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

LETTER NO. 12.

Montgomery, Ala., April 28th, 1856.

Messrs. Editors—Having dwelt at sufficient length upon the general pathological conditions which usually belong to, and distinguish the more malignant diseases in the South, I may be permitted in a few words to recapitulate some of the leading practical points for which I have contended—namely, that they are of different character, and require different treatment from the same diseases, as they usually appear in other and more northern latitudes. That for the production of any given disease, the same general cause, or set of causes, are required, and the disease thus produced in its simple elementary or typical character, will be the same, at all times, and in all places, and that the difference in their character, their modifications, and complications, as observed in different localities, depend, not upon the cause which produces them, but upon causes which have acted antecedently, or conjointly, or which have been superadded to the exciting cause. Hence an intermittent fever, a pneumonia, or a dysentery, will require for their production the same general causes in Boston, Philadelphia, Montgomery and New Orleans. But from the influence of climate, the long-continued action of high ranges of atmospheric
heat, and other causes, which tend to produce nervous depression, and to derange the functions of the liver and other organs, which stand in immediate or intimate relation to it, these diseases will assume very different characters and present very different aspects in Montgomery or New Orleans, from the same diseases in Philadelphia or Boston, and will require a corresponding modification of treatment; and so of all other diseases.

Dr. Wood, of Philadelphia, has stated that he never saw a case of malignant, or pernicious intermittent, or remittent fever, except in the hospital, among sailors recently from the southern coast, or among medical students from the South or south-western states; yet he has, no doubt, seen many cases of simple intermittent and remittent fever. And the reason is, that in Philadelphia, though sufficient cause may exist to produce a simple intermittent, there is an absence or want of the causes necessary to create a predisposition to malignancy in them; and our southern students and sailors having been long subjected to the influence of causes which tend to impair the general vigour of the system, and create a predisposition to the condition of depression and congestion, when exposed to the influence of the causes which, in Philadelphia, produce only simple interments, have developed in them the most malignant and complicated forms of the disease.

The causes of malignancy in these diseases are little less observable in the influence of seasons, than in climate and latitude, as the milder and more simple forms of the spring season may be perceived gradually to change, as the season advances, to those of a more violent and complex character, until the fall season, when they reach their greatest malignancy. Such is the course of these malarious affections, in our southern latitudes, when uninfluenced by the prevalence of epidemic causes, to which they are at all times liable.

Now, I will not attempt to decide the question, whether the greater malignaney of these affections depend upon the greater degree of concentration and virulence of the malarial poison, which is supposed to produce them, or upon the causes, which are necessary to generate the poison, acting directly upon the animal system, in conjunction with the poison, impairing its tone and vigor, thus laying the foundation for, or creating a predisposition to, the condition of depression and congestion, which, with the functional derangement of the liver, consequent upon the same causes, deter-
mine their greater malignancy. Reason and observation incline to the latter conclusion; for if we take the case of the sailors and medical students, coming from the South, in Philadelphia, we see the malignant forms of disease excited in them by causes, which in others (where no such predisposition existed) could excite only the milder form of the disease. Now, if it should be contended that these cases, and similar ones, such as our pneumonias, dysenteries, and other like diseases, which occur in the fall, winter and spring, derive their malignancy from the presence of malarial poison in the system, I would reply, that it is not reasonable to suppose that a poison capable of producing such terrible results, could lie dormant in the system for weeks, and even months, without manifesting some signs of its presence, and then, under the influence of some slight exciting cause, develop all its pent-up fury. The laws of physiological chemistry would forbid such a thing, as the poison would, ere long, be eliminated from the system, or shorn of its virulence. The more reasonable hypothesis is, that the character of all these affections is determined by the predisposing and not the exciting causes, but that they acquire force from each other, in the manner which has already been explained. To place this matter in a stronger light, I will suppose two men, equal in general respects, one taken from the hills of New Hampshire, and the other from the bayous of Louisiana, to be inoculated with small-pox virus, taken from the same subject at the same time; it would be but reasonable to suppose, (believing that all diseases, in a malarial region, are subject to the influence of the causes which produce malaria,) that whatever differences might exist in the character of the two cases would depend upon the influence of climate, and not upon any difference in the nature of the exciting cause. In both cases, small-pox, in its suigeneric character, would be the result; but the probabilities are, that the New Hampshire man would have a highly inflammatory form of the disease, without complications, and would require antiphlogistic and sedative treatment—while the Louisiana man would have a low congestive form, attended with biliary and other complications, and require the use of stimuli and tonics. Apply the same argument to the cause, whatever it may be, which produces yellow fever. We hear it asserted, and it is generally believed, that the character of yellow fever is mild or malignant, according to the virulence of the cause which produces it. Is this proposition true? I am
willing to admit, that the cause which produces yellow fever may be generated in much greater abundance, and affect a much greater number of persons at some times, and under some circumstances, than it does at others; and though it is a malignant and fatal disease in its tendencies, at all times, it sometimes becomes much more so. But I am not prepared to admit that these results depend upon the more concentrated and virulent character of the poison, whatever it may be, which produces it, but my position is this: that yellow fever possesses an essential typical and suigenetic character, having for its production the operation of a specific cause, which, like the causes which produce small-pox, measles, or scarlatina, can only produce them in their simple, essential or suigenetic character, in which, if divested of all adventitious or extrinsic causes and influences, they would universally be the same. But as such a thing would be impossible with respect to yellow fever, and not much less with the others, I am compelled to believe that the different forms and modifications which yellow fever assumes, depends upon the adventitious influences which surround it, and not upon the cause which produces it. The most common and universal of these are such as relate to the person, and which modifies the disease to some extent in each individual case, independently of the influences which determine the general character of the disease.

All diseases are subject to the influence of these individual predisposing causes, and none exhibit their influence in a more marked degree, or show so clearly their modifying influence, independently of the action of the specific or exciting cause, as does scarlatina, it being not unfrequently the case that we observe in the same family, and even in the same room, and at the same time, almost all grades of the disease, from the mildest and most simple, to the gravest and most malignant forms. Now, it cannot be contended, even upon the slender foundation of a probability, that the greater malignancy of these cases depends upon the greater virulence of the exciting cause; and even if they should all be of that character, it would furnish no conclusive evidence that the exciting cause was more virulent, but that the extrinsic and modifying influences were more potent and active.

However interesting and important, in a practical point of view, may be the enquiry into the nature of the specific causes of disease, and the individual predisposing causes which modify them, I am
admonished, that to avoid the charge of indulging too freely in
etiological speculations, abstractions and subtleties, it is proper that
I should follow out my original design of endeavoring to point out
the peculiar modifications and complications of our southern dis-
"cases, which result from the operation and influence of general pre-
disposing causes, and of urging upon southern practitioners, the
absolute necessity of watching carefully the changes which from
time to time they undergo, and of conforming their practice to the
general pathological condition which exists, modifying it to suit
the exigencies of each case.

In describing these diseases, I shall not follow the plan which
has usually been adopted by systematic writers, of giving in regu-
lar detail, all the causes, symptoms, and distinctive features—the
modes of treatment and prevention—their terminations, &c., &c.,
which make up their complete history in their simple elementary
or typical character, presuming that every physician is familiar
with them in that character, which, as I have before stated, is
universally the same, when not modified by adventitious influ-
ences; but shall describe them only in their modified and compli-
cated forms, according to their general pathological character, and
the classification which I have adopted, observing, however, ac-
cording to the relation of these diseases, the order of arrangement
adopted by the systematic writers generally. The first which
come up in that order, are—

Intermittent and Remittent Fevers.—My reason for coupling these
two diseases, is, that they possess no appreciable pathological dis-
tinctions which entitle them to a separate consideration: they
result from the operation of the same causes, though perhaps from
different degrees of intensity—are subject to the same modifica-
tions and complications, and in many instances assimilate each
other so closely that it is a difficult matter to draw a distinction
between them; especially is it so with respect to those of the quo-
tidian and the double tertian types, which may be said to include
all their malignant forms and varieties, whether it be their original
type, or whether they may have changed to one or the other of
those types during their progress. It will not be amiss to include,
with these the double quotidian; but this type is of comparatively
rare occurrence, except in the diseases of children; and so far as
any modification of treatment would depend upon the distinction,
whether in a child or an adult, it would matter little whether it be classed as intermittent or remittent. When the intervals extend beyond the types, the similitude between intermittent and remittent fever in a great measure ceases, and I doubt very much whether there is such a thing as a remittent fever of the tertian, much less of the quartan types; and when these fevers, with long intervals, assume a malignant cast, (which is not often the case,) it is generally the result of individual predispositions, or of some controlling epidemic influence.

Now, with respect to the type of these diseases, and the periodic character of all malarial diseases, it is necessary that I should say something, for the reason, that a knowledge of this peculiar phenomenon, not only enables us to understand them better in their true, essential character, as well as in their modified and complex forms, and also the source from which they spring, but also enables us to treat them with a certainty of success which could never be attained without such knowledge; and I feel very certain that success often depends as much upon the timely application or administration of a remedy, as it does upon the nature and the therapeutical property of the remedy itself. Hence I would insist that no practitioner in the South, however skilled he may be in the treatment of malarial diseases, can be too well versed in a knowledge of the laws of their periodicity, which is the key to success, whether in the treatment of the milder and more simple, or in warding off and combating the more malignant and complex grades.

In noticing this phenomenon of periodicity, I shall not presume to attempt, what so many wiser heads have failed in, to give a satisfactory explanation of its cause. Having, however, an idea with regard to its nature, it cannot be regarded an act of temerity in me to express it, which is this: that while the general system is known to be governed by the laws of periodicity in the performance of many of the vital functions, as observed in gestation, menstruation, &c., which periods are but the multiplication of a certain number of shorter, or diurnal periods, the brain, and animal portion of the nervous system, under the influence of diurnal revolutions, and of sleeping and waking, is seen to alternate between a state of activity and repose, whereby it becomes reinvigorated—while the organic portion of the nervous system, though often excited, never acquires less than a passive state of activity,
as the laws of vital action forbid a state of perfect rest. Hence it is, that in non-malarial regions all diseases may show certain signs of periodicity, during the twenty-four hours of a paroxysm, marked usually by an increase of excitement, while in malarial regions the periodicity will be marked by the signs of depression: hence, I infer that the cause of such periodicity as belongs to non-malarial diseases, should be ascribed, in most part, to the influence of diurnal revolution, with, perhaps, some degree of reinvigoration of the animal nervous system, while the periodicity of malarial diseases should be ascribed to the depressing influences of malaria upon the organic nervous system, and the influence of diurnal revolutions combined. Now, if this explanation is not more satisfactory than the hundred others which have been given, it is at least in conformity with what I have said on a former occasion, namely, that malaria, the supposed product of heat, moisture, and decomposing vegetable matter, acted chiefly upon the organic nervous system, producing diseases whose most prominent characteristic is periodicity; and that the non-malarial, or those which were produced from epidemic influences, animal effluvia, and other causes, which act manifestly with more force upon the brain and animal nervous system, exhibited none of the signs of periodicity, unless they were combined with strong malarial influences, under which they sometimes lose their essential sui-generic character.

To pursue the subject of the particular types of intermittent and remittent fevers, of which there are three single, three double, and a number of complex, which are not necessary for me here to enumerate. The single types are the quotidian, the tertian, and the quartan—having, respectively, intervals of twenty-four, forty-eight, and seventy-two hours, from the commencement of one attack or paroxysm, to the commencement of another, according to the type; the quotidian occurring every day, about the same hour; the tertian occurring every other day, about the same hour, and the quartan occurring every fourth day, or at intervals of every seventy-two hours. The double quotidian has two paroxysms in twenty-four hours, occurring each day about the same hour. The double tertian has a paroxysm each day, occurring one day in the morning, and the next day in the evening, and so on, the paroxysms on alternate days corresponding with each other. The double quartan has a paroxysm on two successive days, none on the the third, and one again on the fourth, and so
on, every seventy-two hours. A feature in these types worthy of note, is, that the longer the interval, the shorter is the paroxysm; and, inversely, the shorter the interval, the longer the paroxysm. Thus, the paroxysm of a quotidian will often occupy eighteen out of the twenty-four hours—a tertian will occupy from ten to twelve, and a quartan from six to eight hours. Another feature worthy of observation, is, that each paroxysm, of whatever type it may be, if intermittent, will terminate within twenty-four hours; but if remittent, it may go on to twenty-four, thirty-six, forty-eight, sixty, and seventy-two hours, corresponding in its exacerbations and remissions to its intermittent prototype. As these types, however, are subject to change, and are more often obscured by extrinsic or adventitious influences, without being really changed, and as it is sometimes a matter of the utmost importance to obtain and preserve a knowledge of the true type, much advantage may be gained by ascertaining the time of day when the attack commenced, and watching carefully the duration of the first paroxysm. If, therefore, an attack commences in the morning, and continues for fifteen or eighteen hours, we may safely conclude that it is a quotidian; if the paroxysm commences in the morning or forenoon, and lasts ten or twelve hours, we may infer that it is a tertian, or a double tertian; and if it occurs in the evening, and lasts about the same time, say eight, ten, or twelve hours, we may rely very confidently on its being a double tertian; and if it occurs in the forenoon, and continues only for six or eight hours, we may as certainly depend upon its being a quartan, or other type of long interval. With regard to the triple, quadruple, and other complex types, not being familiar with them in practice, I know of no general rules by which they could be recognized, when masked or obscured. A knowledge, however, of the prevailing type, will aid in arriving at a knowledge of the true type of these obscured or masked intermittents.

A curious, and not unimportant fact connected with intermit- and remittent fevers, is, that an attack seldom or never comes on during the hours of the night. This fact may serve to show that the organic nervous system, which is always more active and busy, in proportion, while the animal nervous system is at rest, is better able to resist the depressing influences of malaria at such time, but succumbs more readily to its influence when the animal powers resume their accustomed sway. It may serve to show, also,
that the animal powers are less impressible by the influences of malaria, otherwise they would fall an easy prey to its influence during the hours of their repose, but such, we see, is not the case; and we may safely infer that fevers, which have their accession during the hours of the night, are not of malarial origin. But how stands the case, with respect to the action of epidemic influences, animal effluvia, and such other causes as are known to act more decidedly upon the animal nervous system, and whose power it may be able to resist, while in a state of activity, during the day time, but to which it falls an easy prey at night, when in a state of rest. Take yellow fever, for example, which we suppose to be the product of a specific animal effluvium, and we see that the attacks of a large proportion, if not a majority of those cases which are more clearly defined in their essential typical or typhoid character, take place during the hours of night, while those which occur during the day, often afford unequivocal evidences of a malarial influence from their manifest tendency to assume the character of periodicity. These facts, if such they are admitted to be, lend support to my ideas with regard to the periodicity of disease, and leads us to the inference, at least, that malaria, though it may modify, has no positive agency in the production of yellow fever, in its essential typical or typhoid character.

But, finding myself digressing, and handling a subject which perhaps should have been reserved for a more appropriate occasion, I will conclude my remarks upon the periodicity of disease, by relating the particulars of a case, which will tell, in stronger terms than words could express it, the importance and necessity of a proper knowledge of the types of periodic diseases, and the danger which often results from a want of such knowledge, as occurred in the case which I am about to relate.

Miss ———, a young lady about 17 or 18 years of age, of prepossessing manners, possessed of intelligence and a remarkably fine flow of spirits, and in the full enjoyment of health, beauty and loveliness, was attacked on the 10th January last with a slight chill and fever, for which her parents gave her a little blue mass and quinine, and she had no return of it. But from that day, to the time when I was called to see her, which was on the 25th of February, her health gradually, but very perceptibly, declined; the rose left her cheeks and the coral her lips, and she now presented a perfect specimen of anaemia, or leucocytemia, having rather the appearance of bleached wax, than of flesh and blood. At this time I obtained the particulars of her first attack, up to which time she had been perfectly healthy, without disturbance or interruption in any important function, as might
have been presumed from her condition; but after this time, her strength gradually declined, and though she continued her ordinary pursuits, slight exercise produced fatigue; her appetite became impaired, and her sleep less quiet and refreshing. She suffered no pain or soreness, but at times felt an uneasiness at the stomach, and sometimes an inclination to vomit. The tongue was clean and natural in appearance; the bowels were constipated; the urine limpid and abundant; the catamenia regular, but pale and almost colorless; the liver and spleen free from soreness or enlargement; the spirits cheerful, the mind sprightly, and the pulse generally regular and natural, though rather feeble.

Upon the best view which I was able to take of the case, finding no particular organ to whose account I could lay the charge of the mischief, though I suspected it to be the result of the cause which produced the chill in the first instance, there being no discoverable signs of periodicity about the case, and not suspecting the cause to be still at work, I directed my treatment to a restoration of the tone and vigour of the general nervous system, by enriching the blood, and restoring its healthy constitution at the same time. So, after the action of pills of blue mass and colocynth, to relieve the constipation, (which they failed to do,) I put her upon a generous diet, with porter, and moderate quantities of Champagne wine, or brandy, and pills of quinine, ext. of gent. and iron. Under this treatment, which seemed to me to be rational, she perceptibly grew worse from day to day, until Sunday, the 2d of March, when she took her bed for the first time, except for the purposes of rest. At this time the symptoms became more violent; the stomach was irritable, with frequent vomiting of thin, bilious matter, with flatulence, and pain at the pit of the stomach; constipation continues, with some pain in the course of the colon; considerable thirst; some slight evidences of nervous disorder, or rather of despondency; and the pulse frequent and somewhat irritable. These symptoms continued to recur, with more or less violence, for which I prescribed various remedies, and devices—such as, sinapisin and enemata, and salts, senna and manna, to act on the bowels; lime water, soda, creasote, morphine, &c., for the relief of the stomach, pains and flatulence; but all, with little or no good effect, with the exception, perhaps, of the morphine.

On the 4th, finding her condition worse, with an evident downward tendency, and the inefficiency of the remedies which I had used to restrain the vomiting, or move the bowels, which had not been done for several days, notwithstanding her enfeebled and anamnestic condition, I determined to resort to calomel, and accordingly gave her 30 grains, which had the effect of stopping the vomiting, and producing two evacuations from the bowels. But, notwithstanding the favorable action of the calomel, on the morning of the 5th she had a chill, which so completely prostrated her, that she could not be moved without endangering her from syncope, and I feel confident she could not have survived another; but this one, dangerous as it was, proved to be the means of her safety, for I saw at once, from what had transpired in the last few days, that she was laboring under the baneful influence of a double tertian intermittent, a paroxysm of which could be distinctly traced from Sunday evening, up to Wednesday morning; and upon her own review of the case, she could confidently refer to her better and worse feelings, in the forenoon and afternoon, of alternate days, from the very beginning.
With the new lights now before me, I proceeded accordingly. I had 30 grs. of calomel and 30 grs. of quinine made into twelve pills, and directed one pill to be given every three hours; and in addition, as soon as the violence of the paroxysm had passed, I ordered some chicken soup, which she relished, and retained well. At night I gave $\frac{1}{4}$ gr. morphine, and 10 grs. quinine.

On the morning of the 6th, her condition was improved; but as the battle was to be fought in the evening, by way of preparing her for it, I ordered 5 grs. quinine to be given at 6 o'clock, 5 grs. at 9 o'clock, and 5 grs. at 12 M. At 2 o'clock P.M., I had her enveloped in blankets, and surrounded completely with bottles of hot water, and so kept her until about 5 o'clock, when she was completely drenched with perspiration; I then had them gradually removed, her clothing changed; ordered her a cup of tea, and $\frac{1}{2}$ gr. of morphine, and directed 5 grs. quinine to be given at 12 o'clock, 5 grs. at 3 o'clock, and 5 grs. at 6 o'clock, and the bottles to be re-applied, as before. By 8 o'clock, on the 7th, she was in a full perspiration; at 9 o'clock, I commenced having the bottles removed, with the extra covering; by 12 o'clock, she was comfortable; and from this time, when I considered her danger and disease, alike, at an end, she continued to improve. Having taken all the calomel and quinine pills, and had two or three proper evacuations, there was no further need for their continuance.

I apprehended that, in her anaemic state salivation might take place, but there were no signs of such an occurrence. As a measure of safety, I directed 10 grs. of quinine, to be given on the septenary days, or at night, preceding the morning paroxysm of the septenary days, until the fourth, or twenty-eighth days had passed. I also put her again upon the course of medicine and regimen which I had at first chalked out, but with better success,—as under it she has gone on steadily to improve, and she now enjoys rather more than her usual health, as there is somewhat more of her to enjoy it, having gained considerable upon her former weight, and lost nothing in other respects, being one of the most lovely girls that Montgomery can boast.

I have related this case, with the hope that it may be the means of helping some junior, or even senior brother, who may become similarly involved, out of the dilemma and state of perplexity in which I found myself involved in this case, for I do not hold to the truth of the aphorism, that "all is well which ends well."

The subject of "Intermittent and Remittent fevers," will be continued in my next.

As ever, yours,

SAML. D. HOLT.
ARTICLE XIX.

An Appeal on behalf of Southern Medical Colleges and Southern Medical Literature. By Jas. C. Billingslea, M. D., of Foster's, Tuscaloosa Co., Alabama.

Most persons might think that this communication should be made through the medium of a popular newspaper, but as physicians are more nearly interested, than any others, on this important subject, I have chosen your journal, through which I desire to call the attention of southern physicians to the necessity of patronizing our southern institutions, and our southern medical journals. The necessity of this patronage is demanded, not only by the political aspects, which are now presented in these United States, but also by humanity.

First, let every southern physician ask himself, how much of patronage is bestowed on our southern literature by our northern brethren; and also, what views they as Northern men entertain towards us as Southerners. There is scarcely any article emanating from a southern pen, which is republished in the North, it matters not how much of merit it may possess. But on the other hand, see how they are treated by us in return. Our southern journals republish every thing, which they think would advance the science of medicine, without any regard to the geographical location of the author. All they seem to care for, is our patronage, and don't extend to us the same in return.

If we were so poor in medical literature, and so wanting in great minds, whose thoughts are reflected by their writings—if we were destitute of these, and of colleges wherein our young men could be trained, and instructed in all that would make them useful in life, then I would say, of course patronize northern institutions and journals, for it is the best you can do. But on the contrary, we have medical colleges, which in point of mental endowments can compare favorably with any in the world. We also have medical journals, which, to the southern physician, are always filled with matter of interest and profit. And as our northern brethren seem to ignore everything southern, simply because we are slaveholders: and as scientific men North, can so far forget their duty, as to lend their aid—substantial aid—and their voices, to the getting up and sustaining of colonization
societies, for the avowed purpose of prohibiting the extension of our domestic institutions, we, as southern physicians, should withhold our patronage (which is not small), both from their colleges and their literature. They would then feel, very sensibly, the extent of our influence. For hundreds of our young men are sent North, annually, to be taught in their colleges, who spend their money most lavishly among them, and return to hear themselves and their institutions traduced, and to see their literature slighted.

But, as I said at the outset, there is another weighty (and I may say more important) reason, aside from politics. I said humanity demanded the support of home institutions. (Now I want none of my professional brethren, who claim a northern college as their alma mater, to take offence at what I shall say.) I say, humanity demands it for the simple reason, that those young men who expect to practice South, with any degree of success, should be taught in our Southern colleges; because our practice here, in the most of our malignant diseases, is entirely different from that taught in northern institutions, and by northern writers. I constantly meet with physicians of eminence, who graduated North, who have long since abandoned the most of the fundamental principles of practice, as taught them in the lecture room, because they have learned, by experience—by observation at the bedside, and by communing with southern writers, that they were unsuited to the diseases as they met them in this climate. It is in vain, to appeal to the young men, or their parents, not to send them North to study medicine, for they are almost invariably governed in their choice of a school by their preceptors. And it is a lamentable fact, that these same preceptors generally advise them to attend lectures where they happened to graduate; and so this institution is handed down to the student's student, and so on, as a sort of heir-loom. At the same time, these physicians, not wanting in medical attainments or practical skill, which they have acquired by long study of the diseases common to our climate, at the bedside, will acknowledge, when you appeal to their candor and to their patriotism, that we have equally as good schools (or even better), for conveying practical information, as they have North. Some of these brethren will, however, only admit, that as our diseases are so different from those at the North, and requiring such different treatment from those, that the student at least should attend one course of lectures South. Now, this admission, of itself,
should be enough to convince the student, that if one course South is important, both are more so. For why send your student North, when he will have to commence the study of practice when he gets back, after finding out, by experience, (bitter and mortifying as it sometimes is,) that it will not do to put in practice the theories taught him in his alma mater? You are doing him a great piece of injustice when you do so. It will be borne in mind that a large number of our physicians live in the country, or in country towns, in the midst of large plantations, and where, of course, the slave population preponderates largely; and that owing to the exposure of this class of people to the vicissitudes of the weather, the southern physician is called more frequently to visit negroes than whites. And as it has been contended, most ably, by Dr. Cartwright, and others, (and not without reason,) that the distinctive peculiarities of the negro race call for a different mode of treatment than that best adapted to the whites, I would ask, where are our students to learn this peculiar practice? Certainly not in northern institutions!—certainly not from northern journals! As to the study of the rudiments of the science of medicine, (Anatomy, Physiology, and Chemistry,) they can be learned North, as well as South, for they are the same everywhere. Again, there is no material difference in the practice of Surgery or Midwifery, North or South; but the great difference is in the treatment of our malignant diseases, which, when treated even on the most approved plans, kill thousands; and this approximation to the successful can only be attained readily by attending southern lectures, and reading southern authors. Then, where is the necessity of deserting our home institutions, or our home literature, and swelling the catalogues of those northern schools with the names of your pupils, and the pockets of those who conduct them with their money, when you have medical colleges at your door, where Anatomy, Physiology, Chemistry, Surgery, Midwifery and Therapeutics are taught as well, and where practice is taught better?—For a man had better never be taught than to be taught wrong.

To the southern student we would say, you can have the satisfaction of spending your means in supporting southern institutions, and southern talent, and at the same time get value received. We do not pretend to say that the fault is in northern Professors, for teaching you such practice, as not adapted to this climate; for they teach such theories as they think best to be practiced
in their climate, and the fault lies in you for going there to be taught.

To prove what I say in regard to our southern institutions being equal to any as to facilities, I have only to point you to the alumni of the Louisville, Charleston, Augusta, Nashville, Memphis, New Orleans, and of other colleges, who are now enjoying in our cities, in our towns, and throughout the country, most enviable reputations as practitioners, as writers, and as lecturers. The South should awake to the necessity of favoring home institutions, which are springing up so rapidly, and are generally self-supporting. The founders of, and instructors in, these institutions call loudly for your support. Georgia has now one old and well-established medical college, and several others in their infancy; and though it has been said that the medical college located at Augusta was defunct, its list of graduates for the present year numbers more than we have ever seen before; and I rejoice to learn that it was never in a more flourishing condition, and never better prepared to impart a thorough and practical knowledge of the science of medicine than at present. This institution still lives to see her graduates occupying the Professor’s chair in other colleges. Charleston, Nashville, Louisville, and New Orleans, all offer rare inducements to the southern student. New Orleans excels any in the U. States, and I might say, equals any in the world, in hospital and clinique facilities. There the Charity hospital is open at all hours during the whole course of lectures, where the student may see hundreds of patients daily, suffering from all the ills that “flesh is heir to.” He can see the practice of the professor or physician whose ward he may visit: he can take notes—watch the patient—see the result; and if the disease proves fatal, he can follow the body to the dead house, with scalpel in hand, and there examine for himself, to see if the diagnosis was correct. In this respect, New Orleans outstrips all her sisters. But in the majority of our southern colleges, the instructions are very thorough, and a young man even of medium talent and application will most always come out of them a good practitioner.

As to Literature, we have most excellent periodicals, conducted by the most accomplished and scientific members of the profession, and contributed to by the best southern talent, which will compare favorably with any in the United States, both in style and matter. Indeed, each number of them is full of matter of vital
interest to the southern practitioner. There is the New Orleans Medical and Surgical Journal, published bi-monthly, and edited by B. Dowler, M. D., which is always full of interesting and scientific matter, and each number is worth the subscription price for one year. There is the Southern Medical and Surgical Journal, published at Augusta, Ga, and edited by Prof. Dugas and H. Rossignol, M. D., which is one of the most interesting monthlies extant, supported mostly by southern patronage. There are also the Charleston, Atlanta, Memphis, and other southern journals, which deserve greater credit and better patronage than they receive. So we can't say we have no literature worth supporting.

This article is already more lengthy than at first designed. In conclusion, let me say to my brethren, let us not patronize those northern schools and northern works, simply because “distance lends enchantment” to them, to the neglect of our own. Besides medical colleges and medical literature, the arguments here used will apply equally to literary institutions, periodicals and journals, which are also largely patronized by the South; but I do not propose to notice these more fully, but will leave it to others.

My object is to get the profession to change their misguided system of patronizing foreign establishments, when we have as good, yea, better at home. My task is done, but imperfectly so; but if I can, by these few desultory thoughts, hurriedly thrown together, set the profession to thinking seriously upon this subject, and perhaps elicit something on my side from more able pens,—then we may look soon for a reform, and then my object will be achieved. In this, I disclaim all intention of wounding the feelings of any one, or of drawing any invidious distinctions between southern institutions or journals. All I want, is to impress upon my southern brethren the necessity of educating their students South, if they intend practicing their profession South. But if they design locating North, I also say send them North to study.

Remedial and Anaesthetic uses of Intense Cold. By James Arnott, M. D., London.

Although the subjects of the remedial efficacy of congelation and local anaesthésia from cold have been for some years before the public, they are as yet but little understood and appreciated. This has resulted partly from their having been imperfectly ex-
plained, in consequence of the publications respecting them being severely incomplete, and partly from the strength of the prejudice against extreme cold. Dr. Rowley, who in his attack on cowpox, declared that the accounts which he had heard of the terrible effects of communicating the "cruel and beastly" disease were enough to "freeze the soul," was probably not more horror-stricken than some have been by the proposal to freeze the body; and the introducer of vaccination was hardly more abused than the proposer of congelation has been. It is in the hope that this prejudice may be thereby abated, and the subject rendered better understood, that the following brief statement is published. Even in France, where both the remedial and anaesthetic uses of intense cold have been turned to account for some time by M. Velpeau and other leading practitioners, there is still much doubt about the best mode of applying the agent. In a paper in the Bulletin de Therapeutique of the 15th ultimo, M. Richet, Surgeon of the Hospital Saint Antoine, in Paris, reports thirteen operations in which local anaesthesia had been produced by the very imperfect means of the quick evaporation of ether.

As no remedy has been longer in use, and few are more valued than the local application of moderate degrees of cold, or a temperature ranging from that of dissolving ice to about 70° of Fahrenheit, it may at first appear singular that a greater or more powerful remedial effect should not have been sought by increasing the dose of the agent, or employing a lower temperature, in the same manner as we have sought and found much greater remedial benefit in many cases by using mercury, antimony, quinine, and other drugs, in larger doses than had been customary. The reason is, that medical men were under a most erroneous impression respecting the effects of very low temperatures on the body. Because a temperature of zero stops the circulation, and because the vitality of a part has been lost by its long-continued congelation, whether caused by exposure to severe cold in winter or by the incautious use of ice in hernia and other diseases, it was hastily and erroneously inferred that there was danger of loss of vitality from short continued congelation. The mistake would not be greater to infer from the fact, because a long-continued stoppage of the circulation through a limb from an improper application of a bandage has occasioned gangrene, that it would be dangerous to use the tourniquet in operations.

The correction of this error will be deemed of no little importance when it is considered that in short-continued congelation, judiciously applied, we have an unfailing means of immediately arresting inflammation wherever it can be reached by the remedy; of not only giving speedy relief from pain in many diseases, but in consequence of the organic changes produced by it, of obviating the return of pain; and in malignant disease of producing an amount of benefit much exceeding that yet accomplished by other
means. Although much inferior in importance to these results, it is yet another great benefit conferred by intense cold, that the pain which would be otherwise caused by the greater number of surgical operations can be prevented by it with perfect safety; and not only can pain be prevented, but the inflammation proceeding from the surgeon's knife, that so often proves fatal, may also be obviated by the same means, and with almost equal certainty. It will be proper to consider the remedial and anaesthetic effects of intense cold separately; but before doing so, it is necessary to mention how this degree of cold is produced and applied, as well as to attempt an explanation of its mode of operation.

That degree of cold may be called intense which immediately benumbs the part to which it is applied, speedily stops the circulation through it, and congeals the adipose matter. I have usually produced these effects by placing what are termed frigorific mixtures either immediately in contact with the skin or mucous membrane, by means of a net of thin gauze containing them, or by allowing them to act through thin bladders or metallic vessels of appropriate form; but there are various other ways of effecting the same object, some of which are preferable for certain purposes. Substances passing rapidly from the solid to the fluid, or from the fluid, to the aeriform state, strongly abstract calorie from other bodies in contact with them; and substances, either solid, fluid, or aeriform, already sufficiently cooled by artificial means, may be placed in contact with the part; the first, as solid metallic balls of appropriate shape; the latter two, when forming strong currents. When cold is produced by the common frigorific mixture of ice and salt, and applied by means of a gauze bag or net, the following is a convenient mode of proceeding: If the congelation is not to be extensive or long-continued, a piece of ice of the size of a large orange will be sufficient. This is well pounded in a coarse cloth or bag, and the powder being placed upon a large sheet of paper, is thoroughly mixed by means of a paper-folder, with about half its weight of common salt. The mixture is then put into a net of about four inches in diameter, and as soon as it begins to dissolve it is ready to be applied. The net is not kept motionless on the part, but is frequently raised in order that fresh particles of the mixture may be brought in contact with the skin; and the water that escapes from it may be absorbed by a sponge, or allowed to fall into a basin placed underneath. If the surface to be acted upon is of small extent, a very thin and large copper spoon containing the mixture, or a solid brass ball of about a pound weight, which has been immersed in ice and salt, will often answer, and be a neater mode than the net.

The moment a gauze net or a thin metallic vessel containing ice and salt is applied to the skin it is benumbed. There is hardly a sensation of cold produced, and no tingling or smarting. If the contact of the frigorific be continued a few seconds longer, the sur-
face becomes suddenly white in consequence, doubtless of the arrest of the circulation; and this change of color is attended with a slight smarting like that produced by mustard. There is now complete anaesthesia, which, if the frigorific were removed, would remain complete for several minutes. But if the frigorific be allowed to act, another change is produced—the adipose matter under the skin is congealed, and the part becomes hard as well as white. The depth to which the benumbing influence of cold will extend depends upon a variety of circumstances, as the degree of cold, the duration of the application, the vascularity of the part, whether pressure is used or the circulation is suspended, &c. After the usual application of cold for anaesthesia, the circulation soon returns to the part, and the skin assumes a red color, which lasts for several hours. If the congelation has been considerable, there is now some smarting felt, unless the natural heat be more gradually restored by pouring cold water on the part, or by placing on it a little pounded ice, or a bladder containing iced water. If the application has not exceeded the first stages, there is no smarting, and no necessity, therefore, for such precaution.

The redness produced does not, as might at first sight be supposed, indicate an inflammatory condition, but the very reverse. The tonicity of the small arteries appears to be lessened or suspended for a time, and, instead of being inflamed, the part is rendered unsusceptible of inflammation. Parts cut after congelation healed by adhesion or the first intention more quickly than they otherwise would; and, as has already been said, we possess in this expedient a certain and prompt remedy for every inflammation accessible to its complete influence.

I. Remedial Uses of Intense Cold.—The remedial qualities of intense cold may be described as antiphlogistic, anodyne or sedative and specific; and it is useful in the diseases for which other remedies possessing these qualities have been employed, viz: in inflammatory, painful or irritative, and malignant diseases. The circumstances which limits its application in these is the impossibility of extending its influence beyond a certain extent or depth, although it is certain, from its effects in deep-seated disease, that this influence, whether it be direct or sympathetic, is more extensive than would at first be supposed. It may be laid down as a rule that in every case in which the local application of moderate degrees of cold has been found of service, the use of well regulated congelation would prove much more useful; and in those diseases of similar character, in which moderate cold has not been employed from the idea that their seat was beyond its reach, congelation might be tried with reasonable hope of success. Intense cold has this immense advantage over other powerful remedies of the same class, that it may be used with impunity—if it does no good it will do no harm. Who will venture to affirm this of bleeding, mercury, antimony, opium, chloroform, arsenic? Neither in my own
practice nor (as far as I can learn) in the practice of others has there been any untoward result from the use of congelation. Its action being confined to the diseased part, and not uselessly expended on the rest of the system, affords the explanation. Other topical remedies have much the same character for safety, but what other expedient of this class has a tenth part of the power of intense cold?

Instead of enumerating the diseases in which this agent has been employed according to the above classification, I shall mention, first, those in which it has been more or less successful; and, second, those in which it might, reasoning from analogy, be tried with hope of advantage. In administering intense cold as a remedy, the common or a more powerful frigorific has been generally applied directly to the part, or with the intervention only of the thin gauze containing it; and the duration of the congelation has been from one to ten minutes.

In the spring of the year 1850, I requested the house surgeon of the Brighton dispensary to apprise me of every case of acute lumbago that came under his notice, and in all of these, amounting to nine, I employed congelation with perfect and permanent success. The net containing the ice and salt was passed to and fro for five minutes, over a surface of about 8 by 4 inches, the skin being blanched during the whole of this period. In only two or three cases was it necessary to apply the remedy twice. Several of the patients rose immediately afterwards from their beds, to which they had long been confined. In most cases of chronic rheumatism the remedy has been equally successful; and this, on account of the frequency of the disease, is one of its most valuable applications. Sciatica has generally yielded to it, but by no means so easily. In acute rheumatism the local inflammation of the joints is, by this means, invariably and completely relieved, and that portion of the accompanying fever thence arising is consequently removed. The disease, thus treated, will run a painless course of about a week's duration. In no case, of about a dozen in which congelation was almost exclusively employed, was there extension of inflammation to the heart; and I am persuaded that the best plan of preventing this is to subdue the inflammation of the joints from which it generally originates. I did not use the remedy in cases where the heart was already affected, though I have since learned that congelation is employed in the hospital at Vienna (where it was introduced some years ago by Dr. Waters of Chester,) as an application to the chest of rheumatic carditis. That this affection of the heart would occasionally occur during the treatment of acute rheumatism by congelation is very probable, because it often arises, as the same affection of the joint does, from a morbid condition of the blood, over which the remedy can have no control; and that such an occurrence, in the present feeling on the subject, would be called metastasis from cold is very certain; but I am
convincing that it will yet be acknowledged, though probably after many years, that this affection would be much decreased in frequency by the adoption of any means capable of quickly subduing the accompanying arthritis. When it is considered what an immense amount of eventual mischief arises from the organic disease of the heart that occurs under the common modes of treating rheumatic fever, to say nothing of the patient's present sufferings and tedious confinement, it is to be lamented that prejudice should oppose any measure of greater promise. In the rheumatic gout the relief has been as marked from congelation as in lumbago. In ordinary inflammation of the joints it has also been exceedingly useful. Ophthalmia has been immediately cured by keeping the frigorific in contact with the gently-closed eyelid for three or four minutes. Glandular inflammation in the neck and groin yield to a high degree of cold with equal facility. I have been told that in orchitis its beneficial operation is immediate; and I have little doubt that, from its closeness to the surface, the urethral inflammation causing orchitis would be quickly suppressed. Congelation has often at once converted an irritable into a healing ulcer, though sometimes the patient has complained of the pain of the operation. It is probable that had the salt in the mixture been prevented from coming in contact with the irritable surface, this would have been in a great degree prevented. Certain acute inflammatory affections of the skin are equally under its influence, as erysipelas, eczema, impetigo. It has not often failed in prurigo, but in only one case of psoriasis has it appeared to be of service. Painful nodes are at once relieved by this means and the inflammation subdued. I have only used congelation in carbuncle as an anaesthetic previously to cutting it, but it is probable (judging from its effects in severe boils) that the incision might have been dispensed with. It has been mentioned to me that severe cold has been employed with the same view in whitlow, of which it is certainly a sufficient cure. The inflammation following sprains, contusions, and other similar injuries is perfectly under its influence; and the same may be said of burns. In one of my publications on the subject I have related the excellent and speedy effects of congelation in a case of meningitis, and also in a case of peritonitis. I have not had the opportunity of trying it in other affections of this description. Headache of various kinds has at once yielded to the application, for a minute, of a frigorific over the painful part; and in neuralgia affecting the side it has generally proved efficacious. In neuralgia attacking the face and other parts it has often succeeded and often failed. If the seat of the disease be deep in the brain, little can be hoped from this remedy, although there are a few obstinate cases of neuralgia in which it does not deserve a trial. Toothache is generally at once relieved by it if properly applied; and there is no remedy for the painful affection of the mouth caused by
mercury comparable to congelation. A spoonful of dissolving ice and salt is repeatedly put into the mouth, until it becomes benumbed. In one case of severe scurvy of the gums, where I feared a loss of the teeth, extensive congelation of the gums immediately arrested the disease.

In many of the diseases just enumerated the promptness of the cure is as remarkable as its certainty. In military and hospital practice this advantage is very prominent.

In cancer the effects of congelation have been various. From my own experience and that of others, I think that in its early stages, and when from its size the tumor can be thoroughly brought under the influence of the remedy, it will be cured by it. In all stages the progress of cancer will be arrested or retarded, and the pain accompanying it assuaged. The difficulty in advanced cases is to cause a sufficient degree of cold to pervade the tumor. The French translator of a recent paper of mine on the subject, (l'Union Medicale for May,) thinks that the frequent occurrence of cysts in cancerous tumors may facilitate this. But if layer after layer is acted upon it may be enough. In cancer of the womb the frigorigie is applied by means of a speculum, and one stronger than ice and common salt will generally be required. The opinions of Dr. Hughes Bennett respecting the nature of cancer have much influenced the mode in which I have used congelation in its treatment. M. Velpeau states, in his recent elaborate work on the diseases of the breast, that he has employed long-continued congelation as a substitute for caustic in cancer; but of this effect of the agent I have no knowledge.

There are other diseases in the treatment of which severe cold would probably be very useful. It might be applied with such a hope to the spine in tetanus, or to the scalp in certain varieties of mania. After gunshot and other severe wounds it would prove a powerful preventive and cure of inflammation. Even in pleuritis and other deep-seated inflammation of the chest, as well as in various uterine affections, benefit might rationally be expected from it. In two cases of epidemic cholera I administered a succession of draughts of a temperature of about 25° of Fahrenheit, with apparently excellent effect; and I cannot doubt that the application of cold to the interior of the stomach—which, as appears by the recently published report of the College of Physicians, is the only treatment of cholera which has been unanimously approved of—has not been carried far enough. If the irritation of the mucous membrane be considerable, (as it must be to account for the exhausting and fatal discharges) the temperature of ice merely is not sufficient to subdue it.

II. Anaesthetic Uses of Severe Cold.—As patients now expect to have every operation performed without pain, both they and their surgeons will be glad to have an easy and agreeable means of accomplishing this, in all the common operations, unaccompa-
mied with the dangers of chloroform. What can be less troublesome in opening an abscess, for instance, or making a cutaneous incision, than touching the skin for a moment with a small brass ball that has been immersed for a few minutes in ice and salt, or a thin spoon filled with such a mixture? It is true that in deep-seated operations such a means can only suspend the sensibility of the skin; but it is the incision of the skin which constitutes the most painful part of every operation, and if this be benumbed, a smaller, and consequently less hazardous, dose of ether or chloroform than has usually been administered would be enough to remove the sensibility of the other tissues. These deep-seated operations, however, constitute a small minority, and if the list of recorded deaths from etherization be referred to (now amounting to more than fifty) it will be found that in three-fourths of the number complete anaesthesia might have been produced with perfect safety by cold.

M. Velpeau, who introduced anaesthesia from cold into France, has, in a lecture on the subject recently reported in the Gazette des Hopitaux, expressed the doubt whether in some operations the hardening of the tissues by this means might not prevent their being cut with ease. I have not found this to be the case, nor does he himself allude to this supposed disadvantage, when, in his work on diseases of the breast, he mentions that he has excised tumors after anaesthesia from cold.

The fear of reaction I have already adverted to in the prefatory observations. Instead of reaction being produced, the anaesthetic is a preventive of inflammation from the wound; and were it used for this purpose alone it would be invaluable.

Local anaesthesia from cold may, as has already been observed, be produced in a great variety of ways. Some of these may be applied so as to cause immediate congelation, but it is questionable whether the anaesthesia is not more extensive and lasting when more slowly caused. Such details, however, are unsuited to the general view of the subject intended by the present communication, which, I fear, has already exceeded its proper bounds.—[Edinburgh Monthly Jour. of Med. Science.

On Laceration of the Perineum in Primiparae. By T. Snow, Beck, M. D.

I have before me the notes of one hundred and twelve cases of primiparae, observed within the last five years, of which seventy-five, or two-thirds, had laceration of the perineum through the whole extent; while in thirty-seven, or just one-third, no laceration took place. Unless this result had been fortified by notes made as soon as I returned home, and by the examination of the parts by the eye, as well as by the touch, I might have considered that some error had crept into these observations; but, with the precautions taken,
On Laceration of the Perineum.

I feel assured of the accuracy of the result, however contrary it may be to previous opinions.

The laceration apparently took place just as the head was extruded. The perineum was perfect immediately before the head was expelled, and was lacerated after the birth of the child. In a few instances, by keeping the finger on the centre of the perineum, it was felt to give way, to allow the head to pass; but in the great majority no indication of laceration was perceived until after the completion of parturition. In the interval between the extrusion of the head and the expulsion of the body, the parts were so much on the stretch, that it was impossible to determine with certainty whether laceration had occurred or not; but, as the shoulders passed without the least difficulty through an opening of sufficient size, it appears most probable that the laceration did not take place at this period, but had occurred previously.

Of the seventy-five cases in which laceration occurred, fifteen of these, or twenty per cent., healed by the first intention, and the perineum was as perfect as before the confinement; while fifty-three, or seventy-five per cent., healed by granulation, and produced a more or less perfect perineum: In not one instance has any inconvenience followed,—such as prolapsus of the uterus, bearing-down pains, etc.,—and in only one case was there any trouble attending the accident. This case was among the first observed, and while my mind was still imbued with the serious consequences which followed laceration of the perineum. It did not heal by the first intention, and the granulations were small, and showed little inclination to unite into those of the opposite side. I became anxious, applied different remedies, and, finally, the quilted suture. Nothing which was applied appeared to produce any effect, and the operation of the sutures was decidedly injurious. In the first instance, it frightened the patient; was a source of constant annoyance; produced irritation of the part; and, from the pressure of the silk inducing ulceration of the deeper structures, became loose, and was obliged to be removed. The laceration, however, gradually healed, leaving not more than a quarter of an inch of the rupture unclosed. In this case, the effects of the ligatures were such as to deter me from applying them on any subsequent occasion. In all the cases I have observed, neither the patient nor the nurse was aware that anything had occurred more than usual. The patient said she felt very sore, could not sit up in bed for some few days in consequence, and when she began to sit up out of bed, required a pillow, or some soft substance to sit upon. But these were considered as "nothing more than usual on such occasions."

Little need be said of the thirty-seven cases wherein laceration did not occur, except that some, at least, were such as might a priori have been supposed likely to suffer from this accident. The patients were spare, and rather above the average size; the perineum small in extent, firm, and somewhat unyielding. But in women with
this conformation, scarcely one suffered from laceration, and then only when the size of the child was disproportionate to that of the pelvis of the mother; but when the perineum was broad, thick, and soft, scarcely one escaped being torn through.

It, of course, will remain for further observation to determine whether these cases, taken indiscriminately from the practice of one physician, fairly represent the average occurrence of this accident in women confined with their first child. If it does, then laceration of the perineum becomes the rule in such cases, instead of the exception; but, even if it does not, it yet shows that this accident is of much more frequent occurrence than has been supposed. These cases further show that when laceration does occur, this will heal perfectly by ordinary attention, rest, and cleanliness. Such, at least, must be admitted from the result of the seventy-five cases, every one of which has healed with little trouble, and none have been followed by any annoying consequences. From these facts we may, I think, advance a step further and conclude that, in cases where the laceration has extended through the sphincter ani, there is great probability that the laceration will heal, in many cases, by the natural process; and that time should be given for this purpose, before any operative procedure is had recourse to.

The majority of those females who form the subject of these observations, have been confined with the second, and several with the third, child; but in no instance has laceration again taken place, and in only one was there a slight tearing, during the birth of a large child, which soon healed. It would then appear that the cicatrix which follows a lacerated perineum is less liable to give way during parturition than the natural structure of the part.

It is an acknowledged fact that severe laceration of the perineum, involving the sphincter ani, has not unfrequently occurred without the accident having been discovered until some time subsequently, by the inability of the patient to retain the motions, and other distressing consequences. And it is also known that tearing of the perineum, up to the sphincter, has taken place, and has not subsequently healed. But we have no information as to the circumstances which have interfered with the healing process, which, these present cases appear to show, usually takes place. My own experience would lead me to conclude, that many cases may, and do, occur, without the medical attendant being aware of the accident. For, although my attention was specially directed to this point, yet several occurred wherein the laceration was not perceived until a careful examination of the parts had been made after the labor was completed. Had this examination, which is unusual, not been instituted, the accident might not have been discovered, either at the time, or subsequently, by reason of the strong tendency which appears to exist for the healing of any tearing or other injury to the generative organs of the female, when the process of parturition has been completed.—[Med. Times and Gazette.]
The Simplest Operation for Uncomplicated, Congenital Phymosis.

By T. Furneaux Jordan, Esq., M. R. C. S.

Not only are Surgical authorities of opinion that circumcision is rarely, if ever necessary; but those truly frightful slits, extending half-way up the penis, to be seen in the pretty engravings which adorn some (of our best too) Surgical manuals, are fast getting into chirurgical disfavor. The present mania, however, of attributing uncomplicated, congenital phymosis in every case to the unfortunate mucous lining of the prepuce alone, and the practice of heroically slitting up the same to the very point of its reflexion from the penis, has arisen rather from the hypothesis of theorists than from the enlightened experience of acute observers.

The non-dilatability of the congenitally phymosed prepuce is confined to the margin of the preputial orifice and to the skin and mucous membrane in its immediate vicinity; such nondilatability undoubtedly extending to a greater distance on the inner than on the outer aspect of the foreskin.

The received opinion, touching the non-elasticity of the preputial lining in its entire extent, is so far from being correct, that ordinarily such lining, for some distance anterior to its point of reflexion, is arranged in rugous folds, like all other mucous membranes that are too large for the organ they line, save when the peculiar function of that organ is being exercised.

The opinion that the skin is not implicated in phymosed stricture, is equally incorrect. In one patient, on whom I operated with complete success, by far the tightest portion of the prepuce, after recovery from the operation, was the skin for two lines behind the cicatrices.

From the above remarks, it will be inferred that any incisions, which extend further than the parts forming the margin of the prepuce, and for a short additional distance on the mucous surface, are unnecessary, and hence cruel. A single incision, however, as described, would fail to secure the retraction of the prepuce, not because the incision is too limited, but because a single incision cannot possibly relieve the whole circumference of the congenitally contracted preputial orifice; two, however, or at most three, of the small incisions in question would afford complete relief.

The mode of operating which I have adopted, and with signal success in its results, is this:—Having first induced local anaesthesia, by applying pounded ice to the penis for two minutes, I introduced one blade of a pair of scissors (blunt-pointed, yet cutting to the end) to the distance of \( \frac{1}{2} \) an inch, between the glans penis and the prepuce, on one side of the penis, at a point midway between the frenum posteriorly, and the mesial line anteriorly. Both layers of the prepuce being divided to the extent mentioned, a similar incision is made at a similar point on the other side of the penis. The prepuce is now retracted to the extent allowed by the incisions,
which by this proceeding are brought quite external, enclosing between their lips an uncut layer of lining membrane. This is divided on each side, by introducing one blade of the scissors, to the extent of, and immediately under, the original wound. The entire prepuce may then be retracted, a piece of wet lint wrapped round the penis, and the whole supported by a proper suspensory bandage. The patient need not lie in bed. Where three incisions seem preferable, they should be equidistant from each other, the third being at the mesial point anteriorly, the two lateral incisions should be a little nearer the frenum, than when two only are made.

The incisions may of course vary a line or two, one way or the other in extent, according as the constriction is more or less aggravated.

The recapitulary points to which I would draw attention, are:

1. That the skin is more, and
2. That the mucous membrane is less involved, than is generally supposed.
3. That two, or at most three, comparatively small incisions will afford complete relief.
4. That no assistant is required, and
5. No instrument save a pair of scissors.
6. Two or three small incisions cause much less irritation, and heal much more quickly than one large one.
7. That the patient need not lie in bed.—[*Med. Times and Gaz.*]

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**Congenital Absence of the Nose: New Rhinoplastic Operation.—By M. Maisonneuve.**

Among the defects of conformation of which the human face may be the seat, there is one which must be of extreme rarity, as I have been unable to discover any record of its occurrence; I allude to congenital absence of the nose. A case of this kind having recently come under my notice, I have thought it would be useful to publish it, and at the same time to make known the novel proceeding by means of which I succeeded in remedying the deformity.

Eugénie Marotte, aged seven months, was born strong and well formed, except that her face was completely devoid of any nasal prominence, and that in place of this natural projection there existed only a plain surface pierced with two little round openings scarcely one millimetre (0.03937 inch) in diameter, and three centimetres (1.1811 inches) distant from each other. In addition to giving the child a most grotesque appearance, this deformity occasioned her much inconvenience in the act of respiration, and therefore in that of sucking. In these two points of view, consequently, it was important to remedy this faulty conformation, and for this purpose her parents came to Paris to consult me.

No similar instance having been known to science, the ordinary
On Necræmia.

On the 18th of May, 1855, the child having been previously placed under the influence of chloroform. I carried inwards, from each of the nasal orifices, a transverse incision one centimetre (0.393708 inch in length. Two vertical incisions, commencing from the inner extremity of the preceding, were now directed towards the free edge of the lower (sic) lip, near which they were brought together so as to form a V. From these latter incisions resulted a narrow flap comprising the entire thickness of the lip: it was dissected and horizontally raised to form the inferior septum of the nose.

There then resulted a true artificial hare-lip, the edges of which I united by means of the twisted suture. But to obtain this union, it was necessary that the space comprised between the nasal openings should be shortened by the entire width of the flap detached to form the septum, and that consequently a projecting fold should be formed at the expense of intermediate skin. This fold, supported by the artificial sub-septum, constituted a perfectly regular nasal prominence.

In order to understand completely the mechanism of the operation it is sufficient to repeat it on a piece of paper, when it will be immediately seen how satisfactory the result is.

The final issue was not, however, obtained without some trouble. The infant, irritated with pain, did not cease during the first twenty-four hours crying, so to speak, and struggling: the consequence was a partial disunion of the points of the upper suture. This, however, was attended with the incidental advantage of suggesting to me an improvement in the operation for hare-lip.

This improvement consists in the subcutaneous division of the orbicular muscle at each side of the wound, in order to prevent its contractions from tearing open the cicatrix.

Thanks to this improvement, union took place without difficulty, notwithstanding the uneasiness of the little patient; and at the time of her departure from Paris, the cure was complete.

The nose was of a very regular shape, and the openings of the nostrils being ample, admitted of easy respiration.—[Gazette Médical de Paris, and Dublin Medical Press.

On Necræmia. By Dr. C. H. Jones, F. R. S.

This term is applied by Dr. Williams to that condition of the blood, in which it appears to be itself primarily and specially affected, and to lose its vital properties. It is, in fact, death beginning with the blood. The appearance of petechiae and vibices on the external surface, the occurrence of more extensive hemorrhages in the internal parts, the general fluidity of the blood, and frequently its
unusually dark or otherwise altered aspect, its poisonous properties, as exhibited in its deleterious operations on other animals, and its proneness to pass into decomposition, point out the blood as the first seat of disorder; and by the failure of its natural properties and function, as the vivifier of all structure and function, it is plainly the medium by which death begins in the body. The blood, the natural source of life to the whole body, is itself dead, and spreads death instead of life. The heart’s action is faltering and feeble; the atonic vessels become the seat of congestions, and readily permit extravasations. The brain, insufficiently stimulated, after slight delirium, lapses into stupor; the medulla no longer regularly responds to the besoin de respirer; and the respiratory movements become irregular. Muscular strength is utterly lost; offensive colliquative diarrhoea, or passive intestinal hemorrhage often occurs; sloughing sores, or actual gangrene of various parts are easily produced; and putrefaction commences almost as soon as life is extinct. The track of the superficial veins is marked by bloody stains; hypostatic congestion takes place to a great extent; the blood remains fluid, and stains the lining membranes of the vessels. Rotkitsky describes the blood as often foamy, from the development of gas, and of a dirty red raspberry-jelly color; its serum dark from exuded haematine; and its globules swollen up by endosmosis. Coagula are either totally absent, or are very soft and small. The exudations are of a dirty red—turbid, thin. There is scarcely any rigor mortis; the tissue of the heart and of other organs is flaccid and softened, and stained by imbibition of the serum. Gas is quickly formed in the vessels and in the areolar tissue, in giving rise to a kind of emphysema. It is very remarkable that this necraemic condition, or one closely resembling it, may be brought on by violent shocks inflicted on the nervous system, as well as by the introduction of miasmatic or animal poisons into the circulation. Violent convulsions, overwhelming emotions, the shock of an amputation, a stroke of lightning, even a severe exhausting labor, are mentioned by the German pathologist as having produced this effect. More common causes are, however, malignant scarlatina and typhus, yellow fever, the plague, and the disease called glanders. It may be said, generally, that the early appearance of sinking and prostration in any fever, indicates that the blood is thus seriously affected. We are ignorant what is the exact nature of the changes which takes place in this condition of the blood. Probably they are more of a vital than merely chemical kind—that is, they affect the properties of the blood more than its composition. The blood globules do not appear to be destroyed; but they circulate probably some time before death, as so many dead particles prove to be enlarged and to stagnate in the capillaries, and to part with their contained haematine. The fibrine is in great part destroyed; but how this comes to pass we are ignorant. We can perceive, on the whole, scarce anything more than that the powers of vital chemis-
Iodine, as an Antidote to the Poison of Rabid Animals. By W. M.-
H. Mussey, M.D., of Cincinnati.

Prof. Brainard, of Chicago, has demonstrated the value of Iodine
as an application to snake bites. Early in 1853, I determined to
treat wounds by rabid animals with Iodine, in the belief that it
would decompose the animal poison; and I now present the following
cases as the initiative of the treatment, without claiming that
the question is settled, as I know that cases of Hydrophobia are ex-
ceedingly rare—not bearing a proportion greater than 1 to 20 of
those wounded by animals supposed to be rabid:

Case I. April, 1853.—Mr. B., aged 25, painter. When three
miles from the city, was bitten by a dog supposed to be rabid, and
I believe, was so, though there was no opportunity for the proof, as
the animal was killed. The patient came immediately to my office.
On his right hand were several wounds, to which I applied the
Tincture of Iodine every five minutes for an hour, and then applied
an emollient poultice, with directions to apply the Iodine every
hour for the next ten hours, and every four hours for the twenty-
four hours succeeding, with a change of poultice every twelve
hours, till the wounds should heal. I saw the patient daily for a
week, and occasionally for six months after. No symptoms of Hy-
drophobia had appeared.

Case II. April 29, 1853.—H. S., aged twelve years. Was bit-
ten by a furious watch-dog, in the side and arm, through clothing.
There was no evidence that the dog was rabid, but I instituted the
same treatment as in the former case.

Case III. June 24.—G. H., aged twenty-five. Was bitten in
the hand by a large pup, three months old. Ordered the applica-
tion of Tincture of Iodine.

Case IV. July 4.—W. M., aged nine years. Was bitten (through
his clothing) by a dog running the streets. There were five wounds
in the leg and two in the side. I saw the patient twenty minutes
after, and applied Iodine and poultices, as in Case I. The patient
is well at this date. The same dog bit an Italian in the leg, and
the surgeon in attendance cut out a large piece of the integument,
and the patient recovered from the operation, and was not attacked
with Hydrophobia. I believe the dog was mad, but as he suffered
the death penalty, there was no opportunity for proof.

Case V. September 16.—Mrs. S. Bitten in the hand. I could
not determine if the dog was rabid or only worried by its pursuers.
Ordered Iodine. There was no subsequent trouble.

Case VI. December 6.—W. A., aged twelve. Bitten several
times in the hand. Treated as Case I.
CASE VII. H. K., aged ten. Bitten by same dog. Ordered like treatment. No subsequent difficulty.

CASE VIII. June 26, 1854.—Miss H., aged nineteen. Was bitten in joint of great toe by a cat. Four days after, I was called, and found joint inflamed, and slight tetanic spasms about the larynx and inferior maxilla. Applied Iodine and poultices, and administered antispasmodics. Patient recovered.

On a review of the foregoing, it will be noticed:
1. That in all cases I apply the Tincture of Iodine, as there is some uncertainty as to the character of the wound.
2. That in cases 1, 4, 6 and 7, the animals inflicting the wounds were probably rabid; whilst in cases 2, 3, 5 and 8, the animals were probably not rabid.
3. That in cases 1, 3, 5, 6, 7 and 8, the parts wounded were not protected by clothing.
4. That dogs show no respect for the calendar, or summer ordinances, but have their day whenever it suits their taste.

Favus, successfully treated by Phytolacca Radix, or Poke Root. By H. Gatch Carey, M. D., Dayton, Ohio.

The phytolacca decandra, or poke, is indigenous to almost all parts of North America. Its medicinal qualities have received but little attention. Taken internally, it is an emetic, tardy in operation; cathartic and slightly narcotic. "In over doses it produces excessive vomiting and purging, attended with great prostration of strength, and sometimes with convulsions. In small doses it is an alterative, and has been recommended in rheumatism. Externally it has proved beneficial in piles, psora, and tieta capitis." (U. S. D.)

I have cured three cases—one severe and obstinate, of sycosis with a decoction of the poke root. The action of the remedy was prompt and highly gratifying. The pathological resemblance which subsists between this disease and favus, induced me to test the virtues of the agent in the latter. The case was one of six months standing, and had been under treatment during that time by a regular, scientific physician. The disease had only been temporarily benefited by the course of medication. The general health of the child—eight months, was good. No hereditary elements of disease could be traced. The eruption occupied the parietal protuberances, extending forwards to the middle of the sagittal suture, back as far as the centre of the occipital bone, and all the intermediate space. A dense light brown crust covered the above defined region. Characteristic yellow points imbedded in the derma, could be detected along the line of the disease, rendering the diagnosis clear.
I directed thorough ablution with soap and water three times per day, and the crust to be kept constantly saturated with,

B. Carb. Potass. 5 iv.
Glycerine 5 ij. m.

The head to be covered with an oil silk cap. At the end of the third day, under the use of this treatment, the scale was entirely removed. The scalp was ulcerated in several places, and the remainder which was originally covered by the crust, furnished unmistakable evidence in a multitude of yellow points of favus dispersus. Pruritis was almost intolerable.

The glycerine and potash only had the effect of softening the crust, thereby rendering its removal easy by soap and water. The exuberant cryptogami were not in the least, repressed by the application. A single night was sufficient to give a coating to the diseased surface.

After removing the hair as far as possible with scissors, I ordered the ablutions to be continued, and the affected parts to be kept constantly moist with a decoction of poke root. This was effected by means of clothes saturated in the decoction and applied to the diseased scalp, with the oil silk cap superimposed. The crust ceased to be reproduced immediately upon the application of the wash. In four days the yellow points in the scalps had disappeared, and the ulcerations soon healed under the use of the decoction. In a fortnight after the first use of the poke root, the disease had vanished, and hair in limited quantities now covers the affected parts.—[Western Lancet.

Microscopy of the Kidney.

At the April session of the Academy, Dr. Isaacs read a continuation of his paper on the Microscopy of the Kidney, in which he proved still more decidedly than at the previous meeting, the fallacy of some of the physiological views of Bowman and other European authorities, and demonstrated to perfection the true anatomical and physiological relations of some important parts, especially the connection between the Malpighian tufts and the uriniferous tubes. His investigations have settled this vexed question, so that there can no longer exist any doubt of their being an anatomical connection and a direct functional relation between these two parts. He tied the renal artery of a cat, after putting the animal under the influence of chloroform, and was then enabled to see the passages of blood directly from the capillary turf in the tube; and he has proved to exist, what others have denied, because they failed to see, the presence of nucleated cells upon the surface of the tuft, as well as upon the inner surface of the capsule of the tube, which embraces and covers the tuft. The cells of the capsule he discovered to be of a different chemical character from those of the tuft—as nitric.
acid, while it destroyed the former, had no effect upon the latter. Upon his inability to discover any cells upon the tuft, Bowman based his theory that the office of this congeries of capillaries was to separate water only from the blood; a theory which is subverted by Dr. Isaacs' discovery of a cellular formation upon them. He furthermore demonstrated the presence of various substances in the tube, such as bile in a jaundiced person, and various salts which could only have got there through the Malpighian tuft.

In this, as in his former paper, Dr. Isaacs was eminently satisfactory to his audience, who received his communication with frequent demonstrations of their gratification.—[Med. and Surg. Rep.


Implantation of the placenta over the os uteri may be central or marginal, and in either case will pretty uniformly be the cause of hæmorrhage, as the uterus expands during the advancing periods of utero-gestation. Where central implantation exists, the safety both of mother and child will be seriously jeopardized, while a marginal attachment chiefly endangers the life of the foetus, and not necessarily that of the mother, though by neglect and improper treatment, she too may be placed in imminent peril by it.

It is generally at or about the seventh month of gestation that placenta praevia begins to endanger from hæmorrhage; and this is due to the more rapid and extensive expansion of the cervix uteri, from this period, in enlarging the uterine cavity, to accommodate the increasing size of the contained ovum. In some instances, however, no serious danger threatens until labor commences at the full term.

In central implantation the placenta is attached more or less centrally over the os uteri, and is decidedly the most important and dangerous deviation, while the danger diminishes as the attachment varies from this to the marginal.

The hæmorrhage attendant on placenta praevia from the seventh month, and before labor commences at the full term, is due chiefly to the separation of the placenta around its circumference, and the consequent rupture of its vessels there, caused by the increasing dilation of the cervix uteri at this period, while that occurring with the commencement of labor is caused by the separation of the placenta, and rupture of the utero-placental vessels around the os, as this opening dilates to give exit to the uterine contents.

In the first, the hæmorrhage is less violent and menacing than that connected with separation of the placenta from the os uteri, because the separation is gradual in the former, and the vessels, that are ruptured from time to time, smaller and more delicate. Here the vessels are ruptured only as the cervix expands; and
as this dilatation is slow and gradual also, and the consequent haemorrhage comparatively moderate.

When, however, labor commences, the os uteri dilates more or less suddenly, and the separation of the placenta, if the case be one of central implantation, will be proportionally sudden also, and the consequent haemorrhage must necessarily be sudden and impetuous in greater or less degrees.

If the haemorrhage appears near about the seventh month, it will in all probability result from the separation of the placenta at its circumference, as no other portion would be likely to be detached at this period of utero-gestation; and it would be moderate, because, as already stated, the placenta must be more or less gradually separated, then, from the uterine surface, by reason of the comparatively slow expansion of the corresponding wall.

But should it set in with the accession of labor, if the views already expressed are correct, it would be both sudden and impetuous, from the sudden separation of the placenta, and rupture of the utero-placental vessels at or near the os, chiefly if not exclusively the result of sudden dilatation of the os uteri, as preparatory to the expulsion of the foetus. And such will be the case, also, should a border of the placenta only be connected with the os uteri.

These divisions of placenta praevia implantation, if carefully studied in practice, will enable us to determine at once the character of the haemorrhage, both as respects the seat of the vessels yielding the blood, and its danger to the mother and foetus.

In many instances, uterine haemorrhage occurs during pregnancy, at or after the seventh month, that causes not a little alarm with females, and much perplexity with practitioners in determining as to its precise nature.

The discharge of blood often, in some of these examples, will be quite free and menacing for a few moments, but will very soon greatly abate, or cease for some hours entirely, leading the physician to believe that there will probably be no return of it.

After a while, however, and without any known cause, it recurs, and pursues the course of the first attack; and again abates, or ceases entirely; and in this manner it may return and abate after intervals until labor sets in at full term; or it will cease altogether before that time.

This description of uterine haemorrhage must either be due to central implantation of the placenta over the os uteri, or a marginal attachment may exist, with the border of the placenta extending beyond the os uteri sufficiently to occlude it. It may also be due to detachment of a portion of the chorion from the corresponding uterine mucous lining, by an accidental blow on the abdomen, or by a fall or severe jolt.

If it result from placenta praevia, the probabilities are against the complete arrest of the haemorrhage until the attendant preg-
nancy terminates, and in favor of the return of it in an aggravated and menacing form when labor sets in. But should it depend on partial separation of the ovum, in a majority of cases spontaneous arrest of it would follow, and a cure be effected by proper treatment, with little danger of recurrence, unless brought on by exposure of the woman to causes similar to those that induced it at first.

A sudden and profuse discharge of blood from the vagina, as labor commences, or as the os uteri begins to dilate, could not fail to lead to the belief that there was implantation of the placenta over the os uteri, and that the haemorrhage resulted from the rupture of the utero-placental vessels, caused by the sudden detachment of the placenta from the os as it is forced open by the uterine contractions, constituting labor in its first or preparatory stage.

In these cases it will invariably be the duty of the obstetrical attendant to examine carefully into the condition of the os uteri, per vaginam, in reference to implantation of the placenta over it. If the haemorrhage is profuse, little difficulty will attend the introduction of the index finger of either hand into the os uteri to a sufficient depth to ascertain if the placenta is situated upon it or not, as that opening is always more or less dilated by the escaping blood. The examination, however, should be conducted with gentleness, taking care, as the finger is introduced, not to force open the os violently, nor to employ undue force with it against the placenta.

If the case is ascertained to be placenta previa, the cause and nature of the haemorrhage will be satisfactorily declared, and a course of treatment must be adopted accordingly. But if no placenta can be found to occlude the os uteri, and instead of that structure the delicate and thin membranous envelope of the foetus presents, it will be fair to presume that the haemorrhage is due to accidental separation of the ovum from the uterine surface, which we know is generally harmless and easily corrected—nay, most frequently, it subsides spontaneously, if the woman is still and quiet in bed for a few days.

In the treatment of pregnancy and labor, complicated with implantation of the placenta over the os uteri, great difficulty has always been experienced, whether the attendant haemorrhage commences early or at full term; and perhaps no question in obstetrical therapeutics has given rise to greater contrariety of opinion or of medication. It is not the writer’s intention to notice these discrepancies, as he could not examine them fully in a paper like this, designed chiefly to explain his individual methods of treating placenta previa, and through the pages of a monthly medical journal. Having had considerable experience in the management of this menacing and formidable obstetrical hydra, he proposes merely to present a condensed transcript of that experience.
In hæmorrhage connected with placenta prævia, from the seventh month to the close of the eighth, it will not generally be necessary to do more than maintain the bowels in a soluble state by gentle cathartics, such as the bitart. potass., Seidlitz powders, and the like; to detract blood if the habit is plethoric, or the pulse strong and excited; to enjoin absolute rest in the recumbent posture; to restrict the diet; to guard against nervous excitement; to allow free ventilation of the woman's apartment, and cold drinks or ice; to require the person to be loosely dressed, and to be kept cool; to use narcotics in combination with astringents if there is much nervousness, as internal remedies, or astringents alone if narcotics are not demanded, especially acetic plumbi, sulp. alum or tannin; and cold, wet cloths over the hypogastrium and vulva.

Sometimes it will be necessary to have recourse to the tampon, especially if the woman is delicate and the hæmorrhage very profuse; and when employed, it should be carefully applied to the os tincæ, and steadily and firmly pressed against it until the hæmorrhage ceases.

Even after the external appearance of blood is no longer visible, it will be safest to continue the pressure upon the tampon for some hours; and when the pressure is to be discontinued, it must invariably be gradually done, and the instrument suffered to remain.

The writer has often witnessed the return of the flooding by too suddenly removing the pressure from the tampon, and from the premature withdrawal of the tampon also. The best tampon can be made of raw cotton enveloped in fine linen or ken- ting, so as to form a firm ball; and the surface to be applied to the os tincæ, before the envelope is put on, should be well saturated with a powder of equal parts of sulphur, alum and tannin. By using a square piece of soft old linen of proper size for the envelope, it can be put over the medicated cotton so as to form a handle beyond the ball, that will be found convenient in the introduction or removal of the tampon; and to render the ball firm, the gathers of the envelope should be tied firmly close up to the corresponding surface of the cotton with a strong thread.

In numerous instances, the writer has succeeded in restraining uterine hæmorrhage, in cases of placenta prævia, by the energetic employment of the plan of treatment that has been briefly sketched, and women have been conducted thereby, in comparative safety, to the close of pregnancy. It is true, hæmorrhage, connected with malposition of the placenta, is not generally attended with very great danger in the 7th and 8th months of pregnancy, especially the 7th, as already stated, but it should always be regarded with solicitude, because it is sometimes fatal. When it complicates labor, however, it is indeed a formidable accident, demanding decision and the most exalted skill, in many cases, on the part of the obstetrical attendant, to advert the dangers that peril the life of both mother and infant; and it is the
form that this paper is designed chiefly to consider. A labor thus complicated is distinguished by the discharge of blood from the vagina, more or less profusely, with the commencement of uterine pain; but the haemorrhage is most free and impetuous as the os uteri becomes dilated, and particularly so, if the dilatation is sudden; and it is the sudden separation of the placenta from the os and cervix uteri, and the consequent rupture of the connecting vessels, that cause the haemorrhage, as has already been stated. In many cases, these pregnancies are attended with occasional discharges of blood from the 7th month down to the commencement of labor, that are restrained by appropriate treatment; but although they are menacing in a high degree now and then, the haemorrhage is far less impetuous than that ushered in by the accession of labor.

In treating this complication of labor, the aim should be to save both mother and child, if possible. But if this is impracticable, and one must be sacrificed, every consideration of duty and humanity demands that the foetus should be the victim.

When haemorrhage sets in with labor, whether impetuous or not, the safest and most reliable means of restraining it is the tampon; and it should be resorted to without a moment's delay; and formed and applied as already suggested, only that the extract of belladonna must be used with the astringents in medicating it, and in quantities varying from twenty-five to forty grains. This instrument, as already stated, should be carefully and firmly applied to the os uteri, so as to prevent the further escape of blood from the uterus, and to cause a coagulum to form in the os and over the separated portions of the placenta. By the addition of the belladonna to the alum and tannin, two important ends may be simultaneously attained; that is, the coagulation of the blood around and in the orifices of the ruptured vessels, and the prompt and free dilatation of the os uteri.

In many cases the haemorrhage will be promptly and completely arrested by these measures; but if not completely staunch, it will often be greatly moderated, so as to allow time for the safe and full dilatation of the os, and spontaneous delivery of the foetus.

If, however, the haemorrhage proves obstinate, and from the blood already lost, seriously endangers the life of the woman, it will not be safe and proper to trust farther to the tampon alone, but the immediate resort must be had either to delivery by introducing the hand into the uterine cavity and turning, or to forcible separation of the placenta from the uterus with the index finger passed between them.

If the haemorrhage has been very profuse and exhausting in its effects, whether of long or short continuance, attempts to deliver would not be justifiable or safe.

But should the obstetrical attendant see the case before such prostrating loss of blood had taken place, and the os uteri could
be entered without the employment of undue force, delivery by turning or with the forceps might be promptly resorted to. But to attempt delivery after the woman has become greatly enfeebled by the floodings, would seriously endanger her life. Indeed it would be murderous, in a majority of instances, as the process requires more time for its completion, even when executed in the most dexterous manner, than could be safely consumed while the flooding continues.

In numerous instances, attempts to deliver, or even its accomplishment, have proved fatal under these circumstances, when life might have been perpetuated by a different procedure. True it is, some few women of uncommon vigor of constitution have escaped with life; but such examples are remarkable exceptions, and do not in the least weigh against the plan here advocated.

If the case forbid all attempts to deliver, the second expedient that has been suggested must be adopted, and without a moment's delay; that is, the separation of the placenta from the os and cervix, by forcibly and quickly passing the index finger between them, so as completely to detach the placenta from the uterine surface.

This operation causes considerable but temporary increase of the haemorrhage, and should be executed with the utmost despatch, or the woman may sink from the loss of blood before it is accomplished. As soon as the placenta is detached, the medicated tampon, without the belladonna, must be applied. And to save time, that instrument should invariably be previously gotten ready. By carefully pressing the entering surface of the tampon against and partially into the os uteri, and firmly holding it there with the fingers, the haemorrhage will instantly cease; and after a short time thus restrained, there will be very little danger of its recurrence, even if the tampon should be removed, which however, must not be attempted; it must invariably be forced away by the uterine contractions upon the renewal of labor.

When the case is a marginal implantation of the placenta over the os and cervix, and delivery is forbidden, by reason of the previous loss of blood, and great prostration of the woman's strength it will be necessary also to resort to the expedients just described. In some of these cases, however, when the placenta barely or imperfectly occludes the os uteri, it will only be necessary to detach it partially; and the writer's experience has led him to adopt and to advise the practice of separating that organ on its occluding border to a line a little beyond the opposite half of the os uteri. This separation very often, aided by the medicated tampon, will completely or greatly restrain the haemorrhage, and at the same time afford a chance for the preservation of the foetus.

After the haemorrhage is restrained by the means which have been suggested, a question arises as to the propriety of speedy delivery by artificial means. Should there be very great prostra-
tion of the system from the flooding, artificial delivery must not be attempted until the energies recuperate, as manifested by a well developed and equable reaction. In numerous melancholy instances, women have perished by being delivered too soon after the arrest of profuse haemorrhage from placenta praevia, especially before the powers of the system had reacted sufficiently to restore a well balanced circulation. As long as there is no haemorrhage and absence of uterine contraction, attempts at artificial delivery should never be made. There will be infinitely less danger in delaying delivery in such cases several days, if reaction is no longer deferred, than from an early resort to it. Inflammation might supervene from the detention of a dead fetus 24 or 36 hours after the arrest of the haemorrhage, causing its death; but this possible contingency would not bear a comparison with the almost certain danger of death to the mother, should she be delivered before reaction takes place to a sustaining extent.

The writer has known women to die, in several instances, almost at the moment of delivery, who had previously flooded most profusely from placenta praevia, but had ceased to do so as soon as the placenta was detached. In these cases there was great prostration of the system, manifested by difficult respiration; absence or alarming depression of the radial pulse; tinnitus aurium; moaning; restlessness; and a tendency to swoon from the slightest change in the posture of the body; and though delivery was not attempted or accomplished for more than ten hours after haemorrhage had been arrested, there was not the slightest tendency in the system to react; and the woman died the instant the stimulus of distention was removed from the uterus and abdomen. In such examples of placenta praevia, the safest and most rational mode of procedure is, to employ such restoratives and incitants as may be demanded to re-excite the flagging operations of the system, and to wait patiently until reaction is fully restored, or until spontaneous delivery takes place, which often occurs with the re-establishment of a well-balanced circulation, and is seldom fraught with danger, unless improperly managed or officiously interfered with.

Should utero peritonitis threaten, even before delivery is accomplished, purging the bowels impressively once or twice will effectually avert it, and not only without increasing the depression of the vital actions, but actually re-exciting them. In some most menacing and exceedingly perplexing cases of this kind, the writer has resorted to purging with the happiest results in promptly exciting the uterus into vigorous and effective contractions, speedily resulting in delivery, and in the removal of the symptoms threatening inflammation also.

It is important after every delivery to have the abdomen supportingly bandaged; but in the case now under examination it should be done with compressing force, and continued until every
menacing symptom subsides, unless contraindicated by increasing abdominal tenderness, and when to be discontinued, it must invariably be gradually done.

The views advocated in this paper, in regard to the treatment of labor and haemorrhage, in cases of implantation of the placenta over the cervix and os uteri, have been long entertained by the writer, and their correctness and safety often verified in his intercourse with cases complicated with such malpositions, or, as usually denominated, placenta previa. In more than thirty-five cases that have been treated by him, only two unfortunate results followed; and the treatment now pursued by him, and commended through this paper to his brethren, was suggested by those two unfortunate cases more than twenty-five years ago, while he was a young practitioner of medicine.

These views, however, are not peculiar to the writer, although original with him; and it is gratifying to find that they are entertained, in the main, also by some of the ablest and most successful as well as prominent obstetrical practitioners both of this country and of Europe, with Professor Simpson—generally conceded to be the highest authority at the present time in midwifery—at the head of them.—[Virginia Med. Jour.

**Pneumonia discussed in thirty-three Aphorisms.** By M. Bouchut.

Our readers will be interested in the perusal of the admirably condensed series of aphorisms taken from the excellent work on Diseases of Nursing Children, by M. Bouchut. This mode of impressing a subject on the memory is very effective and one often employed by the eminent author of this treatise. We are pleased to see that a translation of the work is announced by Dr. Bird of New York, from the publishing house of the Messrs. Wood.

Primary pneumonia, which is also called pneumonia d'embrée, is rare in children at the breast.

Pneumonia usually follows simple bronchitis, or bronchitis complicating fevers, or acute febrile diseases.

Primary pneumonia is usually lobar.

Consecutive pneumonia is always lobar.

Lobular pneumonia is sometimes discrete, sometimes confluent.

The pneumonia of children at the breast is almost always double, and usually attacks both lungs.

Lobar or lobular pneumonia is observed under two anatomical forms, slightly differing as to structure; these are intra-vesicular and extra-vesicular pneumonia.

Intra-vesicular pneumonia, usually primary, leads to congestion and thickening of the walls of the cells of the lung, with the formation of an internal plastic deposit, which constitutes the character of red and gray hepatization.
Extra-vesicular pneumonia, always consecutive, only produces congestion and thickening of the walls of the pulmonary vesicles, without fibrinous plastic secretion in the interior of these vesicles.

Chronic pneumonia, more common in the infant at the breast than in the adult, is always lobar.

Pneumonia often engenders the formation of fibro-plastic miliary granulations in the interior of the cells of the lung, in lymphatic and scrofulous children, or in the issue of parents tainted with scrofula.

The development of lobular pneumonia is favored by the crowding of children in the wards of a hospital.

Ordinary and frequent cough, accompanied by fever and anhelation, should make us fearful of an invasion of pneumonia.

Expiratory, groaning and jerking respiration is a certain sign of the existence of confluent lobar or lobular pneumonia.

Panting respiration, accompanied by a continual movement of the nostrils, is a sign of pneumonia.

Dullness of the chest is generally but slightly defined in the pneumonia of children at the breast.

When dullness of the chest exists in a young child with a very bad cold, pneumonia should be feared.

Dullness confined to one side of the chest in a young child rather indicates pleurisy than pneumonia.

The subcrepitant rale which accompanies the cough, the fever, and anhelation, confirm the diagnosis of confluent lobular pneumonia.

Bronchial respiration, which is rare in children at the breast, always belongs to lobar pneumonia, and sometimes to confluent lobular pneumonia.

Bronchophony, that is to say, the resounding of the cry, indicates that pneumonia has arrived at its last stage.

The exaggerated vibration of the thoracic walls at the time of the cries, indicates pneumonia, whilst their absence, on the contrary, points out the existence of pleurisy with considerable effusion.

The acute or moderate fever at first continued, presents numerous exacerbations in the course of pneumonia.

Primary pneumonia, or d'emblee, is less severe than consecutive pneumonia.

Pneumonia consecutive to simple pulmonary catarrh is often cured.

Pneumonia consecutive to measles, scarlet fever, small-pox, is a very serious disease.

The pneumonia of children at the breast is, especially, a serious disease, in consequence of the complications which precede or follow its development.

The pneumonia of children at the breast has a great tendency to pass into the chronic state.

The pneumonia which is consecutive to the development of fibroplastic miliary granulations, or to tubercular granulation, is usually fatal.

Expiratory, groaning and jerking respiration, accompanied by movements of the nostrils, announces that the life of the child is in great danger.

The swelling and edema of the hands, or of the feet, which comes on in the course of pneumonia, indicates an approaching death. (Trousseau.)

The return of the secretion of tears, which has been suspended in the
attack of pneumonia, is a good augury for its favorable termination. (Trousseau.)

One or two leeches at short intervals, several blisters in front of the chest and doses of ipecacuanha, are sufficient for the cure of simple acute pneumonia.—[Virginia Med. Journal.


The very brilliant operation described in this paper, which we find in the New York Journal of Medicine, May 1856, has many points of interest to the reader. The victim to the deleterious fumes of phosphorus was a "dipper" in a lucifer match factory in New York, an occupation she had followed for two years and a half. The first signs of mischief appeared in the form of tooth-ache, and one tooth was extracted, but swelling of the jaw-bone supervened, followed by discharge of pus, and she entered Bellevue hospital, and came under the charge of Dr. Wood.

Necrosis of the inferior maxillary bone existed both on the right and left side, and Dr. Wood performed his first operation on the right and most diseased side. Finding the bone necrosed to its articulation, he removed the whole of the right lateral half of the inferior maxillary, and twenty-eight days afterwards he was compelled to perform a like operation on the left lateral half. The patient was discharged on the 20th of March 1856, with remarkable preservation of the contour and comeliness of the face.

Necrosis, the result of the fumes of phosphorus, although a subject of but recent investigation, is not a very rare affection, as in the paper before us, we find seven other instances of like character reported by Dr. Van Buren. They have all resulted from the exposure to the fumes of phosphorus in "match factories," and the vast consumption of this modern convenience has undoubtedly developed this sad disease. Dr. Wood remarks:

Phosphorus disease, or necrosis from exposure to the fumes of phosphorus in the manufacture of lucifer matches was first noticed in Germany. Lorinser of Vienna, published the first account of this disease in 1845, and reported a number of cases. Soon after, Heyfelder of Erlangen, and Strohl of Strasburg, published cases; and in 1847, Drs. Von Bibra and Geist, published a separate work. In the following year, accounts of the disease were published in England; and in noticing a case, in the surgical reports of Guy's hospital (1846-47) of separation and exfoliation of the lower jaw, from exposure to phosphorus, in the manufacture of lucifer matches, it is stated, that the disease was previously noticed to be not uncommon in those working in phosphorus. Mr. Stanley alludes to this disease in his treatise on Diseases of Bones. Cases have been occasionally reported in English periodicals; and in the Lancet for 1850, (vol. i. p. 41) there is an interesting clinical lecture by Mr. Simon, on this subject, with
On the Treatment of Haemoptysis.  

On the Treatment of Haemoptysis.  By M. Aran.

M. Aran agrees with those who entirely condemn the employment of blood-letting in the treatment of haemoptysis, as it only temporarily arrests the bleeding, while it is dangerous, owing to the debility, and increased susceptibility, to the intercurrent affections it gives rise to. He has, for some time past, been engaged in testing the efficacy of the various haemostatic agents employed in haemoptysis; and in this paper he gives the results of his observations. He considers the essence of turpentine a most valuable remedy, given in doses of from 10 to 30 drops every hour, either in a spoonful of water, or mixed up with magnesia as a bolus. Marked amendment usually occurs in a few hours, and in from twenty-four to thirty-six hours the bleeding ceases. It is less suitable for young or plethoric subjects with febrile action, than in weak cachectic individuals, exhibiting atonic characteristics. Ergot of rye and ergotine are far less efficacious; but chloride of
sodium, given in doses of 1 to 2½ drachms, proves very efficacious in some cases, and has the advantage of being always at hand. Among the astringents, tannin, and especially gallic acid, are to be recommended; the latter while quite as efficacious, does not exert the same desiccating effect upon the tissues, or induce the obstinate constipation produced by tannin. As a mean dose, M. Aran gives 15 centigrammes (a centigramme is ¼ grain) every hour or alternative hour. He has had little experience in the use of emetic and nauseating remedies; but in three cases in which veratrine was employed, the bleeding ceased as if by enchantment. This class of remedies, indeed, would deserve to stand in the first class of haemostatic agents, were there not others possessing like efficacy, and yet not giving rise to the painful nausea these produce. M. Aran has derived great advantage from the combined use of digitalis and nitre. In ordinary cases, he gives in the twenty-four hours, 30 centigrammes of digitalis, and 1½ gramme (a gramme is 15 grains) of nitre, divided into four doses; but in very severe cases, these doses may be very much increased, so that the digitalis has been given to the extent of 1½ gramme, and the nitrate to 4 grammes, without injuriously affecting the action of the heart, while the effect produced upon the hemorrhage has been remarkable. Its arrest, never, however, takes place so suddenly under the use of these medicines, as when turpentine or gallic acid is employed.

In abundant, but not immediately dangerous hemorrhage we can choose among any of the above-mentioned means. In extremely abundant hemorrhage, we must arrest the flow as speedily as possible, by agents which do not depress the powers of the economy too much, and which are not too slow in their operation. Neither ergot, acetate of lead, nor alum is sufficient to meet the danger. Turpentine, gallic acid, chloride of sodium, or nitre with digitalis, can alone be trusted; but the necessity of increasing the dose with the intensity of the hemorrhage may, perhaps, render the chloride of sodium, and especially the nitre and digitalis, dangerous, through the possibility of the production of a too great depression of the heart’s action. It is, therefore to gallic acid or turpentine that we must chiefly trust in these severe cases; and we must not limit ourselves to their employment, but also endeavor to procure a temporary arrest of the hemorrhage by ligatures to the limbs and the application of ice to the chest, allowing the means employed internally to consolidate this temporary cure.—[Med. Times and Gaz. from Gaz. Hôp.

Croup and Method of its Treatment.

Dr. Honerkopf has recently published a paper, in which he extols the administration of the sulphate of copper in this disease. He has used this substance in 99 cases of croup, 77 of which
recovered; and the total quantity administered by him to these patients was 2846 grains, or, on an average, $31\frac{1}{2}$ grains each. He has never seen any poisonous effects result from its use, although one child got 27 grains daily for a week, or in all 216 grains; and another, 4½ years old, took 150 grains in seven days, and a third, aged 2½, 120 grains in three days. No inflammation, gangrene, or other bad symptoms took place. In 8 out of 13 cases which proved fatal, there were either other diseases coexisting, or the author was called to see them too late, so that he considers that his remedy failed in only 5 out of the remaining 82 cases. The mode in which he administered the salt was to dissolve from 6 to 8 grains in $\frac{3}{4}$ of water; and, according to the age of the patient, and the severity of the vomiting induced, to administer, more or less frequently, from a teaspoonful to a tablespoonful of this solution, until vomiting occurred. The nature of the vomiting should always regulate its administration; for the induction of vomiting is absolutely essential for the therapeutic action of the remedy, as it has a kind of specific influence on the disease.

Dr. J. Samter, of Posen, has also written a paper in praise of the sulphate of copper in this disease. His remarks on its advantages and mode of administration so closely resemble those of Henerkopff which we have given, that it is unnecessary to quote them here at length. He uses a solution of from 4 to 8 grains, (and in severe cases, 10 to 12 grains,) in $\frac{3}{4}$ of water; of this he gives $\frac{3}{4}$ repeatedly, till vomiting is induced, and thereafter $\frac{3}{4}$ every two hours.

In addition to the use of sulphate of copper, this author, at the beginning of the disease, applies four, eight, or twelve leeches to the larynx, and especially if there be any pain felt there, and he afterwards applies stimulating epithenes. He also uses the inhalation of powdered alum and sugar, employs warm baths, and envelopes the feet in hot sand, etc.—Günsburg Zeitschrift, vj, 1855.

Dr. Luzsinsky considers that there are four therapeutical indications in the treatment of croup, which must be attended to by the physician. 1st. To change the peculiar blood crisis which exists. 2d. To prevent the localization of the inflammatory process in the larynx. 3d. To treat the spasm of the larynx. And, 4th. To encounter and destroy the false membranes which have been formed.

For the fulfilment of the first indication, most men have recommended the use of mercurials, but Luzsinsky depends more upon alkalies, and especially on the carbonate of potass, which exercises a solvent action on all the albuminous products of the organism. Its use retards the developement of the constituents of the blood, and greatly impairs the vital coagulability and inherent plasticity of that fluid. This is the theory of the action of this salt, which Eggert recommended as a specific in croup, after an expe-
rience of it in about 250 cases. It may be given advantageously in doses of from 3 ss to 5 j daily. Carbonate of soda may do in mild cases, but the other alkali is alone to be relied on in more severe ones.

The second indication may be answered by the application of a blister, the size of a crown-piece, to the upper part of the manubrium of the sternum.

Spasm of the larynx is most surely treated by opium, applied externally, in conjunction with vesicants (15 grains to 3 ss of opium, to 3 ss of lard,) and also given in small doses internally.

To arrest the formation of the pseudo-membranes, nitrate of silver, in a concentrated solution, may be applied to the faucæ and enterance of the larynx. Emetics may thereafter be given, and they are only necessary in the exudative stage. Luzsinsky gives decided preference to the use of sulphate of copper, which he administers by giving, every 15 minutes, a teaspoonful of a solution of two or four grains (or even more,) of the salt in 3 jiss of some fluid. He does not look upon tracheotomy, in croup, in a favorable light.

Out of 30 cases treated thus by Dr. L. only seven died.—Oester Zeitschrift, i, 6, 8, 10, 1855; also Schmidt's Jahrb. xi, p. 207, 1855.

Dr. Menschel relates a case of croup in which, despite the timely and assiduous use of all the ordinary remedies for this disease, difficulty of respiration and danger of suffocation increased. He then painted the whole of the front of the neck very darkly with a strong tincture of iodine, (3 j of spirit,) and covered the part with flannel, smeared with digitalis ointment. After an hour the urgent symptoms had abated, the patient slept quietly during the night, and next day was convalescent.—[Preuss. Verein. Zeitung, 10, 1855. Edinburgh Med. Journal.


The author by numerous investigations, has assured himself that this convulsive affection may be produced after the following lesions: 1st. Complete, or nearly complete, transverse section of one lateral half of the spinal chord. 2d. Simultaneous transverse section of the posterior columns of the posterior cornua, and of a part of the lateral columns. 3d. Transverse section of the posterior columns alone. 4th. Transverse section of the lateral columns. 5th. Transverse section of the anterior columns. 6th. Transverse sections of the entire spinal chord, in the dorsal and lumbar regions. 7th. Puncture of the spinal chord.

Lesion of the chord would appear to be less and less capable of producing the epileptiform affection, in proportion as they are made-
nearer the chordal extremity. The time of the appearance of this affection is almost always in the third week after the operation.

Convulsions occur sometimes without external excitement, but in general they can be very easily provoked, either by irritating one side of the face—in those cases where the lesion exists only in a lateral half of the chord—or the two sides indifferently, when both halves of the chord have been injured; or again, by preventing the animal from breathing for a very short time. This convulsive affection much resembles epilepsy. It appears to differ from it only in this, that the animal cries during the attack, if he is pinched. The author has shown that the number of attacks increase considerably in animals which he shut up in a narrow space, and to which he gave much food.

On examining animals having this convulsive affection, M. Brown Séguard found decidedly artificial lesion of the chord, a state of congestion of the base of the brain, and of the gasterion ganglion on both sides, when the lesion was on both sides of the spinal chord, and only on the side of the lesion, when it was on but one lateral half of the chord.

From the facts reported in this work, the author draws the following conclusions:

1st. Various lesions of the spinal chord may produce in mammiferae a convulsive affection, having much analogy to epilepsy. It seems, consequently, that in man it is not by mere coincidence that we find alterations of the spinal chord in epileptics.

2d. Lesions of the spinal chord may produce such a change in the vitality of the trigeminal nerve, or of that part of the brain where this nerve rises, that the irritation of the branches of this nerve in the face, produces convulsions. Farther the right half of the spinal chord has this influence on the trigeminal nerve, or the encephalon of the right side, and the left half of the chord on one or other of these parts on the left side.—[Gaz. Heb. from Amer. Med. Monthly.

The Relative Value of Disarticulation of the Knee, and of Amputation of the Thigh.

M. Baudens, in a paper on this subject, referred by the Academy of Sciences, of Paris, to the section on medicine and surgery, says that the opinion of all the chiefs of the ambulances, confirmed by all that he saw from Marseilles and Toulon to Constantinople and the Crimea, is that disarticulation of the knee should be preferred to amputation of the thigh, whenever it is not possible to amputate the leg below the patella. Disarticulation should be performed immediately, that is as early as possible after the wound is received. Consecutively, amputation of the thigh should be preferred. The difference of success in immediate or consecutive disarticulations is due to the fact that even in the condition of health, the size of the bone is not in perfect harmony with the quantity of soft parts; and
the disproportion becomes still greater when the patient has lost his flesh by prolonged suffering and profuse supuration.—[Gaz. Hebdom. Ibid.

Gallic Acid.

A London Physician reports several cases in which this remedy was successfully used as a haemostatic. The first was a case of vesicle hemorrhage, from a polypoid growth in the bladder. Six grains invariably checked the hemorrhage. The second a case of scarlatinal dropsy. Urine at first albuminous and afterwards bloody. Five grain doses three times a day greatly reduced the amount of blood; but it was not until a drachm a day had been continued for some time, that albumen and blood both disappeared from the urine. If the acid was omitted for a single day, the urine became as bloody as ever. He took more than eight ounces of the acid, and was cured. The third was a case of haematemesis, from chronic gastric ulcer. Ten grains were given every hour, and the patient finally relieved. The fourth, a case of albuminuria, in which the acid was given in doses of ten grains thrice a day. Decided relief was obtained; but the patient was not cured. Case fifth, excessive menorrhagia, always checked by the acid in five-grain doses. Case sixth, menorrhagia, with ovarian irritation, simulating pregnancy. Every occurrence of hemorrhage effectually controlled by the acid. Case seventh, hemorrhage from the bowels of a new-born infant. The acid given too late. The child sank after the first dose, exsanguine. Case eighth, cerebral hemorrhage from atheromatous deposit in the vessels of the brain. Relieved, but not cured, by the gallic acid. Case ninth, intercranial hemorrhage from a fall; relieved, but not cured, by the acid, in ten-grain doses. Case tenth, profuse epistaxis in typhoid fever. Two five-grain doses, and the application of the remedy to the schneiderian membrane readily stopped the discharge. Case eleventh, acute tonsillitis. Relieved by the following gargle: B. Gallic acid, $\frac{1}{2}$; distilled water, hot, $\frac{3}{8}$ viij. Mix. Cases twelfth and thirteenth, tonsillitis, relieved by same gargle. Cases fourteenth and fifteenth, polypus uteri. Hemorrhage relieved by the acid in full doses. Case sixteenth, hemorrhage from injury to the vagina. Relieved by two-grain doses of the acid every half hour and cold applications. Case seventeenth, internal piles, with unusually severe hemorrhage, checked by five-grain doses every three hours. Case eighteenth, hæmoptisis, relieved by three five-grain doses, and a second attack by the same. Case nineteenth, erysipelas of the face, relieved by the application of a lotion, $\frac{3}{2}$ij of the acid dissolved in a pint of warm water. Case twentieth, a profuse hemorrhage from a deep cut, arrested by powdered gallic acid placed in the wound, and without pain.
He suggests that the garlic mentioned in case eleventh might be used, in conjunction with the nitric acid treatment, in scarlatina.

In cases of yellow fever, we have succeeded in restraining haemorrhages from the stomach and bowels, and other outlets of the body, by the use of this remedy in doses of five to eight grains; and we have found it scarcely less effectual in restraining watery dejections from the bowels. A case of pyrosis was promptly relieved by the same remedy, as were also, to a marked extent, the dyspeptic symptoms with which the disease was complicated.—[New Hampshire Jour. of Medicine.


M. Tavignot is of opinion that fistula lachrymalis is the result of an organic disaccord between the chemical properties of the tears and the physiological properties of the nasolachrymal mucous membrane. This explains both the obstinacy of the disease and the relative efficacy of that treatment which most protects the mucous membrane from the contact of the tears. We find the tears will not flow through the canal, even when it has been dilated by surgical means; while the presence of a foreign body in the canal causes the cessation of the accidents; this being better tolerated than the tears, the access of which it prevents. These various modes of treatment only succeed after long perseverance has modified and transformed the characters of the mucous membrane.

In place of occupying so long a time in obtaining this alteration in the sac and the duct, the author recommends that the gland itself should engage our attention. Where the affection does not arise from scrofulous disease, when it is amenable to appropriate remedies, he is unaware of any means of restoring harmony to the parts, although in the early stages antiphlogistics and topical remedies do much to remove complications and procure temporary relief. The contact of the tears can only, by the various means usually employed, be temporarily prevented, while obliteration of the passages is difficult to obtain, and is attended with stillicidium. The lachrymal gland itself may, however, be removed without inconvenience. It is, in fact, the orbital portion that is alone to be removed; and the palpebral granules that remain suffice, with the mucus of the membranes, to lubricy the surface of the eye. The operation is inoffensive. Very soon great amelioration ensues, after the immediate effects of the operation have passed away, and this may go on to a definitive cure. When this is delayed, owing to the still disordered state of the passages, iodine injections should be employed.—[Moniteur des Hôpitaux. Brit. and For. Medico-Chir. Rev.
The Seton before the Academy of Medicine of Paris.

A very hot discussion has just been closed before the Academy of Medicine of Paris, on the use of the seton; and a great many instructive facts, both in ancient and modern medicine, connected with that powerful derivative, were brought to light, both by M. Bouvier, the author of the paper and advocate of the practice, and M. Malgaigne, the caustic and epigrammatic deeerier of the seton. There can be hardly any doubt but that the latter eminent surgeon went too far with his condemnation, and that the timely use of the seton, especially in chronic ophthalmic cases, will continue in favor with the great majority of practitioners. M. Bouvier employs little cords of No. 1 bougies, and covered with a waterproof composition, instead of the skein or tape.—[London Lancet.

EDITORIAL AND MISCELLANEOUS.

Sulphur to arrest Vomiting.—We are informed by Dr. J. F. Reynolds, of Newbern, Ala., that he has recently succeeded in arresting two cases of vomiting, which had resisted the usual remedies, by the administration of a tea-spoonful of the Sublimed Sulphur. The dose is to be repeated immediately, if rejected.

Never having used sulphur for this purpose, we can say nothing of its efficacy ourselves, but think it worthy of trial.

Dr. H. A. Ramsay.—We take from the Augusta Chronicle and Sentinel the following notice relating to the late notorious Editor of the "Georgia B]ister and Critic," who for some years past seemed to take peculiar pleasure in traducing honest men anonymously and otherwise.

"Bounty Land and Pension Fraud.—The Pension Office at Washington having had suspicion of fraud being practised on account of the number of claims for bounty land and pensions for revolutionary service sent from Columbia county, in this State, despatched Mr. Stephen C. Dodge, Special Agent, to investigate the matter. After some interviews with Mr. Stewart, the U. S. Marshal in Savannah, and Mr. Ross, of Macon, the Deputy U. S. Marshal, whom he met in this city, he returned to Savannah and obtained warrants for the arrest of Dr. Henry A. Ramsay and Richard W. Jones, of Columbia county, on the charge of having fabricated testimony in support of false pension claims. The arrests were made in this city last Sunday, and the prisoners were forwarded to Savannah. On Wednesday they were examined before the U. S. Commissioner. Judge Henry required the prisoners to enter into bonds for their attendance during the examination of $5,000, which bond was given by Ramsay, but in default of which Jones was lodged in jail. The examination is said to have revealed the grossest
fraud and deception which had been practiced on persons whose affidavits had been obtained in support of false claims. Dr. Ramsay, who is thought to have been the chief instigator of the scheme, absconded during Wednesday night, forfeiting his bail, and has not since been heard of. Vigilant efforts are being made for his re-capture. Jones is still in Savannah jail."

**Teeth extracted without pain.**—Instruments for the production of local insensibility to pain in Dental and Surgical Operations, secured under the Patent Laws, are now ready and for sale, with full instructions for use, at $25, and can be had by addressing Messrs. Jones, White & McCurdy, at their Philadelphia, New-York, or Boston Depots; or by addressing I. B. Branch at Galena, Ill.

**American Dental Convention.**—The second annual meeting of this body will be held in New-York, on the 6th of August next.

**Death of James McCafferty.**—It is with profound regret we have to announce the death of our worthy and highly esteemed Publisher. Mr. James McCafferty has been the printer and publisher of this Journal for nearly twelve years, and has always discharged the duties assigned him with punctuality and distinguished ability. The publication will be hereafter issued by Jeremiah Morris, for the benefit of the estate.

**Ninth Annual Session of the American Medical Association, at Detroit, Michigan.**

The Association met at Fireman's Hall, at 11 o'clock, A. M., and was called to order by the President, Dr. G. B. Wood, of Pennsylvania.

Dr. Pitcher, of Michigan, in behalf of the Committee of Arrangements, welcomed the assemblage in handsome style.

The roll was then called by Dr. Wistar, of Pennsylvania.

On motion of Dr. Thompson, of Delaware, a recess of fifteen minutes was taken to allow the delegates from the respective States to report one member from each State represented, as a Committee to nominate officers for the ensuing year.

After the Nominating Committee had retired, Dr. Pitcher, of Michigan, from the Committee of Arrangements, reported the order of proceeding for the session.

The President announced the death of the eminent Dr. John C. Warren, of Boston, Mass., whereupon, Drs. Childs, of Massachusetts, and Gross, of Kentucky, having made some remarks; a committee of five was appointed to draft resolutions expressive of the feelings of this Association at the loss of their late associate.

**Afternoon Session.**

The Secretary read a letter from Dr. Grafton Tyler, of the District of Columbia, one of the Vice-Presidents, excusing his absence.

He also read letters from the State Medical Society of Tennessee, and from the University of Nashville, inviting the Association to hold its next
annual session at Nashville, Tennessee. Also, one tendering the use of the Hall of Representatives of that State for the purposes of said session.

The following report was accepted and the nominations unanimously confirmed:

President—Dr. Zina Pitcher, of Detroit.

Vice-Presidents—Drs. Thomas W. Blatchford, of New-York; Wm. K. Bowling, of Tennessee; E. Geddings, of South-Carolina; W. H. Brisbane, of Wisconsin.

Secretaries—Drs. W. Brodie, of Michigan; R. C. Foster, of Tennessee.

Treasurer—Dr. Caspar Wister, of Pennsylvania.

On motion, the President was requested to deliver his annual address. At the close of the address, on motion of Dr. Atlee, of Pa.,

Resolved, That the thanks of the Association be presented to our late President for the able and interesting parting address he has just delivered, and that he be requested to present to the Committee of Publication a copy, for preservation in our transactions.

On motion of Dr. Atlee, of Pa.,

Resolved, That a Committee of three be appointed to inform the President and Vice-Presidents elect of their election, and conduct them to their seats.

The President appointed as such Committee, Drs. Atlee, of Pa., Reeves, of Ohio, and Sutton, of Ky.

Upon taking the chair, Dr. Pitcher returned thanks for the honor conferred.

Dr. Frost, of Charleston, S. C., offered the following resolution, which was adopted:

Resolved, That the thanks of this Association are due to the retiring officers for the zealous and efficient manner in which their duties have been performed; to our late President, for the courtesy and ability with which he has presided over our deliberations; to all the officers, for their attention to the laborious duties of their stations—not excepting our Committee on Publication, to whom we must feel indebted for the satisfactory form in which the volume of the transactions appears.

On motion of Dr. Gunn, of Michigan,

Resolved, That the resolution passed at St. Louis, requiring a majority of the Committee on Publication to be appointed from residents of the place where the meeting is held, be repealed.

Dr. Palmer, of Illinois, from the Committee on Prize Essays and Volunteer Communications, submitted the following:

"The Committee on Prize Essays and Volunteer Communications, report, that some months since they issued a card, which was extensively published in the medical journals, setting forth the terms upon which essays intended for prizes would be received; but that the number of papers presented has been but four.

"By referring to the past records of the Association, it is found that the numbers received by preceding Committees have been, in 1852, sixteen; in 1853, fifteen; in 1854, nine; in 1855, six; and in 1856, four. Your Committee beg leave to call attention to this almost regular and quite rapid decrease in the number of essays presented, for the purpose of having the Association consider whether there be not danger that the number which may hereafter be furnished, will be so small as to afford insufficient range of comparison and choice as to cause the preference shown to be much valued, if, indeed, presentations do not cease altogether, and whether any means should be devised for preventing such a result."
"The essays received by your Committee have been subjected to a careful examination; and while admitting that they all possess a degree of merit, which would render them suggestive and useful, if given to the profession, still, in their opinion, but one manifests that evidence of careful and laborious investigation, that wide scope and rigid accuracy of logical reasoning, that chasteness of expression and artistic skill in the presentation of the subject, as to furnish sufficient claim for awarding a prize by this body.

"But one prize is therefore awarded. The essay selected for this honor, bears the title—'An Essay on the Arterial Circulation.'

"It is regarded by the Committee as possessing the merits just alluded to, and while not wishing to give an unqualified endorsement of all the views which it contains, they regard it as possessing, not only interest in its physiological and scientific relations, but also real value in its pathological and practical bearings.

"The production has considerable length, and by the fulness with which the views advanced are discussed, it partakes as much of the nature of a treatise as an essay. It has, at least, one quality which Lord Bacon considered necessary to a treatise, as distinguished from an essay,—it required a degree of leisure on the part of the writer, and will require the same on the part of the reader for him fully to appreciate its value.

"The essay bears the motto—'Una est Veritas.'

(Signed)

A. B. Palmer, Chairman.
Samuel Denton,
Silas H. Douglass,
Ab'm Sager,
E. Andrews.

"On breaking the seal of the accompanying packet, Dr. Henry Harts- horn, of Philadelphia, Pa., was found to be the successful essayist."

The report was accepted.

Dr. Blatchford, of New York, from the Committee on "Hydrophobia, and the connection of the season of the year with its prevalence," read a report thereon. The Committee, in conclusion, submitted the following resolution, which was adopted:

Resolved, That the Secretary transmit to the Governor of each State a copy of the statistical part of this report, with the respectful request that he would bring the subject before the Legislature of the State over which he presides, that in their wisdom they may devise and unite upon a plan by which the evil may be mitigated, if not removed.

The Committee on Nominations reported in favor of holding the next annual meeting of the Association at Nashville, Tenn., and the report was adopted.

Dr. Wister, of Pa., from the Committee on Publication, made the annual report. It states that the first copies of the transactions of the last session of the Association were issued on the 10th of November, 1855; that 1000 copies were printed; that the aggregate expense of printing, illustrating and binding was $1,922.70; that the distribution of the volume was effect ed, in every possible instance, by express; that Drs. C. Hooker of Ct., Al den March of Albany, J. L. Atlee of Pa., W. Brodie of Mich., C. B. Gibson of Richmond, E. L. Beadle of N. Y., H. W. DeSaussure of S. C., C. A. Pope of Mo., D. H. Storer of Mass., T. G. Richardson of Ky., J. Moran of
R. I., T. Miller of D. C., F. E. B. Hintze of Md., L. P. Bush of Del., Z. Pitcher of Mich., and J. B. Lindsley of Tenn., have rendered essential service to the Association—some in procuring subscriptions to the volume, and all by cordial co-operation in its distribution; that it is important to secure efficient co-operation in every State by the appointment of gentlemen whose duty it shall be to aid in procuring subscriptions for, and circulating the transactions; that Connecticut is especially to be commended for her services in this particular; that not a little embarrassment was experienced by the committee in restoring to the list of permanent members the names of those who had been left off by order of the Association for non-payment of assessments; that they had endeavored, however, by careful comparison of the various lists, to supply all omissions; that the committee had been reluctantly obliged to omit from the transactions two valuable reports on epidemic diseases—by Dr. L. H. Anderson, of Ala., and Dr. E. D. Fenner, of New Orleans,—but, as they had not been presented to the Association, and acted on by that body, there was no other alternative; that the following resolution, passed at the last session, should be strictly enforced:

Resolved. That, hereafter, beginning with the session of 1856, no report, or other paper, shall be entitled to publication in the volume for the year in which it shall be presented to the Association, unless it be placed in the hands of the Committee of Publication on or before June first.

The report further states that the number of volumes of transactions now remaining on hand is as follows: of Vol. I. 41, of Vol. II. 9, of Vol. III. 32, of Vol. IV. 7, of Vol. V. 316, of Vol. VI. 69, of Vol. VII. 120, of Vol. VIII. 351; that some of the leading journals abroad have expressed a strong desire to complete their sets, and it rests with the Association to determine whether the missing numbers shall be supplied; that, as only seven complete sets of the transactions are now in the possession of the Association, the committee recommend that no copy of either of the eight volumes which is necessary to the complete sets now remaining shall be disposed of separately, or with any number of volumes short of a complete set.

Dr. Wood, of Philadelphia, moved to refer the nominations of standing committees to the Committee on Nominations. Carried.

The same gentleman made a request in behalf of Dr. Hamilton, that the committee of which Dr. H. is chairman, may be continued for another year, it not being prepared to report at present. Granted.

Dr. Pomeroy, of N. Y., moved to reconsider the resolution requiring a member, when speaking, to stand upon the platform, and not to occupy more than ten minutes in his remarks. Lost.

Dr. Smith, of N. J., moved that that portion of the resolution requiring members, when speaking, to take the stand, be rescinded. Carried.

Dr. Atlee, of Pa., moved to refer the prize essay of Dr. Hartshorn on Arterial Circulation, and the report of Dr. Blatchford on Hydrophobia, to the Committee on Publication. Carried.

Dr. Wister, of Pa., the Treasurer, read his annual report. It recommends that the Treasurer be requested, at an early date after the adjournment of the present meeting, to address a circular to each permanent member, announcing the abrogation of the resolution of 1854—making a yearly subscription to the transactions obligatory—and the consequent
restoration to membership of all those dropped from the published list of that year,—advertising, also, the practicability of procuring back numbers of the transactions, with information as to the cost at which the series of volumes may be rendered complete, or an entire set furnished by the Association.

Dr. Gross, of Ky., stated that Dr. Wood, of New York, who was then in the meeting, had lately performed an operation in an extraordinary case—removing a jaw-bone—and moved that a time be appointed for the Association to examine the part extirpated.

Dr. Wood said he had not with him the article spoken of by the preceding speaker, but would lay it on the desk of the President in the morning.

The President read a communication from Dr. Stille, Chairman of the Committee appointed last year to consider the subject of extending the lectures of each chair in medical schools over a period of two years, stating that the views of medical institutions had as yet been imperfectly ascertained, and asking a continuance of the committee. Granted.

The President read an invitation to the Association to attend the session of the American Association for the Advancement of Science, at Albany, in August next,—at which time, also, the Dudley Observatory will be inaugurated, and an address delivered by Hon. Edward Everett. The invitation was accepted.

SECOND DAY.

The Secretary read communications from the following gentlemen asking an extension of time in which to report upon the subjects named:

Dr. A. J. Semmes, of N. Y.—"Coroners' Inquests."
Dr. J. Taylor Bradford, of Ky.—"Treatment of Cholera."
Dr. J. M. Reese, of N. Y.—"Infant Mortality."
Dr. E. R. Peaslee, of Me.—"Inflammation, &c."
Dr. J. W. Corson, of N. Y.—"The Causes of the Impulse of the Heart, and the Agencies which Influence it in Health and Disease."
Dr. Mark Stephenson, of N. Y.—"The Treatment best adapted to each Variety of Cataract, with the Method of Operation, Place of Election, Time, Age, &c."
Dr. Beech, of Mich.—"Medical Topography and Epidemics."
Dr. J. C. Hutchinson, of N. Y.—"The Anatomy and Histology of the Cervix Uteri."

Referred to the Committee on Nominations.

The Secretary announced that he had received the following resolution adopted at the last meeting of the New York State Medical Society:

Resolved, That the members of the American Medical Association be invited to attend the semi-centennial celebration of this Society, which will occur on the first Tuesday of February, 1857.

The invitation was accepted.

The Secretary read a communication from Dr. Hamilton, of Buffalo, N. Y., transmitting the second part of a report upon Deformities after Fracture and Dislocations, and asking for a correction of the minutes of last session in regard thereto. Dr. Hamilton also asked that he be permitted to incorporate, in a volume upon the subject he is preparing for publication, that portion of the report already published by the Association.

On motion of Dr. Brodie, of Michigan, the minutes were amended.
Dr. Atlee, of Pa., offered a resolution that the request of Dr. H., in regard to the publication of the report, be granted.

Dr. Lindsley, of Tenn., opposed the resolution. A similar request was denied at the session of the Association held at St. Louis.

Dr. Palmer, of Ill., moved to refer the matter to a special committee.—Carried.

Dr. Sutton, of Ky., offered a resolution that 1,000 copies of the address of the late President, Dr. Wood, be published. Adopted.

On motion of Dr. J. B. Lindsley, of Tennessee,

Resolved, That a committee of three be appointed by the Chair, to prepare a suitable minute in reference to the death of our late Secretary, Dr. P. C. Gooch, of Richmond, Va., who fell a martyr while contending with the pestilence in Norfolk, in 1855.

Dr. Gross, of Ky., from Committee appointed the day previous, reported the following preamble and resolutions relative to the death of Dr. J. C. Warren, of Boston:

Whereas, It has pleased Almighty God to remove from the scene of his earthly labors our late fellow-member, Dr. John C. Warren, of Boston, formerly President of this Association, and for many years Professor of Anatomy and Surgery in Harvard University;

And whereas, It is just and proper that, when a great and good man dies, his memory should be cherished by his fellow-citizens, and transmitted unimpaired to posterity for the encouragement of future ages; therefore,

Resolved, That this Association has learned with profound regret the news of an event which has deprived the American medical profession of one of its oldest, most useful, and most illustrious members—American surgery one of its greatest ornaments—science one of its best friends—and humanity one of its noblest benefactors.

Resolved, That the life of Dr. John C. Warren, affords an example of a man who, notwithstanding the possession of ample riches, devoted himself, heart and soul, for upwards of half a century, to the cultivation and advancement of his profession, and to the good of the human race.

Resolved, That this Association deeply sympathises with the family of Dr. Warren in their bereavement, and the Secretary be requested to transmit to them a copy of these proceedings.

The preamble and resolutions were adopted, and referred to the Committee on Publication.

Dr. Gross, of Ky., read a report on "The causes which impede the progress of American Medical Literature." In conclusion, he submitted the following resolutions:

Resolved, That this Association earnestly and respectfully recommends: 1st. The universal adoption, whenever practicable, by our schools, of American works, as text-books for their pupils. 2d. The discontinuance of the practice of editing foreign writings. 3d. A more independent course of the medical periodical press towards foreign productions, and a more liberal one towards American; and 4th. A better and more efficient employment of the facts which are continually furnished by our public institutions, for the elucidation of the nature of diseases and accidents, and, indirectly, for the formation of an original, a vigorous, and an independent national medical literature.

Resolved, That we venerate the writings of the great medical men, past and present, of our country, and that we consider them as an important element of our national medical literature.

Resolved, That we shall always hail with pleasure any useful or valuable work, emanating from the European press, and that we shall always extend to them a cordial welcome, as books of reference, to acquaint us with the progress of legitimate medicine abroad, and to enlighten us in regard to any new facts of which they may be the repositories.

Dr. Phelps of New York, moved that the report and resolutions, as a whole, be adopted.
At the suggestion of a member, the question was divided. The report was adopted.

Upon the reading of the first resolution, a member proposed to substitute "just" for "liberal" in line 5. Dr. Gross accepted the amendment. Dr. Cobb, of N. Y., was opposed to the resolutions. If adopted and sent out to the world, they savor too much of know-nothingism to make them palatable. [Sensation.]

Dr. Leid, of Pa., was in favor of leaving to teachers of medicine the selection of their own text books.

Dr. Davis understood there was another report touching upon the subject—that upon "American Medical Literature," by Dr. Breckenridge, of Ky. He moved to lay the resolutions upon the table until that report was read. Carried.

The Secretary read a communication from Dr. P. A. Jewett, of Conn., Chairman of the Committee to Procure Memoirs of the Eminent and Worthy Dead. Referred to Committee on Nominations.

Dr. Breckenridge, of Ky., read a report upon American Medical Literature. It was accepted and referred to the Committee on Publication.

THIRD DAY—MORNING SESSION.

On motion of Dr. Atlee, of Pa.,

Resolved, That the President shall be authorized annually to appoint delegates to represent this Association, at the meetings of the British Association, the American Medical Society of Paris, and such other scientific bodies in Europe as may be affiliated with us. Adopted.

On motion of Dr. Mendenhall of Ohio,

Resolved, That the Secretary be instructed to strike the name of G. H. Cleveland from the list of permanent members of this Association.

On motion of Dr. Atlee, of Pa.,

Resolved, That the name of James R. McClintock be striken from the list of permanent members.

These expelled members were accused by the movers of the resolutions of having retrograded into quackery.

On motion of Dr. Bissell, of New York,

Resolved, That this Association has learned with deep regret of the death of one of its members, Dr. Theodore Romeyn Beck, of Albany, N. Y., whose whole life has been devoted to the attainment and promotion of medicine and general science, and that we do hereby express our high appreciation of the excellencies of his character, distinguished by its simplicity, integrity, and firmness of purpose, and by the extent and variety of his acquirements in medical as well as in almost every department of science.

Resolved, That the above resolution be referred to the Committee to procure memorials of the eminent and worthy dead, and that they be requested to procure a memoir of the late Dr. Beck, to be published in the transactions of the Association.

Dr. Bloodgood, of Ill., offered the following:

Resolved, That the constitution of this Association be so amended as that hereafter the President shall be elected by ballot, and shall not be a resident of the State in which he is elected.

On motion of Dr. Watson, of N. Y., laid on the table.

Dr. Wister, of Pa., offered the following, which was adopted:

Resolved, That the invitation to gentlemen of the medical profession of Canada, extended to them by the American Medical Association at its session in Philadelphia, be renewed for the meeting at Nashville, Tenn.; and that this Association may be safe from the introduction of unsuitable persons, it is recommended that gentlemen presenting themselves from the Province of Canada should be provided with a letter of introduction to this Association from one of the following gentlemen: Drs,
Miscellaneous.

Dr. Phelps, of New York, offered the following:

Whereas, It has pleased an All Wise, but Inscrutable Providence, to visit the city of Norfolk, Va., and Vicinity, with a desolating pestilence, equal, or surpassing, any record in ancient or modern times, and by which, in a few weeks, forty physicians, either residents or those from abroad, who had promptly rushed to the rescue, among the the number of whom was our late Secretary and associate, Dr. Gooch, of Richmond—had been swept away; therefore,

Resolved, That such an instance of signal and unflinching devotion to the cause of science and of humanity demands at the hands of this national Association a passing expression of their high admiration of this, another memorable instance of the unparallelled sacrifices of the profession to the interests of the healing art and of the race.

Resolved, That this minute be incorporated in our transactions.

Dr. Stocker, of Penn., offered the following amendments to the constitution:

Amend article 3 so that it shall read: "Article 3. The regular meetings of the Association shall be held annually, and commence on the first Tuesday of May. The Association shall meet biennially in the city of—. The place of meeting for the immediate year shall be determined by a vote of the Association."

Amend article 4 by providing for one permanent and two assistant secretaries, and also specifying the duties, &c. of each.

Laid on the table under the rule.

Dr. Dorsey, of Ohio, offered the following:

Resolved, That in May, 1858, and every third year thereafter, this Association meet at Washington City, and that the present officers be requested to correspond with the Board of Managers of the Smithsonian Institute, in regard to furnishing necessary rooms for the keeping of the archives of the Association.

Laid on the table under the rule.

On motion of Dr. Atlee, of Pa., the report and resolutions of Dr. Gross, and the report of Dr. Breckenridge, upon "American Medical Literature," were referred to the Committee on Publication.

Dr. Palmer, of Ill., from Special Committee to which was referred the communication of Dr. Hamilton, reported the following resolution, which was adopted:

Resolved, That leave be granted to Dr. F. H. Hamilton to make use of the materials of his report on "Deformities after Fractures," which is in course of publication by this Association, in his anticipated work upon "Fractures and Dislocations."

Dr. A. B. Palmer, Professor in the Michigan University, from the Committee on Plans of Organization for State and County Medical Societies, presented a lengthened and able report, containing numerous useful suggestions, with outlines for the proper organization of local societies, and a series of resolutions in accordance with the views enforced in the report. Accepted, and referred to the Committee on Publication.

On motion, the resolutions were temporarily laid on the table for further action by the Convention.

Dr. Davis, of Illinois, chairman of Special Committee, reported on "The Changes in the Composition and Properties of the Milk of the Human Female, Produced by Menstruation and Pregnancy," in a paper containing numerous valuable details of much interest to the profession and the public, obtained by careful examination and comparison, and showing conclusively the ill effects of lactation, especially during the latter of the periods referred to. Accepted, and referred to the Committee on Publication.
Dr. Chas. Q. Chandler, of Missouri, who was to report on "Malignant Periodic Fevers," submitted, as a substitute, through the Secretary, a paper on "Sulphate of Cinchona," which was received as a "voluntary contribution," and referred to a special committee.

Dr. Johnson, of Chicago, asked further time to report on "Excretions, &c. Referred to Committee on Nominations.

Dr. J. M. Newman, of Buffalo, from Committee on the Sanitary Police of Cities, presented an elaborate report, embracing details of the various estimated causes of disease in cities, as compared with rural localities, together with numerous valuable statistics of mortality in the larger cities of Europe and the Union, of which the Doctor, at the request of the Association, gave a brief, verbal abstract. The report evidently embodies a vast mass of useful information, with deductions from it that city life is inimical to health and longevity, and arguments enforcing the urgent necessity for ameliorating the sanitary condition of the populous localities of cities and large towns. Of diseases arising from impure air and insufficient ventilation, classed under the term "zimotic," the report stated that, in 1850, 40 per cent. of all the deaths in the various cities were of that nature. The report also embodied details of the loss of life from cholera, small pox, &c., giving startling expositions of danger from these sources, and recommends the enactment of laws for compulsory ventilation and cleanliness, as well as for vaccination, &c. Accepted, and referred to Committee on Publication.

Afternoon Session.

Dr. A. J. Fuller, of Me., chairman of the Committee on the Best Treatment of Cholera Infantum, read a report thereon, in which he stated that the pathology of the disease was little understood, and that physicians should interchange views on the subject. The report was accepted and referred to the Committee on Publication.

Dr. Green, of N. Y., chairman of the Committee on the Use and Effects of Application of Nitrate of Silver to the Throat, read a report thereon. He asserted that great benefits had been derived from topical medication in thoracic diseases,—tuberculosis, bronchitis, &c. The report was accepted and referred to the Committee on Publication.

Dr. Flint, of Louisville, chairman of the Committee on the Best Mode of Rendering the Medical Patronage of the National Government Tributary to the Honor and Improvement of the Profession, read a report thereon. He denounced the granting of patents by the United States government to "quack medicines,"—stating, however, that it appears, from a letter written by the present Commissioner of Patents, that the practice of the office has been to discourage such abuse of its functions, and that, during the past fifteen years, but four or five such patents have been granted, although from twenty to thirty applications therefor have been made per year. The credit of sanitary improvements, Dr. Flint said, were not due to individuals, but to medical science. Such improvements are never discoveries or revelations, but inductions. The United States government should aid the great cause of medical science by making appropriations for the publication of the transactions of the National Association, and by paying prizes for the best essays on subjects selected by that Association. The report was accepted and referred to the Committee on Publication.

The Committee on Nominations made the following report;
The Nominating Committee beg leave to make the following report:

For Chairman of Special Committees for 1857:

Dr. E. R. Peaslee, of Brunswick, Me., on Inflammation, its Pathology and its Relation to the Recuperative Process.
Dr. J. C. Hutchinson, of Brooklyn, N. Y., and Charles E. Isaacs, of New York city, on the Anatomy and Histology of the Cervix Uteri.
Dr. J. Taylor Bradford, of Augusta, Ky., on the Treatment of Cholera.
Dr. Mark Stephenson, of N. Y., on the Treatment Best Adapted to Each Variety of Cataract, with the Method of Operation, Place of Election, Time, Age, &c.

Dr. J. W. Corson, of N. Y., on the Causes of the Impulse of the Heart, and the Agencies which Influence it in Health and Disease.
Dr. D. Meredith Reese, of N. Y., on the Causes of Infant Mortality in Large Cities, the Source of its Increase, and the Means for its Diminution.
Dr. J. Foster Jenkins, of Yonkers, N. Y., on Spontaneous Umbilical Hemorrhage of the Newly Born.

Dr. Henry Carpenter, of Lancaster, Pa., on the Use of Instruments in Obstetrical Practice.
Dr. Alex. J. Semmes, of Washington, D. C., on the Measures to be Adopted to Remedy the Evils Existing in the Present Mode of Holding Coroners' Inquest.

Dr. J. Marion Sims, of New York city, on the Treatment of the Results of Obstructed Labor.
Dr. J. B. Flint, of Louisville, Ky., on the True Position and Value of Operative Surgery as a Therapeutic Agent.
Dr. G. Volney Dorsey, of Piqua, Ohio, on the Causes and Cure of Indigestion, especially in relation to the Therapeutic Indications to be derived from the Chemical Composition of the Deposits in the Urine.
Dr. C. B. Coventry, of Utica, N. Y., on the Medical Jurisprudence of Insanity, and the Testimony of Skilled Witnesses in Courts of Justice.

Dr. Jos. Leidy, of Philadelphia, Pa., on Human, Animal, and Vegetable Parasites.
Dr. M. D. Darnall, of Bainbridge, Ind., on the value of a Strict Attention to Position in the Treatment of Diseases of the Abdomen.
Dr. George Sutton, of Aurora, Ind., on Milk Sickness.
Dr. Clark J. Pease, of Janesville, Wis., on the Blending and Conversion of the Types of Fever.

Dr. B. S. Woodsworth, of Fort Wayne, Ind., on the Best Substitute for Cinchona and its Preparations in the Treatment of Intermittent Fever and Malarious Neuralgia.

Dr. Franklin Hinkle, of Marietta, Pa., on the Use of Cinchona in Malarious Diseases.

Dr. Henry F. Campbell, of Augusta, Ga., on the Nervous System in Feb-

rile Diseases.
Dr. John Neill, of Philadelphia, Penn., on the Laws, Governing the De-

posit of Bone.

Dr. John W. Green, of N. Y. City, on the Intimate Effects of Certain Toxicological Agents in the Animal Tissues and Fluids.
Dr. George Suckley, U. S. A., on the Medical Topography and Fauna of Washington Territory.

Dr. Jas. Cooper, of Hoboken, N. J., on the Flora of Washington and Oregon Territories.
Dr. Chas. E. Isaacs, of N. Y., on the Intimate Structure and the Pathology of the Kidney.

Dr. Israel Moses, of New York City, on the Diseases Incidental to Europeans from Temperate Climates in their Transition through Central America.

Dr. T. W. Gordon, of Georgetown, Brown County, O., on the Etiology and Pathology of Epidemic Cholera, to be continued three years, and with power to add any other members.

Dr. H. A. Johnson, of Chicago, on the Excretions as an Index to the Organic Changes going on in the System.

Dr. D. D. Thomson, of Louisville, on the Remedial Effects of Chloroform.

Standing Committees.

Committee on Publications.—Drs. Francis G. Smith, of Pa., Chairman; Caspar Wister, of Pa.; Samuel L. Hollingsworth, of Pa.; Samuel Lewis, of Pa.; H. F. Askew, of Del.; Wm. Brodie, of Mich.; R. C. Foster, of Tenn.

Committee on Prize Essays.—Drs. Wm. K. Bowling, of Tenn., Chairman; E. B. Haskins, of Tenn.; Thomas Lipscomb, of Tenn.; A. H. Buchanan, of Tenn.; B. W. Avent, of Tenn.; W. A. Cheatham, of Tenn.; Paul F. Eve, of Tenn.

Committee of Arrangements.—Drs. C. K. Winston, of Tenn., Chairman; Ira Cornell, of Tenn.; William D. Haggard, of Tenn.; J. L. C. Johnson, of Tenn.; F. A. Ramsay, of Tenn.; Geo. Grant, of Tenn.; J. B. Lindsley, of Tenn.

To fill vacancies in the Committee on Medical Topography and Epidemics.

New Hampshire.—Dr. V. P. Fitch, of Amherst.

California.—Dr. Robert Murray, of Fort Miller.

To fill vacancies in the Committee upon a Uniform System of Registration of Marriages, Births and Deaths:

Vermont.—Dr. Adrian T. Woodward, of Castleton.

Connecticut.—Dr. Wm. B. Casey, of Middletown.

Virginia.—Dr. R. W. Haxall, of Richmond.

California.—Dr. Arthur R. Stout, of San Francisco.

They recommend the continuance of the "Committee to Procure Memorials of the Eminent and Worthy Dead," and that the report, as far as prepared, be referred to the Committee on Publication.

Standing Committees.

On Medical Education.—Drs. E. Geddings, of S. C., Chairman; C. W. LeBoutillier, of Minnesota; G. F. Mitchell, of Ohio; S. W. Clanton, of Ala.; S. W. Butler, of N. J.

On Medical Literature.—Drs. R. Hills, of Ohio, Chairman; D. W. Yandell, of Ky.; R. R. Porter, of Del.; H. A. Johnson, of Ill.; Charles E. Swan, of Maine.

The President stated that Dr. Anderson, of Ala., chairman of Committee on Medical Education, had sent in his report. It was accepted and referred to the Committee on Publication.

A report from Dr. Wroth, of Md., on the Medical Topography and Epidemics of the Eastern Shore of Maryland, was accepted and referred to the Committee on Publication.

A Report from Dr. Cain, of S. C., on the Epidemic of Yellow Fever in
Charleston in 1854, was accepted and referred to the Committee on Publication.

A report from Dr. Fenner, of La., on the Medical Topography and Epidemics of Louisiana, was accepted and referred to the Committee on Publication.

Dr. Palmer, of Ill., offered the following, which was adopted.

Resolved, That the volunteer communications in the hands of the Committee of Arrangements be referred, with all other such communications, to a special committee to be appointed by the Chair, residing at the place of publication of the transactions; and if in their judgment, the papers are worthy, they be referred by them to the Committee on Publication, to go into the transactions of the Association.

The President appointed as such a committee, Drs. A. Stille, S. Jackson, and F. J. B. Biddle.

The authors and titles of the volunteer communications were announced by Secretary Brodie as follows:

By Dr. C. J. Chandler, of Rocheport, Mo., on Sulph. Cinchona in Periodic Diseases.

By Dr. Isidor Gluck, of New York, on Formation of Gun Shot Wounds, &c.

By Dr. G. P. Hachenberg, on an Improved Method of Applying Compression to the Scrotum.

The Committee on Medical Literature, for 1855, was continued for another year.

Dr. Neill of Philadelphia, offered a resolution that no medical preparation, account of surgical operation, or anything else designed or calculated to give notoriety to an individual, be laid before the Association, until reported upon by a special committee.

Dr. Wood of N. Y., presumed that this resolution was aimed at him. He had come here with the description of a disease never before described by surgeons—phosphorus disease of the jaw-bone. He had felt great delicacy in inviting the attention of the Association to the subject, and it was not until after consultation with many of the most prominent members of the body, that he had permitted a friend to do so. As for the charge of seeking notoriety, he denied it in toto. He had aimed at no such purpose, and he felt wounded at the tone of the resolution.

Much applause followed the conclusion of Dr. Wood's remarks.

Dr. Neill disclaimed the intention of personal allusion in the resolution he had offered. That resolution embodied a principle which never should be violated. Dr. Wood's reputation, or notoriety, might not be enhanced by the action under reference, but the privilege of similarly proceeding might be abused by other persons hereafter.

Dr. Neill's remarks were received with applause.

Dr. Wood said he had heard beforehand that such a resolution was to be offered; and it was not the resolution itself that he cared so much about, as the outside talk. He expressed a desire that the motion of Dr. Gross, of Ky., inviting the Association to examine his (Dr. Wood's) surgical specimen, would be stricken from the minutes.

Dr. Thompson, of Del., made some humorous remarks. He hoped that New York would hold her jaw, and Philadelphia not stick in hers. He trusted that Dr. Neill would withdraw his resolution, and that Dr. Gross' motion would be stricken from the minutes. If these were done, he would
see that all was made right between the opposing gentlemen before they reached home.

Dr. Gross moved to strike his motion referred to from the minutes, for the purpose, he said, of removing the bone of contention.

Dr. Neill withdrew his resolution, and Dr. Gross' motion was stricken from the minutes.

Dr. Dorsey, of Ohio, offered the following resolution, which was adopted:

Resolved, by the American Medical Association, That the Committee of the Etiology and Pathology of Cholera be instructed to memorialize the Congress of the United States, requesting that Honorable body to grant every necessary assistance which can or will promote the objects for which the Committee has been appointed.

Dr. Wister, of Pa., offered the following which was adopted:

Resolved, That a committee of three be appointed by the President to correspond with the proper officer of the Smithsonian Institute, inquiring into the possibility of procuring a chamber in that institution for the uses of this Association.

The President appointed as such committee, Drs. Wister, of Pa., Hale, of Washington, and J. Neill, of Pa.

Dr. Phelps of N. Y., offered the following, which were adopted:

Resolved, That the thanks of this Association are due, and are hereby tendered, to the Fire Department of the city of Detroit, for the use of their large and commodious hall, so amply furnishing to us accommodation for the convenient transaction of business.

Resolved, That the urbane deportment and elegant hospitalities of the profession and of private individuals, as well as the polite attention of citizens generally, demand of this Association a high appreciation of the cultivated manners of this city of the West, and which has tended greatly to enhance the pleasure of the session here of the delegates from abroad.

Dr. Atlee, of Pa., offered the following, which was adopted:

Resolved, That all voluntary communications hereafter presented to the Association shall be referred to a Special Committee, to be appointed by the President on the first day of each annual meeting, whose duty it shall be to examine such communications and report upon the propriety of their presentation and reference to the Committee of Publication.

Dr. R. K. Smith, offered the following:

Resolved, That a special committee be appointed to report to the next meeting of the American Medical Association a classification of those diseases which involve a derangement of the mental manifestations.

Adopted, and Dr. Smith appointed chairman of said committee, with power to choose his associates.

Dr. McGugin offered the following:

Resolved, That a special committee be appointed to report on the subject of "Stomatitis Materna."

Adopted, and Dr. McGugin appointed chairman of such committee.

On motion of Dr. Bailey, of Ill., Dr. Davis, of Chicago, was requested to continue his observations on the changes produced in the composition and qualities of milk by pregnancy and menstruation; also the best substitute for the mother's milk when weaning becomes necessary; and report at the next meeting of the Association.

The Association then adjourned to meet in Nashville, Tenn., in 1857.

A Uterus in a Man sixty-three years old. By Prof. Langer.—The case of Professor Langer is a physiological curiosity. Professor Aramij has recently found, at the necropsy of a man sixty-three years old, a structure resembling a uterus, between the rectum and bladder. The man had
had a "capon's voice," beard well grown; he had lived thirty years in childless wedlock. The uterus was two-horned, ending in two large open tubes. The mesometrum (ligamentum uteri latum of the female) ended on either side in a fine doubling of peritoneum; a true ala vespertilionis, which embraced the testicles and epididymis; and, at the upper border, the end of the tube. On the left side, the uterine horn, with its tube, was dragged over by a scrotal hernia. The distance between the two testicles in the preparation is sixteen inches. A round ligament (uterine) is marked by a bundle of vessels on the right side. The uterus is connected with the upper part of the prostate. The arteries of this uterus arise, with those of the bladder, from a common arteria vesico-uterina. The organ could be easily inflated through the abdominal end of the tube. There were no strong folds in the interior, even at the isthmus. Above the isthmus, the walls of the two-horned uterus were soft, the muscular tissue loose, its mucous membrane was easily separated as a distinct layer. On a section, there were detected tubular crypts opening on the free surface.

In fine, there were distinguished three parts of this uterus; An orificial part—a glandless, thickened portion, terminating at the isthmus; and a part provided with the ordinary uterine glands, which end in two short horns, which again end in tubes. The testicles were of the normal size. The vasa deferentia ran in an oblique direction to the isthmus uteri, to penetrate the prostate. True vesiculæ seminales were absent.—[Med. Chir. Review.

Quick Process for Mercurial Ointment.—M. Bernier, Pharmaceutist of Reuwez (Ardennes,) recommends the following process. Take one-third of the lard to be used for the ointment, heat it in a skillet of copper till it commences to disengage vapors and burn, and then pour it into an earthen vessel, and place it in the cellar for ten or fifteen days. Use this lard to extinguish the mercury, employing an iron mortar, and observing to add the mercury gradually as each addition disappears. The mercury is soon perfectly extinguished when the rest of the lard is incorporated thoroughly, the whole operation requiring but an hour.—[Repertoire de Pharmacie and American Jour. of Pharmacy.

Muriate of Opium.—We have met with, in looking over old files of the Medical Times and Gazette, a new preparation of opium; and as it is always desirable to have as many modifications as possible of a drug which so frequently requires to be used, and which acts so differently on peculiar idiosyncracies, we give it a place in our pages.

Take of the best powdered opium, 31; muriatic acid, 31; distilled water, 3xix. Shake this mixture frequently for fourteen days, and strain. The dose is from twenty to forty drops.—[Philadelphia Med. and Surg. Jour.

Chloride of Zinc Collyrium.—Mr. Critchett of the Royal ophthalmic hospital (Moorfields) has been in the habit of using frequently a lotion of the chloride of zinc as a lotion in thickened and vascular conditions of the conjunctive. He regards them as in an analogous condition to the gleet of the urethra, and calls this condition a "gleet of the eye." Its strength is one grain to the ounce.—[Ib.