Sanford.


Archives de Physiologie de Thérapentique et D'Hygiène sous la direction de M. Bouchardat, Professor d'Hygiène à la Faculté de Médecine de Paris.

An Address delivered at the Laying of the Corner Stone of the Atlanta Medical College, July 21, 1855. By Henry D. Beman, Esq.

Address delivered at a Supper given by the Faculty to the Students of the Atlanta Medical College, on the 13th of August, 1855. By N. J. Hammond, Esq.

Introductory Address, delivered at the College of Physicians and Surgeons, New York, October 16, 1855. By John C. Dalton, Jr., M. D., Prof. of Physiology and Microscopic Anatomy.

Introductory Lecture to the Course on the Principles and Practice of Surgery, delivered in the University of Pennsylvania, October 9, 1855. By Henry H. Smith, M. D., Professor of Surgery.

Introductory Address, delivered to the Class in the Medical Department of the Iowa State University, at the opening of the Course of 1855–6. By Jno. R. Allen, M. D., Professor of Obstetrics and Diseases of Women and Children.