In accordance with the intimation previously given, we now proceed to the practical application of principles to the treatment of specific diseases; but before engaging in this part of our task, it may not be amiss to make a brief abstract of the general principles already advanced, with the design of making them the basis of our therapeutical superstructure.

The main points assumed by us as axiomatic, or susceptible of demonstration, were these—viz:

That animal life, in its ultimate analysis, is nothing more nor less than a continued transformation of matter, (Aph. I.); that these transformations comprise all the physiological functions—digestion, absorption, &c., &c., (Aph. II.); that the above changes are rendered more active by exercise, and by cold, through the agency of the Vis Medicatrix Nature, (Aph. III.); that the direct effect of water, of a lower temperature than the human body, is sedative, (Aph. IV.); that its indirect or re-active effect is that of a stimulant, (Aph. V.); that the first impression produced by the application of cold water to the surface, is a vivid shock to the nervous system, with a simultaneous repulsion of the fluids upon the inter-
nal organs; and that re-action, with determination to the capillary system of vessels, general and cutaneous, follows as a sequence, (Aph. VI.); that derangement or impairment of the nervous power is the primary link in the chain of morbid action, (Aph. VII.); that the second link in this chain, is derangement of the capillary system of vessels, (Aph. VIII.); that, as a general rule, decidedly cold water should not be used on the surface of the body, in active internal inflammations, high fevers, and acute diseases, unless it be continuously applied, (Aph. IX.); that the degree of re-action, after the cold bath, is, in general, ceteris paribus, proportioned to the coldness of the water—to the suddenness and force of the immersion, &c., &c., (Aph. X.); that the cold bath is not positively contra-indicated in acute internal inflammations, &c.; but on the contrary it is correct in principle; the only objection being the practical difficulty of keeping up uninterrupted sedation, so as to avoid injurious re-action, (Aph. XI.); that most of our medical writers, being misled by erroneous theoretical fears, or confounding the effects of water of different temperatures, are over-cautious and restrictive in its use, (vide Corll.); that confusion and misconception might be avoided by dividing all baths into two classes—plus and minus—including under the one head, all stimulant baths, and under the other, all sedative baths; that infancy and old age do not, in themselves, constitute an objection to the use of the cold bath; that menstruation and pregnancy are not necessarily contra-indications to its use; but, on the contrary, that minus baths of the higher temperatures, are positively indicated in the latter condition; that the popular fear of cold, after parturition, is unfounded, as is proved by the impunity with which hydropaths practice their excesses;—that the warm bath is a minus or sedative bath exclusively; and that it is a great error to confound the effects of this with those of the hot bath, as has been done: and therefore, that the warm bath is not contra-indicated in inflammatory affections of the head and chest—in general pletho- 
ora—in fevers—or in any state of general excitement accompanied by an "active circulation and a hot dry skin."

Such is a brief summary of the general principles, which, we think, should govern us in external hydro-therapeutics: it is true, they have not been elaborated with a formidable array of argumentation; still, if we are not mistaken, they are either self-evident, or capable of demonstration, and we stand prepared to
defend them if attacked, or to retract any one of them, if refuted; truth and the advancement of science being our only objects. We therefore sincerely invite discussion, should any of our positions be considered erroneous. It may be proper to remark, just here, that we have confined ourself to the external applications of water, because this department, in our opinion, most abounded with error; but in treating of the practical part of our subject, (which we now proceed to do,) we will allude to the internal use of this remedy wherever it seems to be necessary.

Special Hydro-Therapeutics.

What we have to say on this subject, will be ranged under the the following heads:—1st. Some of the more important diseases of the three great cavities—the Head, the Chest, and the Abdomen. 2d. General and Unclassified Diseases. And 3d. Some of the more important Diseases of Women and Children.

As affections of the eye belong most appropriately to the first sub-division, we will make a few remarks on Ophthalmia, before we notice the diseases which belong strictly to the encephalon. Most writers recommend the local application of water, cold and warm, in this disease; and cold water is doubtless one of our most valuable remedies; still we are satisfied that it often proves nugatory, and even injurious, for want of proper attention to its modus operandi. It should never be forgotten, that cold water, while it is a direct sedative, nevertheless excites a certain degree of irritation, when it is applied immediately to a highly inflamed and sensitive organ. And we have this frequently exemplified in the treatment of acute ophthalmia: still we think the great difficulty, after all, is, that the water is not changed sufficiently often; that the sedative impression is not continuous; and therefore that the inflamed organ is subjected to the injurious stimulating and reactive effects of the remedy, instead of the desired sedative effects. In illustration of this position we will allude to a case, without stopping to give any details.

A physician, finding all salves and medicinal applications of no avail, in a case of acute ophthalmia, ordered the patient to immerse his face and eyes daily, in cold water, for a half hour or more. As might have been expected, this treatment gave rise to a succession of stimulating reactions which only aggravated the pain and inflammation. The result was that a quack, or an ultra
hydropath (there is not much difference between the two, we think) was called upon; he taking a common sense view of the case, discontinued the cold water, prescribed a tepid bath (sedative) twice daily, with a warming or non-evaporating cold water compress, to be worn over the eye, day and night, and thus cured the patient; adding another to the list of triumphs obtained by empiricism, through neglect of the plain principles of science.

The rule for the local application of cold water in acute ophthalmia is manifestly this—to use it tepid at first, where the sensibility is great, reducing the temperature gradually as the eye becomes accustomed to it, and keeping up the sedative impression continuously, by frequently changing the water. We are aware that there is some difficulty in this, still it is not insurmountable; and we are satisfied that the superiority and success of this practice will be sufficiently great to induce us to persevere in it, in spite of any difficulty in having it faithfully followed by the patient.

But in purulent, catarrhal, and other forms of chronic and subacute ophthalmia, a different practice is indicated: in these cases we desire the detergent, tonic and stimulating effects of cold water; it should therefore be used either cold, or very cold, according to the degree of excitability; and it should also be applied suddenly, intermittently and forcibly, as by the douche; or by injecting a very fine stream into the eye. We are strongly of the opinion that such a course as this, judiciously pursued, would be more safe, if not far more effectual and “elegant” than the multiplied hash of salves, ointments, washes and powders, so much used. And we make this remark advisedly, for we place a very high estimate on the nitrate of silver in such cases.

With a word on the constitutional hydro-therapia of ophthalmia, we conclude this division of our subject.

It is well known that many ophthalmic disorders are only manifestations of a general cachexia, such as rheumatism, scrofula, syphilis, &c.; this being true then, of course the constitutional treatment becomes a matter of primary importance: we would therefore, in addition to the means ordinarily employed in such cases, suggest the free use of water internally as a diluent, diaphoretic, solvent, diuretic, and eliminator of morbid matters; together with partial and general baths, warm, cold, or hot, according to the circumstances of the case, as tonics and derivatives. And even in simple ophthalmia, the wet-sheet packs and prolonged de-
derivatives of the hydrotherapies, might be well worthy of our attention as auxiliaries to the means above indicated.

A case to illustrate the importance of general water treatment: A patient affected with chronic strumous ophthalmia, with corneal opacity, faithfully tried the usual remedies, without success. Partial and general cold bathing, with active exercise, free water drinking, and the eye douche were then prescribed, which removed both the inflammation and the opacity, and restored the general health.

What we have to say on affections of the head, will be embraced under two divisions—congestion of the brain; and encephalitis; including under the latter every variety of inter-cranial inflammation. Cold affusions and cold lotions are prescribed by almost all of our writers, in congestion of the brain: still, as there are three distinct pathological conditions in this affection, and as the action of water is equally variant, according to its mode of application, we think that the directions for its use are not sufficiently definite and discriminating. We will therefore be excused for enlarging somewhat on the nature and treatment of this common and important disorder; and more especially, as the principles of treatment applicable to it, may be applied, mutatis mutandis, to similar affections of other organs.

Congestion is generally divided into three classes: active, passive, and mechanical; but we will confine ourself entirely to the first two.

In active congestion, it seems that there is an increased afflux of blood to the affected part, with a rapid circulation, and distension of all the vessels, venous, arterial, and capillary. While in passive congestion the blood flows languidly through the hyperæmic vessels, without any necessary increase of arterial excitement, and its seat seems to be chiefly in the veins, and in the capillary vessels intermediate between these and the arteries.* Now, if these definitions be correct, and they certainly are, as to the essential differences between active and passive congestion, then it follows as a necessary consequence that there must be a corresponding difference in the treatment.

We have already sufficiently indicated the two grand, distinct, and opposite modes in which water acts—viz: as a direct sedative, and as an indirect stimulant. It follows, then, from what has been

* Vide Watson's Practice, p. 47.
said, that the mode of using it in different cases of congestion, is a matter of vital importance. We have not space to dwell on the diagnostic symptoms of the two forms of congestion under consideration; we can only indicate the treatment which we consider consonant with the principles advocated. Let us take first a case of active congestion of the brain, with its characteristic pathology—an increased afflux to that organ, with distension of all its vessels, by a rapid and overwhelming current of blood. The indications, in such a case as this, are, evidently, to allay the excitement, to diminish the afflux, and to promote the contraction of the over-charged and distended vessels. To accomplish these desirable ends, the direct, continuous, sedative action of cold water is highly demanded; and we may add that its efficacy, when properly applied, is generally equal to the emergency. But it is obvious that it will disappoint us, if it be poured on the head, a short time, every two, three, or four hours; or if a thick cloth be wet with water and applied at corresponding intervals, as is too often done; for the affusions will produce only a transient sedation, to be followed by consequent re-action, and an aggravation of the mischief: while the thick cloths will be followed by like results, with the additional disadvantage of acting as a warm fomentation, by the prevention of evaporation. To obviate such serious difficulties as these, the modus operandi of the remedy should be kept clearly in mind: the affusions should be frequently repeated; or what would be better, cold should be constantly applied to the scalp by means of an ice cap; or by water falling on the head, guttatim from a funnel; or by means of light evaporating cloths renewed every few minutes. In addition to this local treatment, we would venture to suggest the wet-sheet pack, as most potent means of subduing vascular excitement—of equalizing the circulation, and of producing a strong derivative determination to the general cutaneous surface. But we must pass on to passive congestion.

This form consists, as we have seen, principally in a languid circulation through the veins and the capillary vessels. What then are the indications of treatment in a case of passive congestion of the brain?—Manifestly, to quicken the flow of blood through the stagnant vessels, to restore the tone and contractility of those vessels, and to divert the circulation into other channels. All this can be accomplished by availing ourselves
of the re-active, stimulating, tonic and derivative action of wa-
ter. (Aph. V.) But instead of using it continuously, as in the
other case, it should be as cold as possible, and should be applied
suddenly, forcibly and intermittently, while the vigor of the circu-
lation should be increased before, and after each affusion, by active
friction; and, in short, by all the means already indicated as pro-
per to secure full re-action. (Aph. X.) With a case, by way of
illustration, we conclude this part of our subject.

A negro girl had congestion of the brain, in the cold stage of
an intermittent: the physician poured cold water freely on the
head, used cold cloths, &c., without success. After he had failed,
her owner, seeing that cold water had not succeeded, and conclud-
ing from the practice of the Dr. that water in some form must be
the remedy, determined that he would try what virtue there might
be in warm affusions to the head. He did so. And lo! re-action
ensued soon, consciousness returned, and she was entirely restored
in due time. This was, in all probability, a case of passive con-
gestion, or nervous coma, which was only aggravated by the
continuous sedative action of cold water, while the warm affusion
excited the vessels of the scalp, and relieved the brain of its pres-
sure, or aroused it from its stupor; and thus saved the patient.

Having thus merely glanced at the more important points in
the general pathology of congestion, and having indicated the
correspondent treatment in congestions of the brain, we next pass
by a natural transition to another affection of the same organ—
inflammation; which may, in the majority of cases, be considered
only the second stage of active congestion. It has been seen that
we have, in active congestion, increased afflux of blood, a quick-
ened circulation, and distension of all the vessels of the suffering
organ: this, as before intimated, is the initiative of inflammation;
for if this state of things be allowed to continue unchecked, we
have the following additional phenomena:—Loss of contractility
and paralysis of the vessels, from over-distension; remora and
stagnation of the circulating fluid; change in its composition;
disease and rupture of the containing vessels; extravasation of
blood; effusion of lymph or serum; and structural or organic
change, constituting the main features in the pathology and termin-
ation of inflammation. It would appear, then, from the preceding
pathological and therapeutical principles, that the local sedative
application of cold is more especially indicated in active local con-
gestion, or the first stage of inflammation. But, as there is no strongly marked line of demarkation between active congestion and positive inflammation—as we have no infallible diagnostic symptoms by which they can be distinguished during life, notwithstanding the essential difference in their pathology; and, above all, as inflammation, of the brain and other vital organs, is accompanied by constitutional sphenic disturbance, it follows that water, cold or tepid, is still indicated as a general or constitutional remedy, to allay excitement; to subdue the morbid action of the heart; to diminish the vis a tergo, and thus to afford opportunity for the distended and paralyzed vessels to recover their tone and contractility. The conclusion to which we come, then, is this: That, in the first stage of inflammation, or active congestion, without marked constitutional disturbance, the local sedative action of cold water is of primary importance; while its general sedative effects are more especially demanded in acute inflammation of the brain attended with constitutional excitement. But in inflammation of the brain or its membranes, as in active congestion, the water should be so managed as to avoid injurious re-action; and as this can be done only by keeping the patient almost constantly subjected to its sedative action, which would be difficult, and even unsafe where very cold water is applied to the whole surface, for a length of time, it should be used either warm or tepid. In such cases as these, the general warm bath, as a means of sedation without re-action; or the tepid sponge bath, with the local treatment indicated in speaking of active congestion, would seem to be the proper practice. But the warm bath, although correct in theory, is nevertheless obnoxious to many grave objections; among which we will only mention the difficulty of obtaining suitable vessels for bathing adults—the trouble and delay in making the necessary preparations—the difficulty and inconvenience, if not the impossibility of getting a delirious patient into the bath, and the unavoidable excitement to which he would be subjected. As to the sponging, while it is not liable to the same objections, we think it less effectual and convenient than the application which we venture again to recommend—the wet-sheet envelopment: an appliance which embraces all, and more than all the advantages of the warm bath, or the sponging, without any of the disadvantages. For while this application combines, to some extent, the stimulant with the sedative action of water, we are fully satisfied, both from
theory and experience, that its stimulating effects are so very slight and transient that they are scarcely worthy of notice in estimating the action of the remedy. It is true, that the first impression produced is that of a vivid shock, followed by intro-pulsion of the fluids; and that these phenomena give rise to consequent re-action; but this re-active excitement is of very short duration, for the equilibrium of the circulation is soon re-established by the equalization of temperature of the envelopment to that of the body; and then the abstraction of caloric necessary to vaporize the water not only effectually cools the surface, but also subdues the general nervous and vascular excitement, which is manifested by a softer and slower pulse; by a moist skin; by subsidence of restlessness and delirium, and by quiet sleep. Such are the happy effects to be anticipated from this remedy: effects resulting from the maceration of the skin—from the expansion of the whole superficial capillary system, and the consequent diversion of an immense mass of the circulating fluid, from the vital and over-charged internal organs. And while it promises these delightful results, it can be applied in a moment, without subjecting the patient to a removal from bed, and when he is too weak to be placed in a bath; and above all, there is no difficulty about regulating the temperature as in the warm bath, for the cooling is only proportioned to the vaporizing power of the body: in other words, if caloric is generated rapidly, it is rapidly liberated by vaporization, and vice versa. Shall we be condemned then for recommending this remedy, regardless of a hydrophobic popular mania engendered by "old wives fables," and false professional theories? Shall we be deterred from using a remedy so potent because it is claimed as the exclusive property of a set of hydro-maniacs who use it empirically? Should we fear the jeers and taunts of the ignorant rabble who cherish the idea that regular physicians are sworn to use the remedies prescribed by old Hippocrates, and none others?—that calomel, opium, the lancet and the warm bath, are the summum bonum and the ne plus ultra with the "faculty"? Nay! let us rise superior to all such influences as these; let us unhesitatingly avail ourselves of a good remedy wherever we find it, whether it come to us legitimately or illegitimately—whether it be the offspring of an old woman, or of a German peasant. By pursuing this course, and by tempering the weapons we may thus obtain, in the crucible of science, we will not only be more likely to succeed.
in practice, but we will have the additional satisfaction of know-
ing that we could not possibly devise a better plan to mortify and
defeat our irregular opponents: for it is a principal part of their
tactics to foster the notion assiduously that we are confined to a
certain set of remedies, and that they are in possession of a number
of agents of wonderful potency, from which we are debarred either
by prejudice, or by the dogmas of our schools; it is therefore much
more mortifying to them for us to adopt the remedies claimed by
them, than it is for us to oppose them; for by appropriating them,
we effectually silence the ad captandum appeals of their noisy and
dishonest advocates. But admitting that some, though convinced
of the correctness of the practice, may be unwilling to hazard
their professional reputation, by using cold water contrary to the
established rules, it will be gratifying to such to know that all the
most desirable ends may be obtained, in the cases under consid-
eration, by using the water warm or tepid. And in cases where
the more heroic "hydropathic" appliances are plainly indicated,
it would be highly culpable to debar a patient from them, through
fear of popular clamor. Under such circumstances as these, we
think that it would be justifiable to have the water a little aired;
or, in other words, to pretend to warm it a little; for, while we are
willing to admit that "honesty is the best policy," as a pecuniary
maxim, we have such an amount of ignorance and prejudice to
contend with in medicine that we cannot aspire to anything high-
er, in our dealings with patients, than to be as honest as circumstan-
ces will permit. Such is our hydropathic code of ethics; and we
confess that we have acted accordingly, in some cases, with much
benefit, as we thought, to the patient. For instance, in treating a
grave case of typhoid pneumonia, we determined to avail ourself
of the wet bandage to the chest; but knowing if any untoward
event occurred, that it would in all probability be charged to the
bandage, and wishing to avoid re-action, we had the water a little
warmed; and then we reduced the temperature still lower, by holding
the cloth in the air some time before applying it.

Although the remedial uses of water is the subject of this essay,
we may be permitted, in concluding what we have to say on affec-
tions of the head, to make a few remarks on venesection. There
is no class of diseases in which this remedy is more universally
prescribed; and while we willingly admit that the benefit is often
prompt and manifest, where it is demanded, we must say that it
is too often resorted to under the idea that coma, headache, delirium, and some other forms of cerebral disorder are necessarily connected with inflammation or pressure. And we are, moreover, inclined to the opinion, that patients are sometimes bled to subdue the very re-active excitement caused by previous bleedings; and that bleeding is not unfrequently resorted to, improperly, in the shock of a stroke of apoplexy, and in some forms of vertigo and paralysis. For even admitting that there is an undue determination to the brain in all these cases, (which we are far from doing,) it does not follow by any means that there is a general plethora or excess of blood demanding depletion; but, on the contrary, it is much more reasonable to suppose that these symptoms, in the majority of instances, spring from a loss of balance in the circulation, from an irregular distribution of blood, rather than a general excess. And we are satisfied that those symptoms sometimes originate in the want of a proper quantum of blood in the brain, and failure of the vis nervosa; and farther, that, while such cases are not unfrequent, and cases of irregular distribution are very common, instances of general plethora and hyperaemia are comparatively rare. This being admitted, then, it becomes us to consider whether we can devise any means which will spare an unnecessary, if not injurious effusion of the vital fluid. With this view, we recommend, in addition to the hydro-therapeutic measures above indicated, the plan proposed by Dr. Buckler, of Baltimore, and advised, in another affection, by Prof. Ford. By ligating the limbs, as directed by them, and by thus retaining a large mass of venous blood in the extremities, we would give the surcharged vessels an opportunity of contracting on their diminished contents, while their power of contraction would be increased by the local and general use of water, as above prescribed. By pursuing this plan, we would not only avoid the inevitable debilitating effects of depletion, in cases where it is actually indicated, but also the irremediable evils resulting from the improper abstraction of blood in cases of nervous coma, paralysis, &c., before alluded to. Besides these important advantages, this practice has the additional recommendation that it still leaves the way open for the lancet, in case it should still be needed. And we would anticipate any objection to this delay in resorting to venesection, by taking the position that we are fully justified in doing so, while we are using remedies so potent as haemostasis, combined with the refrigerating,
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sedative, derivative and equalizing action of water—an agent, but little, if at all, inferior to the lancet.

As our subject is too comprehensive for us to dwell on details, and as it is more desirable to establish general principles of treatment which may be applied according to the judgment of the practitioner, we will, in treating of diseases of the chest and abdomen, occupy ourself mostly in advocating the position that the same general principles of treatment are alike applicable in similar or identical pathological conditions, whether these are found in the head, chest, or abdomen.

We have already shown that the use of minus baths, duly tempered, in accordance with the intimate sympathy existing between the skin and mucous membranes, is correct in principle, in chronic inflammations of the gastro-intestinal and pulmonary mucous membranes. It will be remembered, also, that decided cold to the surface, unless continuously applied, has been proscribed, as a general rule, in acute internal inflammations, &c., of every kind, on account of practical difficulties. (Aph. IX. and XI.) We now contend that acute inflammations of the chest, pneumonia, pleuritis, &c., are no exceptions to the application of the above principles; and consequently that sedation by external cooling appliances is admissible in these affections. Let us take a case of pneumonia, or pleuro-pneumonia, as the representative of parenchymatous inflammations of the thoracic viscera. And first, in order to anticipate theoretical difficulties, we will endeavor to show that there is no direct sympathy between the skin, the substance of the lungs and the pleura, such as we find existing between the skin and the mucous membranes.

Dr. C. J. B. Williams, in speaking of cold as a cause of pneumonia, says: "It is certain that cold winds or cooling influences, long applied, are more sure to produce the disease than mere changes of temperature. (Cyclo. Prac. Med.—Art. Pneumonia.)"

Dr. Jno. Bell says that the immediate and exciting cause of pneumonia is represented to be sudden transitions, &c. And then he adds: "Facts justify this explanation in many cases; but in many more, perhaps in the majority, it does not apply. (Bell & Stokes’ Prac., p. 194.)

These authorities are considered sufficient to establish our position that there is no direct sympathy concerned in the production of pneumonia and pleurisy; and consequently that cold acts as a
cause, in these diseases, (where they are not intercurrent or con-
secutive,) as it does in other diseases—that is by intro-pulsion of
the fluids, resulting in congestion and inflammation. This being
true, then, it follows that the theoretical fears predicated on the
relationship existing between the skin and mucous membrane of
the respiratory apparatus are wholly unfounded. But we would
not be understood as advocating the external use of very cold wa-
ter in these affections, for it has been seen that we consider this an
objectionable practice even in acute inflammations of other inter-
nal organs; what we wish to establish is simply this: that pleurisy
and pneumonia are no exceptions to the general principles which
should govern us in the treatment of other acute internal inflam-
mations, and therefore that sedation by external cooling means is
proper in these affections—just as proper as it is in inflammation
of the brain and its membranes. In accordance with these prin-
ciples, then, we think that we might, with safety and advantage, in
many cases of pleurisy and pneumonia, resort to sponging, moder-
ately cold or tepid evaporating and non-evaporating water
bandages to the chest, and wet sheet packs, just as though the res-
piratory organs were not involved. And we may add, that we
have tried this practice partially and cautiously, and have not had
the least cause to regret it. Anterior to the "blistering point," the
wet bandage has several advantages: it is cleanly; it is conveni-
ent; it is agreeable to the patient; and it relieves internal inflam-
mation and congestion by causing a determination to the cutaneous
capillaries, and by gradual sedation without injurious re-action, if
evaporation be permitted. As to the merits of the wet-sheet pack,
(which is only an extension of the wet bandage over the whole
body,) we have already spoken sufficiently when treating of anot-
er disease. We know that there are almost insuperable objec-
tions, originating in the prejudices of education, and in theoretical
notions, in the minds of many, to the course we are advocating.
But why should sedation by means of water be contra-indicated
in pleurisy or pneumonia any more than in cerebritis or meningi-
tis? We think that it would be difficult for the most strenuous
objectors to give a rational answer to this question. For we have
shown that there is no direct sympathy existing between the skin,
the pleura and the pulmonary parenchyma. If so, why, we ask
again, should not inflammation and congestion of the lungs and
pleura be treated on the same general principles universally sanc-
tioned in corresponding states of the brain? Surely it will not be contended that the lungs and pleura are more vital and delicate organs than the brain and its investments. But even admitting that we have failed to establish our point, admitting that the sympathy does exist, which we have denied, we still contend that this sympathy would be no valid objection to the cautious and proper use of cold as an external sedative. On the contrary, as we said when speaking of chronic inflammations of the gastro-intestinal mucous membrane, this direct sympathy would only make the indication stronger to approach the disease through the skin, while it would much increase our power of thus acting upon it. The conclusions to which we are inevitably led are these:—That there is no direct sympathy between the skin and the pleura, and the substance of the lungs (the seat of pneumonia): That such sympathy, even admitting its existence, would only render it more imperative to avail ourselves of the sedative action of water: That our powers would thereby be increased; and therefore, that the remedy should be regulated and tempered accordingly, so as to accomplish the end desired, and no more.

It will readily be inferred, from what has been said, that we would even favor the refrigerating use of water in some cases of croup, sore throat, bronchitis, &c. But let it be distinctly understood, that we would, in all such cases, keep the sympathetic relationship between the skin and mucous membranes clearly in view, and that we would modify our applications accordingly. And lest our arguments should have failed to carry conviction, and lest we should be considered as having strayed entirely beyond the pale of orthodoxy, in advocating the doctrines we have, we will fortify ourself behind the opinions of a few distinguished regular authorities.

Dr. Whiting says: "This practice (the use of cold in inflammations of the chest and abdomen) has, however, of late, been recommended by some physicians whose opinions ought to have weight, and especially as the recommendation seems to be grounded on the result of experience." And then he goes on to say that he has used cold evaporating lotions to the chest in some cases of phthisis pulmonalis, accompanied with inflammation of the chest, with considerable advantage. (Cyclo. Prac. Med.—Art. Cold.)

Dr. Tweedie informs us that the local application of cold, in the sub-acute and chronic inflammation attending the formation or
progress of tubercles, tends materially to check the disease. He also advises frequent cold sponging of the chest as the best protection against cold in such cases. (Op. cit. Art. Inflam.) And here we would remark, that we are fully satisfied that this sponging of the chest, followed by friction, is far preferable to flannel as a prophylactic, not only in phthisis, but in almost all other cases where we wish to guard against atmospheric vicissitudes. In this opinion we are sustained by Dr. Watson, who recommends the shower bath highly as a preventative to catarrh, bronchitis, &c. (Prac. p. 534.) With two cases by way of illustration, we conclude this part of our subject.

Case I.—The writer contracted a pulmonary disease in August, 1849, from taking a glass of ice-cream; the cough and uneasiness in the chest continued so long as to excite fears that a latent predisposition to phthisis might have been developed by the exciting cause mentioned; he, therefore, had Professors Ford and Dugas to make a physical examination, but they gave no countenance to such fears. Still, the cough continued very troublesome until March, 1850, when he was, on a very cold day, accidentally thrown into a river; this relieved the symptoms very much; but yet they returned in a few weeks, and have never been absent any length of time since, except for the last four months; and present exemption is plainly attributable to the use of shower baths and frictions; for as the subject of this report had much rather administer medicine than to take it himself, none has been taken this year.

Case II.—G. P. B. had a chronic bronchitis of three or four years standing; he had tried a number of physicians, and many remedies, without avail. When he came under our treatment we used tartar emetic externally and internally, and various other remedies with only partial and temporary success. He then removed, carrying his old disease with him, but much to our surprise we heard from him not long after this, and he had relieved himself entirely by using a wet bandage to the chest, in accordance with our suggestions.

We next proceed to make a few general remarks on the treatment of some of the more important diseases of the abdomen, viz: Peritonitis, dyspepsia, diarrhoea and dysentery. If we have been successful in demolishing the stronghold of professional and popular prejudice—if we have not failed in demonstrating the safety
and efficiency of water as a sedative and refrigerant in affections of the chest, it is needless for us to multiply arguments to show that the same principles of treatment are applicable in diseases of the abdomen. Taking this for granted, then, we will now endeavor to show that water, in some of its modes of action, is not only admissible in abdominal affections, but that it is superior in some cases to the remedies considered strictly medicinal. This would seem to be the case in peritonitis, on account of the close proximity of the abdominal serous membrane to the skin. We cannot speak from experience on this point, but we are fully satisfied from our knowledge of the action of water, that the use of wet bandages to the abdomen, evaporating or non-evaporating, according to the degree of local and general excitement, together with the wet-sheet fomentation, sponging, etc., would be attended with the best effects. And we are pleased to find that we are sustained in this opinion by Dr. Sutton. (Cyclo. Prac. Med. p. 797.) But it is in affections of the gastro-intestinal mucous membrane that we are to expect the most brilliant triumphs of hydro-therapeutics. Dyspepsia, in its protean forms, is justly regarded as the terror of physicians; the reproach of medicine, and the most fiendish of all diseases, preying alike upon the mental, moral, and physical constitution of its hapless victims. This is one of the spirits which will not be exorcised, in many cases, by drug incantations; how fortunate then that water treatment, externally and internally, promises more in these deplorable cases than in any other class of diseases, perhaps! In treating of the remedial application of water in this disease, we cannot think of noticing all the minute divisions and subdivisions made by systematic writers, like Dr. Todd, who gives us some eighteen or twenty different genera and species, and reserves a niche for more. It will be sufficient for our purpose to make only two divisions of the disease: 1st. Inflammatory Dyspepsia, including all cases of morbid vascular excitement, and active hyperemia of the digestive mucous membrane; and 2d. Atonic Dyspepsia, including such cases as are attended with local debility, deficient secretions, impaired innervation, and passive congestion.

We are fully persuaded that a large majority of cases of dyspepsia belong to the first division; that the pain, burning, excessive and depraved secretions, and all the multiform symptoms which characterize this disorder are generally indications of
subacute or chronic inflammation, or active congestion of the digestive mucous membrane. And we are equally satisfied that two grave errors are often committed in the management of this disease. The first of these is a false diagnosis which attributes the dyspeptic symptoms to local debility or want of tone. And the second difficulty is that no diagnosis whatever is made, the symptoms being treated empirically without any regard to the pathological condition from which they originate. Is it a matter of surprise, then, that the treatment of indigestion is so often unsuccessful? And especially when we call to mind the fact that almost all internal medicines, even those belonging to the antiphlogistic class, act as direct irritants to the gastro-intestinal mucous membrane? This is strikingly exemplified in acute gastritis, for it is well known that our hands are tied in this disease, and that our internal medical treatment amounts to almost nothing. In subacute and chronic gastritis we have a similar pathological condition, with the same increase of sensibility, differing only in degree; and, therefore, identical results must ensue from the action of medicines. We readily admit that the local stimulus of drugs is sometimes beneficial in such cases, but we fear they are oftener injurious on account of the difficulty, not to say impossibility of proportioning the degree of excitation to the excitability of the affected parts. While we would not wholly proscribe internal remedies, then, in inflammatory indigestion, we consider external remedies addressed to the skin and assisted by proper hygienic and dietetic regulations far more safe and effectual. Indeed it is hardly necessary to reiterate the opinion expressed by all authors, and confirmed by all observers, that the regimen is a matter of primary importance in any plan of treating dyspepsia. What then are the best remedies for this disease? They are local and general baths—cold, tepid, or warm—according to the circumstances of the case. What are the circumstances which should principally engage our attention? They are, first, to diagnosticate the true pathological condition of the case, and then to temper our water accordingly. If the symptoms originate in subacute inflammation or active congestion of the mucous membrane, or in chronic inflammation accompanied with accidental or extraordinary excitement, then is the warm bath peculiarly indicated, to allay the local and general nervous and vascular excitement; to equalize the circulation; to derive to the surface, and to restore the functions of
the skin so often disordered, and so intimately associated with the digestive membrane. And we are happy in finding that Dr. Forbes gives his unqualified assent to this practice; for he says: "In no class of cases is the warm bath more strikingly beneficial, than in those affections of the stomach and bowels which are commonly ranged under the head of dyspepsia." And he quotes with approbation a remark of M. Rapou, corresponding with the views expressed by us, viz: "That chronic inflammations of the mucous membrane of the stomach and bowels, are frequently confounded with nervous dyspepsia, gastralgia," etc. And consequently, that tonics and antispasmodics are used, to the injury of the patient, instead of the vapor and warm bath. (Op. cit.—Art. Bathing.) But while the warm bath is such an excellent remedy, it is almost impossible in many places to get a suitable vessel for bathing grown persons: how fortunate then, that we have a remedy, (the wet sheet,) which can be procured at all times and in all places; a remedy which enjoys all the advantages over the warm bath, already noticed under the head of inflammation of the brain, together with another not before noticed; it is a species of vapor bath, and it is well known that this bath, ceteris paribus, is more derivative than the warm water bath, on account of the greater rarity of a vapory medium. And we might just here whisper in the ear of some of our timid brethren, that they might thus get all the benefit of the vapor bath, without being considered a "vegetable steam doctor." In addition to the general wet-sheet fomentation, the same remedy may be used with the best effects, locally, in the form of the wet bandage to the abdomen. We can speak from actual experience of this latter remedy in dyspeptic affections, and we think that it is worthy of all praise. And what is remarkable, the use of pure simple water in this way, excites a severe cutaneous eruption; thus, making water, as strange as it may appear, a powerful counter-irritant. This is no doubt a part of the "Crisis" about which the hydropaths make such a parade, and which they attribute to the extraction of our poisonous drugs. We may say more of this hereafter.

We next notice Atonic Dyspepsia. In dyspepsia caused by debility and want of tone in the digestive organs, and even in some cases of chronic inflammation, the treatment already indicated would be appropriate to restore the skin to its normal functions. But here we need stimulation rather than sedation; we need some-
thing to re-invigorate the whole system; something to excite the activity of all the organic processes, and the nutritive functions in particular. These ends may be partially accomplished by the internal use of stimulants, but much more safely and effectually by the external use of tepid and cold water; by air; by exercise; and by rigid attention to diet. As there are but few cases of pure debility unconnected with chronic inflammation or passive congestion of the mucous membrane, the water should, as a general rule, be used as in other similar states, that is, with a view to its re-active stimulating effects. It should, therefore, be used in the form of cold affusions and cold sponging to the abdomen, and to the whole surface, according to the circumstances of the case; and these remedies should be preceded by exercise, and followed by exercise and friction. (Aph. X.) The cold hip bath with hard friction of the abdomen and loins is also a valuable addition to our revulsive measures in many of these cases. The wet bandage will also be appropriate still, provided the symptoms do not originate in pure debility, which, as before intimated, is rarely the case. With a few general remarks on the treatment of some symptoms common to almost all forms of indigestion, we dismiss this affection.

**Constipation.**—This is a common and troublesome symptom of indigestion of all kinds, and is best relieved by cold and tepid injections; for we fully concur in the directions given by some of our best writers, viz: That purgatives and even laxatives should be eschewed as much as possible. Indeed, we fear that this is a point not sufficiently insisted upon even now; for we are satisfied that the two frequent use of cathartics, both by physicians and people, is an evil of enormous magnitude. We have the incontrovertible evidence of experience, that the large majority of cases of constipation of all kinds, may be relieved by the persevering use of cold water enemata. How inexcusable then the practice of keeping the sensitive mucous membrane continually teased and excited by irritating medicines, when those who prescribe them know, or should know, that such a course as this will almost inevitably aggravate existing disease of this membrane; that it will, in all probability, superinduce disease where it does not exist; and as the very least of evils, that it will result in a habit requiring the daily use of cathartics, which must be increased in strength and continued through life!

As to the diarrhea, which sometimes is a prominent symptom,
and sometimes alternates with constipation, we believe that in most cases it will yield to the warm bath, the wet-sheet pack, or the wet bandage; and we are glad to find that we are sustained in this opinion by the distinguished writer last quoted.

In cases of dyspepsia, accompanied by depraved secretions and deficient excretions, the free use of water internally as a diluent, solvent, diuretic and diaphoretic is strongly indicated. And in cases of active congestion, inflammation or high irritation of the stomach, the best effects may be anticipated from its direct and immediate sedative action on the inflamed membrane. It should be taken early in the morning, on an empty stomach, and should be followed by exercise in the open air.

A Case.—Mrs. ——, age 22, of delicate and leuco-phlegmatic habit, had an attack of phlegmasia dolens, in January last, from exposure to the bitter cold weather after her confinement. This was followed by dyspepsia, characterized by the following symptoms: "burning" in the stomach and bowels, slight nausea, severe paroxysms of gastralgia, constipation, white furred tongue, palpitation, with great irregularity in the action of the heart; pulse intermittent at times; at times too slow, at other times too fast, etc.

Treatment.—Opiates and antispasmodics for the gastralgia and palpitation, which did little or no good. We then resorted to general cold affusions every morning, followed by copious cold water drinking, and exercise, with an occasional pro-renata wet-sheet pack and hip bath, cold. In addition to these means, the wet bandage was worn over the abdomen day and night, until its discontinuance was demanded by a severe herpetic eruption which appeared under it. Soon after this eruption, another "crisis" appeared on the back in the form of angry boils; but simultaneously with the eruptions, all the disagreeable symptoms, the "burning," the gastralgia, and the palpitation disappeared. The only symptoms now remaining are a nervous headache and flatulence, which may originate in debility, or may be connected with pregnancy. These symptoms we hope to relieve, by frictions along the spine, with a cold wet cloth, and by the use of small doses of gum asafoetida, three times a day. It will be noticed that scarcely any medicine has been used in this case. It may be interesting to add, that the palpitation has returned slightly at times, but has always been promptly relieved by the application of a cold wet bandage.
over the region of the heart. Cold water enemata always have the desired effect in removing the constipation.

With a very cursory notice of diarrhœa and dysentery we must close this article, leaving the two remaining divisions of our essay for some future occasion. And in the remarks that we may make on these diseases, we will confine ourself mostly to the internal use of cold water, because we have already enlarged sufficiently on the principles of treatment which should govern us in the external application of this remedy in diseases of the mucous membranes; and because we are convinced, both from theory and experience, that it possesses most valuable therapeutic properties when used in this way; but the principal reason why we wish to insist on the internal use of water is, the fact, (for it certainly is a fact,) that there is a strong prejudice among many against this practice. We cannot well see the grounds of objection to the internal use of even cold water in diarrhœa and dysentery; and we cannot resist the conclusion, that it originates in erroneous physiological views. The fact is, many seem to be impressed with the idea, that fluids taken into the stomach, pass directly through the pylorus, and come in immediate contact with the lining membrane of the intestines; when physiology teaches us that nutritive matters in a state of perfect solution and water pass, by endosmose, through the venous radicles of the stomach, and thus into the general circulation. (Carpenter 279.) And we are moreover informed, (by the celebrated Beaumont, we think,) that fluids taken into the stomach are absorbed like water when poured on sand. How absurd then the notion that water passes down from the stomach and irritates the intestines! Yes, as strange as it may appear, Dr. Joseph Brown is guilty of this great absurdity; for he says, distinctly, that liquid freely taken "passes rapidly through the bowels," exciting griping, and that it must tend to disturb the reparatory process. (Cyclo. Prac. Med.—Art. Dysen.) But another objection, more specious, if not more solid may be urged, viz: that the ingestion of cold fluids may check cutaneous transpiration, and, therefore, that the surcharged vessels must necessarily relieve themselves by increased intestinal exudation; or in other words, by increase of the diarrhœa. To this we would reply that it is in our power, in most cases, to remove the intestinal determination, by diverting the circulation to external parts, and by exciting the action of the skin and kidneys; thus compelling these organs to
share in the onus thrown upon the intestines. But even admitting that these organs should prove rebellious; admitting that we could not make them perform their part, and that the intestinal discharges would be increased for a time, we would still contend for the use of diluents, for these reasons: the demands for fluids to replenish the serous losses of the blood, and to prevent too great inspsiration of this fluid, would be in a direct ratio to the loss of serum by intestinal exudation; and, secondly, if the fluid exuded were introduced by us, there would be no draught, by the increased exudation, on the serum contained in the blood, prior to the ingestion of our diluents. Again, admitting that our physiology is incorrect admitting that water does actually pass directly through the stomach into the intestines, it does not follow by any means that it would be contra-indicated in intestinal diseases; for the second of the above positions would still hold good; and even, the much dreaded cold water in contact with the diseased membrane, would certainly be much less irritating than the undiluted and vitiated secretions and faecal contents of the intestines. Indeed, so far from water being either positively or comparatively irritating, it is exactly the reverse; and we would consider it a fortunate circumstance, if by any means we could bring cold water in contact with all parts of the intestinal canal. And as a proof of the happy effects of dilution, we would refer to the delightful action of saline cathartics in dysentery, as prescribed by Professor Dugas. It is probable that the relief in these cases is partly due to the action of the salts on the upper part of the intestinal canal, and the consequent diminution of vascular turgescence, &c., but we are persuaded that the remarkable relief is mainly due to the diluting flood of serum which is poured from the small upon the inflamed surface of the large intestine. The point on which we have been insisting we consider one of the most important embraced in this essay, and believing that our reasoning on this subject is perfectly conclusive, we do hope that physicians will no longer be deterred by groundless fears, from using not only a safe remedy, but one of the most valuable and potent in intestinal affections.

The next question for us to consider is the best means of availing ourselves of the benefits of water in diarrhoea and dysentery. This is to be done by its external application, in accordance with the principles laid down in speaking of dyspepsia; and by its use as a diluent, sedative, diaphoretic, &c., per oreum et per rectum.
We will only add a few practical remarks concerning the last two modes. When the skin is hot and dry, and the thirst for cold drinks great, we would allow cold water both in diarrhoea and in dysentery; still, we would endeavor to avoid giving it in excess, especially in cases attended with great debility and relaxation of the intestines, or in what might be called cases of passive diarrhoea; in short, we would aim to proportion the supply to the serous loss of the blood, without overloading the vascular system. And this we consider a point of vast practical importance, and one too little regarded; for it is evident, if the fluid portion of the blood be not replenished, that it will become so insipissated by the continued serous drain as to be incapable of passing through the minute capillary vessels of the system, thus producing stagnation, suspended functions, and death. And even when the skin is moist and perspiring, this should not cause us obstinately to resist the demands of nature for cooling drinks, provided we keep up a determination to the skin by frictions, baths, &c. For it should be remembered, that we do not so much desire profuse perspiration in these cases, as we do a centrifugal determination of the fluids, and equalization of the circulation. Cold injections in dysentery, we have found to be a most valuable remedy; indeed, we think more highly of simple cold water in this way than any thing else, unless it be the nitrate of silver in some cases of ulcerated rectum, etc. They should be used after each evacuation. And finally, we will in conclusion, express two opinions which some may consider wild and utopian; they are these:

1st. If water be used externally and internally, in accordance with the principles advocated in this article, in diarrhoea and dysentery together with saline cathartics, in the latter disease, we will have but little use for calomel and the lancet.

And, 2d. If we judiciously avail ourselves of all the remedial virtues of water, together with hæmostasis and veratrum, in cases of excessive vascular excitement, they will be found sufficient even for the most formidable inflammatory diseases which we may be called upon to combat.

Note.—In Dr. Wilson's article, contained in our October number,

On page 579, second line, for "waters," read water.
" " 581, 14th line from bottom, for "promising," read promising.
" " 583, 9th " " top, for "active," read actual.
" " 587, 8th " " bottom, for "first," read just.
ARticle XXXIII.


Dear Doctor—Thinking the case I am about to relate to you, may be not without interest to the profession—particularly to the junior members—I send it to you in a form, which if you think deserving a place in your valuable Journal, you are at liberty to place there.

Some ten days since, I was called in great haste to see a negro man belonging to Messrs. Kirkpatrick & Leitner, at Berzelia, on the line of the Georgia Railroad. On arriving there, and inquiring of Mr. L. the condition of the patient, he gave me the following short history of the case:

Early on the morning of the day previous the boy came in complaining of a severe "pain in his belly." Mr. K. thinking from his actions and his apparent great suffering that it was a case of cramp colic, and believing that active catharsis would be most likely to relieve him, gave him a dose of ol. ricini. During the course of the day there were slight manifestations of the effect of the medicine, but with no alleviation of the symptoms. Mr. L. did not see the boy until night, when he took charge of the case. He was at once satisfied that it was not cramp colic, but could not liken it to any disease he had ever met with: such violent spasm he had never before seen—the boy in the interval seeming to be well. He gave him a dose of oil and turpentine, antispasmodics, cups to the nuchæ. The spasms continued even on throughout the entire night. On the next morning, finding the case increasing in intensity, he dispatched a messenger for me.

Living some twelve miles distant, I did not see the case until 3 o'clock P.M., which was some thirty-two hours from the incipiency of the attack. I entered the cabin and found the boy lying on a pallet on the floor. "Taking my seat by his side, I commenced to catechise him as to his feelings, etc. There was no febrile heat; the pulse frequent, small, irregular and feeble; the respiration short, hurried and anxious; profuse perspiration on the face; tongue slightly coated, with marks of violence on its surface. There was no mental disturbance; and up to the time of the examination there was nothing to mark the character of the disease, by which a true diagnosis could be formed. As the only complaint
of pain the boy had made was located in the abdominal region, I threw off the cover to sound the condition of things there—when, from the effects of a fresh current of air upon his body, a most awful and violently painful spasm seized the patient, followed by some three or four "more of the same sort," in rapid succession, producing complete rigidity of all the muscles, from the occiput to the insertion of the tendo achillis, the body forming from those two points a perfect arch. Synchronous with these violent spasms there was most excruciating pain; the corrugator supercillii, orbicularis, and other muscles of the face were so drawn as to give to the countenance a most agonizing expression—the true Risus Sardonicus. The recti abdominis muscles were prominent, and as hard as a board. There could be now no mistaking the disease: Tetanus, of the opisthotonos variety.

Believing true idiopathic tetanus to be of very rare occurrence in this country, I enquired of his owners, if the boy had received any injury of late. They thought not; but one of the servants spoke up, and said he had "run a splinter in his hand." Mr. L. then informed me, that "some fourteen days back he had a splinter extracted from his hand; but that after that he had heard but little complaint, and he really could not think that so slight an injury could be productive of such a result." I examined the hand, and saw by a slight swelling and scar where the splinter had penetrated. I stated to the owners of the boy, candidly, my opinion of the case. That it was a case of tetanus; that it proceeded, in my judgment, from the hand; and that the disease was a mortal one.

My prognosis was based upon the very great mortality of traumatic tetanus, under every variety, and all kinds of treatment.

Hippocrates affirms that tetanus supervening upon a wound is mortal; and the experience and observation of the modern fathers do not set aside or gainsay this aphorism. Besides the length of time, the increasing intensity of the paroxysm, I looked upon as but the harbinger of death. I felt it, however, to be my duty to grapple with the fell destroyer; and armed with the weapons used upon such occasions, I made fight as best I could. I applied a long blister down the spine; gave him 50 drops of tr. opii., with a half tea-spoonful of chloroform, to be repeated pro re nata. Asafoetida, turpentine, camphor, formed a part of the treatment. I administered to him, at the approach of each and every paroxysm,
chloroform by inhalation, with no sparing hand. Finding no great rigidity of the sphincter ani, enemata of oil and turpentine were administered.

The above means were put in practice, and after three hours persistence, and finding no modification of the symptoms, I had the patient put into a bathing tub partly filled with a strong infusion of peach leaves, as hot as he could bear it. This seemed to have some good effect, for while in the bath, the whole body became entirely relaxed: all the muscles, which before were hard and rigid, now became soft and relaxed. The shades of night were thickening fast, and engagements requiring my attention in other localities, I left my patient in the tub, and was soon on my "winding way."

I had made arrangements for a physician to see the boy, and remain there for the night, and I had promised (nothing preventing) to be with him again early on the morrow. At sun-rise the next morning I was at the side of my doomed patient.

According to the programme, a physician from your city saw the boy in two hours after I left him, and remained with him till 8 o'clock next morning. There was no disagreement between us, in the diagnosis, save on its etiology. He thought the wound in the hand too trivial—not cause enough there for such a terrible effect. He was rather disposed to locate the fons et origo of the malady in the primeae viæ. There was nothing abnormal in that region so far as I could detect, except the constipation, which, so far as my experience and observation extends, obtains in all cases of tetanus.

The same treatment was kept up; but dashed with 20 grs. of calomel, ol. ricini and croton oil, in accordance with his theory.

As I anticipated, Mr. L informed me that so soon as the boy was taken out of the bath the spasms returned in all their violence. The patient remained in the bath for a half hour, and during that interval there was not even the sign of a spasm; and that such was the extent of the relaxation that his mouth, which before he could but imperfectly open, gave forth one of those wide, long, characteristic gapes or yawns of the negro.

The history of the case through the past night, added to the former "record," made, in my mind, "confirmation strong as proof of holy writ," that the patient was doomed—beyond the power of the "healing art."
Having given the case the benefit of trial of all the remedial means within my reach, I remarked to the owners of the boy, that if they were so disposed, they could have the offending member "cut off"—that amputation was at one time resorted to in such cases; but that I could not promise them even a hope of success from the knife. I neglected to mention that, acting upon my theory of the disease, the first thing I did after seeing the case was to cut down upon the wound, which I did by making two long incisions and thoroughly cauterizing them.

Mr. L. replied, that the cost must not be taken into the account; that the boy was a favorite servant—had been faithful and honest, and that he would pay twice the value of the boy to have him saved.

It is recorded in the authorities, that at one time Port wine was extolled as a remedial agent, in tetanus, of great value. A favorite horse was seized with tetanic spasms: the owner ordered the wine without stint; the horse recovered; and in footing up the bill the cost of the wine exceeded the intrinsic value of the horse.

Appreciating Mr. L.'s feelings of humanity, I dispatched a messenger with a letter to you, giving you the full particulars of the case, desiring you to come up with your amputating case, if you thought there was even the remotest prospect of success from the operation,—but you were not at home.

I remained with this patient until 1 o'clock P.M., when in death he found the only quietus to his sufferings.

From the time of my first seeing the case to its termination, some twenty-two hours, four ounces of chloroform were used; and I cannot say that I ever saw the least benefit from it. I gave it myself, when with the boy, and watched its effects closely, and if the boy was at any time under its influence I could not see it. The same may be said of all the other means, with one exception, of which mention is made before. He would drop to sleep during the lull of a paroxysm, but only to be awakened by its recurrence. But during sleep, there continued the tonic rigidity: hence I could not infer that the temporary sleep was a quid pro quo—from the agents employed that the sleep suspended the paroxysm—but rather was the result of their suspension; which last was from the prostration from the disease. The least noise was jarring to his extremely sensitive nerves; the prick of a pin; the act of swallowing—all, but served to bring on the spasms, which were
indeed awful to look upon, but to the unfortunate sufferer agonizing agony.

Sir Gilbert Blane is said to have mentioned a case of tetanus, where the patient is reported to have suffered no pain, but rather described it as an agreeable sensation. If this be true, there must have been a perversion of the sense of feeling.

This boy gave unmistakable evidence of the most intense suffering. And the cramp colic, for which the boy was first treated, was but a cramp of the diaphragm, the scrobiculus cordis being the locality of greatest suffering in tetanus.

I omitted to note the fact, that foul play had been suspected; and my opinion had been asked as to the poisons—if there was any known poison that would produce symptoms at all analogous to those manifested in the case. I replied that strychnine would: that it was exceedingly difficult to distinguish between tetanic spasms and those produced from an over-dose of strychnine. I remarked, however, that I could very easily, I thought, verify my diagnosis of the case; that by dissecting off the skin from the hand over the wound, I expected to find the wound internally giving more evidence, or marks, of the splinter than was observable on the outer skin. I should expect to find some pus—probably some portion of the splinter, and the surrounded tissues softened, lacerated, or otherwise altered from a normal appearance. And that if I did not find the condition of things there to warrant the charge of causation, by their permission, a general post-mortem would be instituted. This was agreed to very readily, as the owners of the boy were desirous of having their minds satisfied.

I dissected and reflected the skin, and beneath I found a quantity of pus burrowing in the tissues; three portions of splinter, in and immediately beneath the extensor tendon of the ring finger. The tendon itself was partly disorganized, and throughout its structure, so far as observable, presenting an abnormal appearance. I did not push my investigation to examine the condition of the nerve, but in all probability the corresponding nerve of the dorsal collateral branch was implicated in the wound.

Here, then, in my judgment, was the focus of the disease, though the tendinous origin of tetanus is doubted by some of the authorities. The examination being very satisfactory to myself and the owners of the boy, a further exploration was deemed unnecessary.

Now, what are we to expect from this? Not that tetanus will
be the result of all such wounds; for how often is it we see wounds, even worse than the one described, going through the regular stage of suppuration among tendons and nerves to a healthy resolution, and no tetanus supervening. And again, we see causes even more trivial, bring on tetanic spasms and death.

The reasonable deduction is, (based upon past experience,) that there is a marked predisposition in the African, from some peculiarity of constitution, to traumatic tetanus—aided by the exciting causes which are sometimes necessary to its development.

I would also remark: about the time of the boy's attack, the temperature of the atmosphere was exceedingly high, the thermometer ranging from 98 to 102, for five or six consecutive days.

In taking a retrospect of this case, I would in the first place remark: the great susceptibility of the negro to tetanus—the importance of inquiry into each and every case of tetanic spasms, as to any injury having been received—the fact that the injury is slight, or the wound trivial, is no guarantee that the cause or origin of the spasms is not located there. I would also call attention to the very great insusceptibility to the impression of remedies, as evidenced from the vast amount of chloroform used, and its perfect insignificance to combat with the formidable malady. Homoeopathy! where are thy charms in such a conflict? When four ounces of pure chloroform, potent as it is, is as so much water, to the enemy, what say you, with your "thousandth part" of nothing? When fifty drop doses of laudanum fail to lull, can "sleep to the eyes or slumber to the eye-lids" be expected from Infinitesimal Homoeopaths?

Remarks on the various operations for removing Calculi from the Bladder of the Female, with a new Method. By Gustav C. E. Weber, M. D., of New York.

The methods of removing stone from the bladder of females are many, there being hardly any point where the bladder has not been entered in order to achieve this object. But if we consider all the advantages and disadvantages of the different methods hitherto known, we find they are all, without exception, very frequently attended with evil consequences, which are more to be dreaded than the original complaint itself.

In order to justify this latter assertion, I will recapitulate all the different operations practised for stone, on females, to the present
time, and compare their indications and contra-indications so as to show that in reality they ought to be carefully and prudently weighed before undertaken. If rashly performed, we bring upon our patients a source of suffering by far greater than the one we promised to relieve, or even endanger the lives that were given into our hands for protection.

In connection with the methods which I find recorded in the newest editions of our standard works, I shall bring before the surgical public a new plan by which I removed a stone of an inch and a quarter in length, and three quarters in width, weighing about three ounces, from a lady of fifty-four years of age, and effected a radical cure without leaving any troublesome symptom whatever.

The various operations of lithotomy may be classed under five heads:

I.—The high operation.

II.—The gradual or instantaneous dilatation of the urethra.

III.—The operation underneath the symphysis pubis entering the bladder by dividing the urethra and the neck of the bladder.

IV.—The operation underneath the symphysis pubis without dividing the urethra.

V.—The operation underneath the symphysis pubis with division of the urethra and dilatation of the sphincter.

1. High Operation.—The high operation (lithotomia hypogastria) has been known since Franco, in the year 1561, performed it on a small child, where he could not extract the stone on account of its great size. But still, with the exception of a few men who practised Franco’s operation, (Roussset, *Nicholas Piètre,†) it found but few advocates until the last century, when Douglas,‡ Middleton,§ and Cheselden,∥ in England, and Morand,¶ in France, classed it among legitimate operations in surgery.

The object of the operation is to enter the bladder by cutting through the abdominal wall in the line of the linea alba, just above the symphysis pubis, through the space formed by the reflexed peritoneum, the symphysis, and the bladder.

In order to accomplish the latter many methods have been described. Franco performed his operation by introducing into the anus the index and middle finger of the left hand, and with them

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† N. Piètre a Mercier Thes. anat. ad extrahendum eneal. dissecanda ad pubem vesica.
§ Middleton. A short essay on the operation of Lithotomy, as is performed by the new method above the pubis; to which is added a letter relating to the same subject, from Macgill and Dr. Douglass. London: 1727.
pushing the stone upwards just above the pubis, and then, with a small scalpel, cutting down through all the intervening tissues until the stone was reached, by continuing the pressure from below upwards, the stone escaped.

This way of operating resembles the one of Celsus* for the lateral section, and was soon superseded, like the latter, by the more prudent and careful method of Rousset, in the year of 1580.

This eminent surgeon divided the operation into four different steps:

First.—Dilating the bladder by gradual injections of warm water, and compressing the urethra.

Second.—Cutting through the abdominal wall, just above the symphysis, reaching the bladder, where it is uncovered by the peritoneum, carefully avoiding the same.

Third.—Making a small opening in the bladder, just behind the symphysis pubis, with a pointed bistoury, and therein inserting a probe-pointed concave bistoury, and enlarging the opening upwards to a sufficient size.

Fourth.—Extracting the stone by means of the finger or a suitable stone forceps.

In nearly the same manner, with but slight modifications of the instruments hitherto used, Cheselden, Middleton, and Douglas operated and followed, in fact, Rousset, who, undoubtedly, can be considered the first who undertook the high operation methodically.

Morand, of France, after cutting through the linea alba, inserted the index finger of the left hand into the upper extremity of the wound, and by that means pressed the peritoneum upwards, then split the bladder downwards behind the symphysis pubis. After this act he introduced his index finger into the bladder, and held it up until the stone was extracted either by the fingers of the right hand or by a suitable instrument.

But, so much was the attention of surgeons then directed to the invention of new instruments, that this, the best modus operandi, was again modified by Frère Côme.† Rousset's method seemed not to guarantee to him the entire safety of the peritoneum, and he therefore substituted his method, which deviated from the former operations by introducing into the bladder, through a second incision made in the perineum, and the membranous portions of the urethra, his sonde à dard. This sound contained a triangular stilet, which was grooved on its anterior surface. After the bladder had been laid bare by the section above the pubis, this stilet was pushed through the walls of the bladder, then drawn upwards and using the grooved surface as a director, the bladder was laid open by extending the incision downwards. The irrationality of augmenting the dangers of the operation by a second incision in the perineum, did not find many advocates.

But his sound was, and is still, used in France, with many slight modifications, by introducing it through the urethra.

At the present time, in America, England, and Germany, where the *armamentarium chirurgicum* has been reduced to a rational size, Roussel's operation is generally performed with this modification,—that, before opening the bladder, the viscus is hooked up and held by sharp hooks, so that no regurgitation, and consequently, infiltration of the urine, can take place. Professor Pitha, of Prague, in his article, "Diseases of the Genital Organs," in the Handbuch d'Spez. Path u. Ther., edited by Prof. Virchow, gives his opinion as to the superiority of the latter method. This concurs with the experience of my estimable friend, Prof. Parker, of this city, which he has presented in his valuable paper on the high operation for stone in the female.*

I have performed, in the same manner, very recently, the high operation upon a small boy of four years of age with the best success; the little patient passing his urine through the urethra as early as the fourth day. On the twelfth day he ran about in the yard, the wound being nearly closed.

I found it an important point in the operation to separate the peritoneum with the finger, gently, sufficiently high to expose the urachus; then pushing the same upwards to make the incision into the bladder, just underneath the urachus, downwards to a necessary size. After the stone is extracted, the peritoneum falls forward over the wound in the bladder, and through a slight adhesive inflammation closes it in a few days. If the incision is made lower down behind the symphysis pubis, down to near the neck of the bladder, then the peritoneum cannot reach it, and I should judge that then it would take more time to close the opening of the bladder. I also consider the introduction of sponge or lint through the external wound into the bladder for the absorption of urine or pus, as injurious, also the leaving of a catheter in the urethra, which gives rise to pain and uneasiness. The external wound ought to be kept constantly clean by means of a small piece of sponge moistened with fresh water. Every other bandage is injurious. Infiltration and consequent formation of pus in the cellular tissue in the space uncovered by the peritoneum, are not much to be feared, because if left unobstructed by tents or bandages, the least quantity formed will readily flow out of the external wound. To the great variety of methods of treating the wound after this operation, I believe we may ascribe the bad success attending the operation in its infancy.†

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* New York Journal of Medicine, March, 1855, p. 252.
† If we run over the statistics of the lateral, as well as the high operation, without the least prejudice against one or the other, we find the true per centage of mortality about equal. In the lateral section, I think, the good result is always noted down, but not the bad consequences, which are liable, even with perfect success of the operation itself, to follow after, as, for instance, "impotency." I consider this an important point, in the discussion as to the superiority of either method.
I look upon the high operation, when properly performed and managed, as sine dubio, the best way of removing stone from the bladder of the male, and, also, under certain circumstances, of the female, but only such as exclude the possibility of extracting the stone by the method which is hereafter described.

We cannot, however, deny the danger of the operation, the possible peritonitis, and the fatal results which have followed, when it has been performed by the greatest surgeons. When we consider the statistics, which exhibit a mortality of one in six, or one in seven, I am sure the great mass of surgeons will rather risk an incontinence of urine in the operation underneath the symphysis pubis, than risk the life of their patients by the high operation. I should prefer the high operation only in exceptional cases (as where the stone is uncommonly large and hard, or the urethra and vagina so much diseased that a division with the knife would be fatal); and I, therefore, cannot concur in the opinion of Prof. Parker, who considers the epicystotomy the safest method of removing a stone from the female bladder.

We ought to have an operation which does not endanger the life of our patient, and still achieve its object. We find that there are operations practised in a different manner, that can avoid the former and lead to the latter. We will briefly recapitulate them, and see in what regard they are preferable to the operation just described, and what are their disadvantages and contra-indications. Among the operations that were practised principally for the removal of stone, was the dilatation of the urethra, by means of compressed sponge, roots, specula, or dilators expressly invented for the purpose.* Heister's observation, that pretty large-sized stones would sometimes pass away with the urine, with pains similar to those of labor; and Middleton's case, in which a woman forced, during a hard attack of tussis convulsiva, a stone weighing four ounces, through her urethra, led to the experiments with gradual, as well as instantaneous dilatations of the urethra, and consequent extractions of the stone with a suitable pair of forceps. Although there are cases on record from Douglas, Broomfield, and A. Cooper, men who merit our highest esteem, we still must consider this operation as one only practical in very exceptional cases.

I have examined women of young and robust constitutions, whose urethra I could enter with the greatest ease, with the index of my right hand, up to the sphincter, but I think that the urethra of a female suffering a year or more with calculus in the bladder, is a "noli me tangere," that will not allow even a slight dilatation, much less a dilatation that will allow a stout pair of forceps to pass holding in its grip, its prey, in the form of a calculus of an inch or two in diameter, without laceration of the mucous and muscular coats, and consequent incontinence of urine. Besides this lacera-

* Heister, Chirurgic, 1728.
tion of the parts, there is the extreme pain that ought to be considered, and which is so excessive, sometimes, that it cannot be endured without endangering the life of the patient. Fortunately for the poor, suffering females, this proceeding of dilatation as a method, has now been abandoned by the better surgeons of the day, and the knife takes the place of the compressed sponge to relieve them from this troublesome companion.

The operations with the knife have undergone many changes since the time when Celsus performed, after his method, by which he removed stone from both sexes. Lisfranc* imitated Celsus in the invention of his method, the so-called "Vestibular Section." He entered the bladder by making a semilunar incision, with its convexity towards the pubis, commencing to the right of the urethral orifice in the same plane as the urethra lies, about one line from the pubic arch, and carrying the knife from the right to the left side, ends the incision in the same plane wherein the section was commenced. Then the cellular tissue is carefully divided by the handle of the scalpel or the finger, until the anterior wall of the bladder is reached, which is subsequently opened by a second incision to the necessary size for the extraction of the calculus.

Every one conversant with the surgical anatomy of the parts, knows that even the most extensive opening here is not sufficiently large for the removal of a medium-sized stone without laceration, and that it is very difficult to make a large incision without injuring the internal pubic artery. From these two important facts, the vestibular section is objectionable, and not to be selected for the purpose of removing calculi from the bladder of females.

There is another method by which, through vertical section, the spineter, the neck of the bladder, and vaginal wall are divided. It is the method of Kern,† but Marianus operated by making a lateral section between the urethra and the ischium, and entering the bladder at the spineter, which he divided with the neck of the bladder after the method of operation in the lateral section on the male, but with this operation we risk, just as in the vaginal section, where the posterior wall of the bladder is incised, the possible consequence of a vesico-vaginal fistula. The history of the operation shows, that in the plurality of cases, this most dreadful of all complaints followed the undertaking. It is possible, that with the application of Dr. Sims' clamp suture, which has justly gained so much celebrity in America, that these consequences might be obviated, but still we possess no facts to guide us, and till we do, Kern's operation, as well as the vaginal section, ought not to be performed under any circumstances whatever. A vesico-vaginal fistula is more to be dreaded than the suffering with stone.

* Memoire sur une nouvelle methode de pratiquer l'operation de la taille chez la femme, Paris, 1823.
We come now to the consideration of the methods by which the whole urethra and the neck of the bladder were divided, and we find here again a number of modifications which were used. First, we have the lateral section by which the urethra and neck of the bladder are divided, on a sound downwards and obliquely in the space formed by the vagina, the descending ramus of the pubis, and the ascending ramus of the ischium. In order to make this incision either the sound of Paré, of Rudtorfer, and Potts’ probe-pointed bistoury, Langenbeck’s lithotome, can be brought into action, as also the gorgerets of the English, or Frerocos’mes lithotomé-caché. Second, we have the horizontal section, by which the urethra and neck of the bladder is divided horizontally; third, the superior vertical section; and lastly, the inferior vertical section. In all these operations, the sphincter and neck of the bladder are divided, which leave, as the result of the cases in which they were used, very frequently, an incontinence of urine. We can easily explain why this system, in most cases, must necessarily follow: the urine that flows out of the divided neck of the bladder cannot escape readily; it has to pass through parts in the lateral, as well as in the horizontal, superior or inferior vertical section, that are filled with nothing but cellular tissue, the consequence often is infiltration of urine, inflammation, formation of pus near the wounds in the bladder, which destroys the possibility of reunion by first intention. We all know, then, how difficult it is to bring about a union of a wound of the bladder, if not by first intention. For these reasons the operation in which the urethra, sphincter, and the neck are incised, are not safe proceedings for the benefit of females that seek relief from the suffering with stone.

We have now spoken of all the different operations that were entitled to be classed among the legitimate methods of proceeding, for the removal of stone in the bladder. We have still remaining the few exceptional cases. The study of these led me to resort to quite a novel method as this review of the various operations will prove, and which justifies the title of this article, “A new method of Lithotomy.”

Paré has left a description of a proceeding, although not very distinctly expressed, by which he only divided the urethra, dilated the wound, with his dilators, pressed the stone by means of two fingers introduced into the vagina, into the neck of the bladder, and extracted it with hooks or the forceps.

Lecat introduced a Georgeret à sonde cannelée into the urethra, divided it with a urethrotome, without reaching the sphincter. He then introduced the gorgeret through the sphincter, and dilated it with his instrument, and with one of his fingers.

In the like manner LeBlanc, operated with his gorgeret, and dilators, dividing the urethra towards the left and the pubic arch.

Rust split the urethra after the manner of the lateral section, and then dilated the neck of the bladder with his finger.
Dionis, Tolet, Greenfield, Ledran, Sinz, Lorenz Colet, and Ferguson, have operated on the same plan, by partial or total section of the urethra, and dilatation of the neck of the bladder.

Now, this plan of Paré, Lecat, etc., etc., is indeed the best, and most simple method that we have met with, and it is surprising that it is so seldom employed. There is, however, yet a modification to be substituted that seems to me most essential for the success of the operation. By this plan, through the division of the urethra, this part of the urinary organs comes out of the care of the operator, because then he can reach the bladder, without forcing his way through, so that no laceration, and consequent paralysis of the muscular fibres can follow. The only error these last mentioned operators fell into, was, that they all divided the urethra either upwards or horizontally, or laterally, which gave rise to the inconvenience that we have already mentioned, that is, the urine could not flow off easily, and would give rise to the infiltration in the cellular tissue that lay laterally and superiorly around the urethra. The reason of their proceeding thus was because they thought in case the divided urethra did not unite, they must preserve some kind of a canal for the urine to flow in. This caution was, according to my experience, not necessary. In my case, where I divided the urethra in the median line, downwards, I found that after the operation, the patient, after the bladder was well filled by an injection with water, could throw a stream of water in a semicircle about half a yard. This showed to me, that the reunion of the urethra is not of so much importance for the ejection of urine as is generally believed.

The only question that merits consideration now is, will the sphincter and neck of the bladder, after the division of the urethra bear the instantaneous dilatation, to a sufficient degree for the extraction of a good sized calculus. My opinion is, that they will not, and that when we undertake to force the sphincter open by instruments, or by the finger, beyond a certain limited extent, that we risk the same possibility of an incontinence of urine, as when we undertake to operate by dilatation alone. I certainly believe that the sphincter is dilatable to the size of three-quarters of an inch in diameter, because I find that this is, with slight variation, the ordinary size to which the sphincter opens for the evacuation of a full bladder. To prove this, I have distended, in my case, the bladder by an injection of warm water, after I had divided the urethra, as I before mentioned, and then directed my patient to empty it with as much force as possible. While she was doing this, I could introduce, with the greatest ease the index finger of my right hand up to the second joint into the bladder.

To dilate the sphincter beyond this extent I consider, as I have said, to be very hazardous indeed, and we, therefore, should select a modus operandi, by which it will not be necessary for the extraction of stone to open the sphincter beyond the natural capability for dilatation.
We find such an auxiliary remedy in the great armamentarium lithotripticum, if we select from it an instrument that can break the calculus into three or four pieces. If the calculus be of a brittle composition, as in the generality of cases, a small pair of forceps, whose blades are narrow but stout, will effect this object. If the stone is hard, which is very seldom the case, the straight drill of Civiale, or some other instrument will suffice, being guided by one finger, to take hold of the stone, and break it immediately. The fragments will be removed through repeated injections of water, or with a suitable pair of forceps without stretching the sphincter to such an extent as to cause laceration, and consecutive paralysis.

With this proceeding we combine lithotomy and lithotripsy to a harmonious union; we perform lithotomy in order to be able to exercise lithotripsy, and remove the consequences immediately after. Without the previous urethrotomy, lithotripsy, would be tedious, and could not be (as much as Heurteloup says, about the performance of lithotripsy in one seance, I cannot believe it,) fulfilled in the space of from ten to fifteen minutes.

These are the considerations which I acted upon in the execution of my operation with so much success, and which I now bring before the surgical public, so that imitation might prove what I believe it to be, that this operation is the solution of the question: "Which is the best mode of extracting calculus from the bladder of Females?"

Case.—On Monday, the 6th of March, I was called upon to visit Mrs. Rehr, a lady of 54 years of age, residing in 46th Street, between 8th avenue and Broadway, who was suffering, as I was told, upwards of two years with a disease of the womb and bladder. Upon examination, I found no pathological condition whatever, except the existence of stone, and consecutive great irritability of the bladder, with slight purulent discharges therefrom. Proposing an operation, my patient was willing to submit to everything in order to get rid of her sufferings. For that purpose I undertook, March 13th, the operation which was commenced by emptying the bladder and the rectum. The patient was laid crossways on the bed in a position so as to elevate the pelvis, and expose the parts sufficiently for the manipulations. My assistant, Mr. S. J. Holley, then, with his right hand held the labia majora and minora well apart, and with the left pressed with a gorgoret the posterior wall of the vagina downwards. I then introduced a curved sharp-pointed bistoury (Watzier's for the operation of fistula ani) protected by a conductor into the urethra, withdrew the conductor and plunged the point of the knife through its posterior wall, about one line from the sphincter, and then divided by drawing it downwards and outwards, the urethra in the median line. After this step having been taken, I introduced into the sphincter the point of a syringe, and injected the bladder with tepid water.
Then, while the woman evacuated this injection, I introduced my finger, and on my finger a pair of narrow polypi forceps, grasped the stone, and with some pressure broke it into five pieces. After this another injection of water was made, and the woman directed to empty her bladder forcibly; on doing this, three pieces came away. The other two I took away with the forceps, using my finger as a guide to bring, with care, the fragment between its branches.

After I ascertained that every particle of stone was extracted, I directed the woman to lay quietly on her back, and have the parts frequently well sponged with cold water. Hardly any reaction took place. The patient could retain her urine always, and has never had any trouble with her urinary organs ever since; the soreness of the parts disappeared in the course of four or five days.

The two anterior thirds of the urethra did not unite, but still there exists no difficulty in passing the urine with a good stream.

This is in short the history of my operation, the success of which was exceedingly satisfactory to myself, as well as to my patient.

[N. Y. Journal of Medicine.

On the Ill Effects arising from the Excessive Smoking* of Tobacco. Memoir of Dr. GINSEPPE LEVI, read before the Society Medico-Fisica of Florence, 1855. (Translated for Charleston Medical Journal and Review, by F. PEYRE PORCHER, M.D.)

It is with great satisfaction, gentlemen, after having many years reflected upon it, that I can take up, in the bosom of this academy, this grave and important subject of public and private hygiene. And surely if the meditating upon these facts which avail to render less difficult the practice of our art is fruitful in utility—if it is interesting to trace the many bonds which from the different sources from whence our science is constituted, every day go on extending, I think the gravity and the dignity of the work to which we are called does not show itself in any way more strikingly and distinctly than in the conscientious freedom with which we lift up our voices to invoke laws by which human safety may be better directed; or opposing the weight of our authority against certain uses and habits, the practice of which tends so frequently to impair and weaken the strength of the body.

I do not think, then, that I can better entertain you to-day, than by referring to the evils which arise from the excessive smoking of tobacco, which in our days we see practiced by every age, sex, rank and order of citizen.

In the civil life of nations every thing changes with the lapse of

*If the ill effects resulting from the smoking of tobacco to excess are shown to be so great, with how much more force must the observation apply to the American who uses it in so many ways, and with so little moderation, F. P. P.
time. New laws succeed to old; inveterate customs disappear by degrees, giving place to others which follow; obsolete ones are restored, and vices and habits which at first seemed the heritage of but few, acquire dominion over whole communities. The leaf of the tobacco, introduced in Europe, as it is known, in the second half of the sixteenth century, was at the beginning received with prodigality of praise by some, and by others was covered with blame. Amid this approval and condemnation—between the pontifical bull which interdicted, and the princely edicts which sought to limit its sale to the pharmacien, the use of the weed extended itself beyond bounds. Many governments appropriating to themselves its exclusive preparation and sale, it became the source of immense wealth. Now, in France, according to Michel Levy, sixteen thousand millions of kilogrammes are consumed, two-thirds of the best of which is smoked. Whoever will take pleasure in examining the statistics of other countries, and of our own, will see that proportionally to the different populations the example of this is closely imitated.

It could not be otherwise, since from corners the most remote, to cities the most populous—from the cabin of the poor, to the mansion of the wealthy—from the humble workshop of the artizan, to the bureau of the statesman—wherever you encounter any one, weak or strong, during any hour of the day, he almost incessantly emits smoke from his mouth. And do you not feel yourselves moved with indignation at seeing in the public streets children, who have scarcely completed their second lustrum, who seem to take pleasure in smoking, as if it was something reflecting honor upon them, or gave cause to hope well for their youth, and for their manhood?

How shall we describe the disgust which arises at entering, in our days, places of meeting, halls for public spectacles, among a pleasant company, but where you always find yourself in the midst of a thick cloud of smoke which disturbs, saddens, and annoys you, without even the liberty of complaining, unless you wish to incur the blame for superfluous delicacy, or for being too rigid a censor of the times. What thing more disagreeable than the conduct of certain persons who nevertheless come to ask your advice respecting some grave infirmity of the stomach, or that tubercular phthisis threatens to cut off their life, or, indeed, any as yet slight affection upon which apoplexy may supervene, nevertheless they do not for a moment abstain from the wretched habit of smoking, neither fearing that this conducts them to graver danger, or that reproach for what is so imminent will fall upon them. That this habit does not create more either of surprise or disgust, is singular, when we reflect upon the physical and chemical qualities of the Nicotiana, when we call to mind the effects produced by experiments with it upon the animal economy; when, in fine, in the works of classic writers we find descriptions of diseases not unfrequently produced by smoking this plant. This, indeed, for which so many feel so
great, so irresistible a longing, is really one of that family of solanaceous at the mere mention of the name of which many are alarmed: it possesses an acrid, pungent, disagreeable taste—strong, disagreeable odor, produces in him that ingests it, either in one form or another, first a sense of anguish at the stomach, heart-burn, nausea, and vomiting, then atrocious intestinal pain, accompanied with diarrhoea, a coldness of the extremities, viscid, sweaty, a diminution of the cardiac pulsations, a considerable bluntness of nervous sensation, and, in fine, according to Orfila, narcotic poisoning. Chemistry discovers in it those principles to which, in great measure, its poisonous action is due. Nicotina and nicotianina are substances the murderous effects of which are only surpassed by prussic acid. The empyreumatic oil of this, Albino and Fontana studied among the first, and of which the experiments of Brody indicate such activity, that a few drops are sufficient to destroy an animal. And these principles, we repeat, actively hurtful, the modern chemist knows to be unfolded during maceration, and in an equally marked degree during combustion of the leaves, the physiologist attesting its injurious influence upon animals and man, not only when it acts directly upon the nervous system, but also when introduced into the organism alone, or combined with other principles through the digestive canal or the respiratory organs.* These observations serve to explain certain facts and furnish analogical arguments sustaining the opinions expressed by us above: we mean the effects produced in those who remain entire days occupied in the many operations necessary to prepare the leaves for the various uses to which it is destined. Bernardo Ramazzini, with that profound genius and vast learning with which he was gifted, described in black colors the affections of the brain, lungs, and stomach, from which the manipulators of the weed suffered, and which the dust of the plant smoked produced.† The opinions of the Hippocrates of Modena receive confirmation in the facts since observed by Fourcroy, Percy, Patissier, and Merat ‡. The last mentioned, speaking of the workmen employed in the manipulations, describes them as thin, anæmic, yellow, asthmatic, subject to colic, to narcotism, to diseases more or less acute of the thorax; and concludes by saying, that a substance so useless as is tobacco, causes innumerable evils, and even death, in those employed in preparing it for others, the most insignificant of pleasures.§ Parent-Duchatelet, and Darecette, first followed by Simon, deny what many other physicians asserted from Ramizzini down to Merat: for this reason so important a controversy of public hygiene, at the desire of the Academy of Paris was taken up, in 1843, as a special study by Dr. Meller. These, after a long and conscientious investigation, came to the persuasion that during large operations with tobacco, the principal injury befall those who,

* Trousscan et Pidaloux Traite de Therap.
† De Morbis Artificium. Londini, 1718.
in scalding and fermenting the leaves, were exposed to the vapors, in which is contained the nicotina and other poisonous substances.

The slow action of the tobacco upon the operatives, according to Sig. Malier, is not less active because their symptoms are not apparent; it produces a profound change, consisting in a particular alteration of the color of the skin; it is not, he continues, a simple discoloration, or an ordinary paleness, it is a greyish aspect, with something of a heavy, tarnished look, a mixed gradation of color between that in chlorosis and in certain cachexies.*

And if we admit that perhaps the ancients sometimes painted in too black colors the effects of tobacco upon the manipulators of it, some modern writers err just as far from the truth in undertaking absolutely to deny them, without considering that the observed lesser injury caused by the leaves of the tobacco is due, not to the innocuousness of the powder, or of the vapour, but to the material change in the method of handling it; in reducing it in a more simple way, and thus improving the hygienic condition of the operatives.† But tell me, in courtesy, if many of the recorded effects of injury which occur in the workshops are not due also to the smoking it so many hours of the day? Did I not, a little while since, call your attention to the fact that it is by means of the combustion of tobacco that the acrid and poisonous principles are evolved, particularly the nicotina, which, according to the calculations of certain chemists, includes from four to twelve parts in a thousand by weight. The mouth of the smoker, exposed as it is to the continued action of that which in itself contains substances eminently stimulating, must of necessity have its mucous surface which invests it irritated, which, with all the peculiarities which belongs to it, extends itself along the schneiderian membrane, even to the conjunctivae of the eyes; from thence the easy separation, according to Laycock, of the epithelium with which the membranes are clothed, the swelling of the gums, the black coloring of the teeth, the production of aphthous eruptions, the excoriation of the lips, the inconvenient itching of the nose, the abundant secretion of tears, the over-sensibility to light, especially during the morning, and certain peculiar spasms of the orbicular muscles of the lids, accompanied by heavy pains in the region of the frontal sinus.‡

Besides the necessary effect upon the head, of the marked irritating action, is the superabundant secretion of saliva, and of the humours salutary in their nature, destined, when in due proportion, to maintain the first acts in the digestive process. And these abundant secretions not unusually at the cessation of the stimulus becomes altered, with remarkable dryness of the fauces, of the tongue, and of the oesophagus, which obliges the smoker to seek new means of stimulus, in alcoholic drinks, which increases the primitively injured.

ous effects of tobacco. That ptalism continued for a long time should be an efficient cause of injury to the animal organism, no one will deny, when they reflect that by this means are abstracted from the blood those principles which in normal quantity are necessary to the integrity of organs and functions, and that if the ordinary secretion of any gland is continually increased, the humour secreted will be altered in its elemental constituents, and consequently become less adapted to those offices naturally reserved to them. Every time, said Boerhaave, speaking of saliva, any one makes a useless waste of this secretion, he is deprived of a great inciter of the appetite and a great aid to digestion. The chyle, to the preparation of which this fluid does not concur, is of bad quality, and the blood remains more or less altered. To this authority many others can be added, but let that of Cullen, Tissot and Bernard suffice, who, always availing themselves of the advances made in science in different epochs, confirm the ideas of the illustrious professor of the University of Leyden. In the stomach, besides, of smokers, during the deglutition of the alimentary mass, or of the drinks, as well as at other moments, the saliva descends altered in quality, or containing those noxious principles so often mentioned by us; these are those which by their nature better arrests the fermentative process, thus, according to the opinion of modern chemists and physiologists, should by analogy remain available to arrest or weaken the action of the digestive function.

And this weakening of chymification, will it not exercise a morbid influence, even upon that fluid to which in great measure organic reparation is due?—we mean upon the chyle. In accomplishing what of necessity the different acts of the digestive process do badly, the forces of the stomach and of the intestines become slowly destroyed, the appetite fails, anorexia, nausea, vomiting, heart-burn, etc., arise, all phenomena, according to the best instructed, easily observed among those smoking tobacco to excess.

These points being dwelt upon, let us next consider the injurious effects upon other parts of the economy, and particularly the apparatus of respiration. First among these is the irritating influence of the smoke upon the entire mucous membrane, which invests the respiratory surfaces from the larynx to the ultimate ramifications of the bronchial tubes. But the irritating influence should now show itself in a more violent and more injurious way, for the reason that the respiratory function is among the different ones which constitute life; that which with less impunity submits to variations from the normal standard; and consequently slight disturbances give rise to phenomena of great gravity. From thence the ready manifestation in this mucous membrane of hyperæmia, of inflammation and its attendant consequences, and finally of ulcerations; observe the fetor of the breath, the appearance of cough, accompanied or not, by different secretions: observe the great tendency to hæmoptysis, to a weakening of the pulmonary circulation; see, in fine, that
uniting of various causes to which conspire, according to recent pathologists, and especially Lebert,* are due the development of tubercle. And what shall I say to the injury of haematosis, that inflicted on the blood necessarily perceived, when, instead of the contact between the long cells and atmospheric air in its primitive purity, it is in its place impregnated with nicotina, with empyreumatic oil, and with other poisonous matters? To the absorption of this, besides quite an extensive superficies of the mouth and bronchial, is offered—which two facts alone are in themselves sufficient to account for that species of dyscrasia of the blood which we have said had been noticed by Melier—that slight tolerance of blood-letting—that absence of crasis in the vital fluid which in those exposed continually to tobacco, according to the observation of Harteaux,† are found to occur. The nature of the blood being altered by reason of improper chylification, by an abnormal haematosis, or by the introduction into it of improper substances, the assimilative acts will be greatly disturbed; the nervous system will find itself injuriously affected by it; that natural energy will diminish which enabled it to resist certain impressions; vertigo and mental hallucinations will occur; the moral character will undergo considerable variations; tremor of the limbs will manifest itself: in one word, all of those signs which show a more or less evident narcotism, and which we deem useless to record.

If to these proofs, sustained by our opinion, we add those collected from the authority of the best writers, we find Etmüllero asserting that want of appetite and weakness of the stomach are found among smokers and drinkers;‡ we find Richard Morton stating that the smoking of tobacco tends to render the lungs flaccid, and to bring on a true marasmus;§ Bonnet refers to the many great lesions found in post-mortem examinations of those who used tobacco to a very great extent;|| Tulpio saw in its use frequent cause of apoplexy; read, if you please, among the Letters of Tissot,¶ addressed to the celebrated Haller, that in which, among many other arguments, the Physician of Lausanne uses even the words of that which occupies us now;** you will accept the names of those we have cited already—those of Swieten, and of Verlofio,—and conclude by saying, that the excessive smoking of tobacco injures in every instance, and each class of persons; and this truth is not weakened by the example of him who tolerates it, without finding it immediately followed by injury, for habit accustoms us to poisons the most dangerous, which do not destroy the constitution at a blow, but nevertheless do not fail in the end, to produce that result.

And even to these, if you wish to have other authorities added, we can easily refer you to the works of Ramazzini, Morgagni, Hal-

† Tardieu op. cit. vol. cit.
§ V. Morton, cit. by Ramazzini.
¶ De Togatorium valetudine tuae, e. 4. Sepulch. t. 2.
|| Tulpio, cit. by Ramazzini.
** Tissot. Works of Tausanne, 1784.
Remote Effects of Anaesthesia. [December,

ler, Borsèiri, Frank, and a thousand others, which I omit for brevity, merely contenting myself to record the opinion of Laycock. By his own observations, and that of others, he was led to affirm that inflammation and ulceration of the larynx in men who had made too great use of tobacco smoked. Leroy d'Etiolles writes, that owing to the smoking of tobacco, cancer of the lip presents itself in twenty-seven times out of a hundred cases among men, and one and a half in a hundred among women. Finally, Becquerel sustains us in signalizing, without hesitation, the use of tobacco as a custom useless and bad, and of which Hygeine ought, if possible, to seek some means to eradicate among those who contract it.

We, then, called to the exercise of an art which begun as a profession ends often as a virtue,* should do what we can by word and act to weaken the dominion of this habit; in which, however, it does not seem to me just to find in it as a certain celebrated modern writer† wishes, a remedy against ennui, which he calls the disease of politeness; because if this, according to the great Romagnosi, is a cultivated and pleasing intercourse, it should not certainly give rise to one of the most painful states of the mind. And should this state unfortunately occur, youth should not seek for compensation in those habits which weaken the energy of the body, and renders still less vigorous the spirit; but they should seek for relief in the affections which purify the heart, in the hopes which comfort it, in those grave and severe studies by which the mind is elevated, and neither becomes intoxicated by prosperity, nor unduly cast down when fortune does not dispense her smiles.—[Charleston Med. Journal and Review.

The Remote Effects of Anaesthesia on the System. By Frederick D. Lente, M. D., Surgeon to the West Point Foundry, New York.

In the September number of this journal is an article on the "Permanent Effects of Anaesthetics," by Clark, of Newark, in which he mentions three cases occurring in his own practice, where he considers that the anaesthetic, without producing any untoward effects at the time of administration, sets up a train of symptoms subsequently, such as are usually denominated nervous, which were not controlled, in two instances, under the lapse of a year or more. Besides these cases, the writer mentions several others, without going into details, which have occurred in the practice of other physicians in his vicinity, in which very serious effects followed the use of anaesthetics, and were thought to have been produced by their agency, one by the late Dr. Bliss, of New York, of idiocy and amauterosis following the use of anaesthesia during labor. Whether the unfortunate sequelæ of anaesthesia, in all these cases, bear the relation of post hoc propter hoc must be exceedingly difficult to determine.

even by those who watched the cases: but that this relation existed in some of them at least, is very probable by all the rules of medical evidence.

Although it has been very common, ever since the general introduction of anaesthesia into medical and surgical practice, to meet with individuals who supposed themselves suffering from the remote effects of anesthetics, and who would assert most positively their determination never again to submit to inhalation for any purpose, we have had, as far as our information extends, no direct medical evidence bearing on the subject previous to the publication of Dr. Clark’s article.

The great advantages of anaesthesia in medicine and surgery have now been established on too firm a basis to be easily shaken. For a time, like all great discoveries and inventions, it had its opponents to contend against, but they were soon borne down by the overwhelming evidence of eminent men throughout the world in its favor. Therefore, we may, at the present time, with less hesitation inquire, whether there may not be other dangers attending its use than that of immediate death, and suggest the propriety of watching patients who have been subjected to its action, for some time after, and noting any apparent ill effect. It is time that so important a subject should be investigated, and that the great experience of the profession should be known. If instances of the remote ill effects of anaesthetics occur so frequently, as we would infer from Dr. Clark’s experience and that of his friends, their use certainly ought to be more circumscribed than it is. It is very probable that those who advocate the almost indiscriminate use of anaesthesia, and there are not a few in the profession who appear to do so, and who practically ignore all danger, will sneer at the record of cases tending to produce any distrust of its safety, and to restrict its application. It will be very easy for them to force the conclusion on their own mind that the alleged bad consequences were due to other agencies than anaesthesia. On the other hand, there will be some danger on the part of those who have never been strong advocates of its use, of ascribing to its influence effects which might be attributable to other causes. Still, we think it important that cases in which anaesthetics appear to have been productive of serious ill consequences should be brought to the notice of the profession, that some idea may be formed of the relative frequency of these accidents. With this view we beg to present, in connection with Dr. Clark’s record, the three following cases which have occurred within the last five years in our own practice:

Case 1.—In the summer of 1853, assisted by Dr. Leroy, formerly resident surgeon of the New York Hospital, I operated on a boy in apparent good health, eight years old, for contraction of the index and middle fingers of the right hand, the result of the cicatrization of a burn some years previously. As the case required a careful and somewhat protracted dissection of flaps into the palm of the
hand, the patient was subjected to the influence of sulphuric ether, administered by Dr. Leroy, on a sponge in the usual way. Nothing remarkable occurred either during the administration of the anaesthetic or during the operation, and but a moderate quantity of blood was lost. The patient soon recovered consciousness, but in a short time he became very feeble, and soon commenced vomiting, although no food had been allowed for seven hours previous to the operation. The pulse commenced sinking rapidly, consciousness being unimpaired. Frictions were at once resorted to, and stimulants attempted, but were immediately rejected by the stomach. The prostration soon became extreme, and dissolution appeared imminent both to Dr. Leroy and myself. Brandy was freely administered by enema, and retained, and, in the course of an hour or two reaction slowly commenced, but it was not until several hours had elapsed that it was considered safe to dress the wounds, so slowly did the patient recover from the prostration.

Case 2.—This patient, a young man in ordinary health, not robust, æt. about 25, of nervous temperament, wished to have a large number of decayed teeth and fangs of teeth removed. At the request of the dentist, who was to operate, I administered sulphuric ether, patient sitting upright in the operating chair, a necessary position during such an operation. The patient had previously been considerably frightened both at the idea of the operation, and of the anaesthetic, although unwilling to undergo the suffering without it; he had accordingly primed himself pretty thoroughly with brandy, but was in no wise intoxicated. Nothing unusual occurred during the administration of the ether, and anaesthesia was induced without difficulty. Six stumps were rapidly and skillfully extracted, say within three minutes, perhaps within two. The patient then showed some signs of returning consciousness, and more ether was administered; anaesthesia was soon re established, and six more teeth were, with equal rapidity, extracted. The anaesthesia was very complete, but there was no unusual difficulty in recovering the patient, and he was soon able to walk home. A week or two after this, he applied to me complaining of debility, pain about the head, and dizziness, a disposition to faint and fall down, and various nervous symptoms, which, he said, had troubled him ever since the operation. He was very low spirited and fearful of some serious disease. He of course, attributed all this to the ether. I endeavored to divert his mind from this idea, and prescribed change of air and tonics. He went away, but returned within a few weeks not much better. Subsequently he improved, and after a couple of months longer was much better, though still rather nervous and desponding. He afterwards went to the city to reside, and since that time I have not seen him.

Case 3.—W. M., a young gentleman, about 30 years old, in robust health, of temperate habits, was attacked with ulceration of the soft parts of the mouth from pressure of a crowded wisdom tooth, the pain was very severe, causing loss of rest and food. I advised the
extraction of the tooth, but the dentist to whom he applied merely cut away the overhanging edges of the ulcer; the inflammation increased and extended to such a degree as to produce almost complete closure of the jaws with inability to open them. It was absolutely necessary now that the tooth should be extracted as the only means of arresting the inflammation, and it was therefore proposed to etherize the patient in order to allow the jaws to be forced open sufficiently to admit the introduction of a forceps. Sulphuric ether was accordingly administered: the patient came rapidly under its influence, scarcely requiring an ounce and a half, though not entirely unconscious; the jaw was forced open with but little difficulty, and the tooth rapidly extracted by the dentist in attendance. The patient soon recovered, but seemed a little nervous and considerably excited, but expressed himself as entirely relieved from the severe pain he had been suffering. He was advised to go home and lie down for a few hours. He walked home, about a quarter of a mile or more, and followed my advice; but in the afternoon complained that the ether was still in his lungs, and sought to get rid of it by riding and walking. In the evening he was at the house of a friend in gay society, and seemed to enjoy himself, still however, occasionally complaining of some difficulty about his chest, when, all at once, he fell from his chair, exhibited great restlessness, tossing about of the arms and legs, with great difficulty of breathing, but no loss of consciousness, declaring all the time that he could not get his breath for the ether, and that he should die; his hands and feet were said to be cold. Before I reached him, various restoratives had been applied, and he had been almost drowned by the assiduous application of hot water. It was evident at once that it was a case of violent hysteries, unusually well marked in a male. Patient at times would laugh and joke, then express fears of impending suffocation, with jactation, declaring that as vapor of ether was heavier than air, he ought to be held up and allow it to run out of his lungs. As he was rather weighty to allow of convenient inversion, his request was not granted. Large doses of morphine were administered but had no effect; it was only after several hours that he could be quieted. The next day he was able to be up, but complained of weakness and a disposition to faint on the slightest attempt to walk, also of some difficulty of breathing. This continued for some days, but finally disappeared, and, within ten days, he was apparently in his usual condition. Patient has never previously exhibited any tendency to hysteria.—[New York Journal of Medicine.

Case of Poisoning by Stramonium. By Geo. T. Elliott, Jr., M.D., Physician to the “Nursery,” and to Bellevue Hospital.

At 5 P. M., October 11, I received a note from the matron, requesting me to call immediately at the Nursery, as one of the chil-
Poisoning by Stramonium.

[December,

dren presented alarming symptoms, and had probably eaten some stramonium seeds.

I found Samuel Richardson, a robust little fellow, aged four years and five months, in the following condition:—Skin very red, very hot, and moist; expression of countenance wild and staring; pupil nearly fully dilated, and utterly insensible to light—a lighted candle could be so held as almost to singe the eye-lids, without inducing contraction of the iris, and without attracting the patients notice; child so wild and restless as to be controlled with difficulty, and in raging delirium, biting with fury at those who restrained him. Unable to stand, and yet plungning in a restless manner in whatsoever position he could be placed—all the movements being ill-coordinated, and resembling those of chorea. The pulse more rapid than I could count. His respiration greatly hurried, and at times gasping and choky; constantly talking, and yet unable to articulate a syllable, while from the expression of his face and movements, he seemed at times to be chasing, or fleeing from, imaginary objects.

On inquiry, I learned that his very flushed face had first attracted the matron’s attention, and on noticing that there was no perspiration, she watched him; and soon found him staggering and behaving as though intoxicated, when she learned from his playmates that Sammie had been playing with the stramonium plant about an hour and a half before.

Just before I arrived he had thrown up some indigested food, and some thirty seeds, which were found to be those of stramonium. He passed water, but had had no movement of the bowels.

Ordered a tea-spoonful of mustard dissolved in water, which caused him to gasp in a somewhat alarming way, but was promptly ejected, together with more seeds. In a short time a half tea-spoonful of alum dissolved in warm water was given, and after that had operated, warm water was administered. He vomited three times—a very few seeds appearing in two, and none in the third.

6 P. M. Called the matron “a nasty thing” distinctly, otherwise no change. He then slept till eight o’clock, with much jactatation and restlessness, and had one large movement of the bowels unconsciously, contents not examined; when he awoke his skin was comparatively cool, and the pulse 150; pupil the same, no apparent thirst; restlessness, intolerance of control, and chorea-like movements continue.

9 P. M. Has had two more passages, one quite copious, a few seeds in the second. Head to be rubbed with iced water every few minutes.

11 P. M. Has improved. Pupil answers slightly to the candle held as before, and child conscious of its presence, and afraid of its proximity; has had two more passages with a few more seeds; can articulate pretty distinctly; can stand, and has taken three steps; chorea-like movements persistent, and patient, when not aroused, lies in a state of mild delirium; sings, talks, fancies that there are
dogs in the room, which he describes, and attempts to chase, springing suddenly to his feet, and as suddenly toppling over; sometimes talks of events of the day as though they were now taking place. Cold to the head to be discontinued.

3 A. M. Has had two passages with more seeds; passed water twice more, once very freely, thirsty. More conscious, gained in distinctness of articulation, coherence of speech, and coordination of movements, though still restless.

Oct. 12, 10 A. M. Has slept until 5 P. M., with about the same amount of jactitation, and, on awakening, had a passage containing some twenty seeds; at 8 A. M. another containing some few more, and then slept peacefully. Is now perfectly conscious; voice and articulation natural; face still markedly red; pupil somewhat dilated; pulse 120. Ordered arrow-root, hominy, or rice, with an occasional tea-spoonful of a mixture made with olive oil and thin mucilage sweetened. The pupil did not resume its natural state until the 14th, but the child is perfectly well in every respect.

The Nursery has occupied its present position for the last eighteen months, but the likelihood of such an accident was never contemplated. The writer believes that the poisoning from this source cannot but be more frequent than is generally appreciated, and for that reason has presented every symptom and incident in this case as minutely and as accurately as possible.—[Ibid.

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Ipecacuanha in Dysentery.

It is well known that ipecacuanha was first brought into use as a remedy by the remarkable success which attended its administration in dysentery; and that, for a long while afterward, its principal use was confined to this disease, and it was considered by many to be by far the most valuable remedy known. By degrees, however, as other and important remedies were introduced, this gradually fell into comparative disuse, and now it is not uncommon to read, in our works on practice and in our medical journals, long lists of remedies for dysentery, without even any mention of this once celebrated article. Our convictions, founded on experience, not unfrequently lead us to the employment of old remedies in preference to new, and thus we have been able, in several instances, to cure this formidable disease by a substitution of the ipecac treatment for other means, under the use of which life had well-nigh been despaired of. Many years ago a young man came under our care after a long and inefficient course of treatment for dysentery, when nearly all hope of recovery had fled and nearly every other remedy having been used, under the direction of able physicians, scarcely any resource remained but an experiment with this ancient remedy, which was made, the ipecac being given in very large quantities for several successive days, exclusive of all other medicine, when the disease subsided and the patient was cured. We have used it frequently since, with
excellent effect, both in substance and decoction; but very recently a patient has recovered under this treatment, whose case is worthy of notice, as showing what large quantities of powdered ipecac the stomach will bear in a confirmed and obstinate case of this disease. This was a case of several days’ continuance, resisting the remedial power of various appliances in common use in this disease. The continuance of the same plan of treatment, or any part of it, seemed to promise little benefit after the experiments already made, and we, therefore, determined to make a fair trial of the ipecac. We began by administering one drachm of powdered ipecac, which producing no nausea, or other perceptible effect, was followed by another drachm in half an hour. Two other one-drachm doses were given at intervals of one hour, before vomiting was produced, and then only to a slight extent. Soon afterward a feculent stool gave the patient temporary relief from the painful tenesmus with which he was suffering. The ipecac was continued in doses of one drachm each, prolonging the intervals as the nausea and vomiting indicated, until one ounce had been given. Afterward, as the stomach had become more and more impressionable, the doses were reduced to half a drachm each, with occasional prolongation of the intervals, until a full half-ounce more was given. Then, on account of the greater susceptibility of the stomach to its influence, the doses were further reduced to fifteen grains, which now caused greater nausea than one drachm in the beginning. The dysenteric symptoms gradually subsided under this treatment, and the patient recovered. No other medicine was used until the day after the dysenteric symptoms were relieved.—[Memphis Med. recorder.]

On the Treatment of Pneumonia and Pleurisy. By Dr. Niemeyer, Professor of Clinical Medicine in Greifswalde.

Professor Niemeyer is much opposed to the employment of general venesection in pneumonia and pleurisy, and only uses it exceptionally with a view to prevent impending suffocation, and to facilitate the reflux of the blood from the brain, but not for the purposes of arresting the inflammation. He agrees with the observation of Dieck, that the convalescence is more rapid in those cases that have been treated without, than in those which have been treated with venesection; and he explains the fact by the increase of fibrin, and diminution in the amount of red corpuscles, induced by the venesection. The treatment adopted by Professor Niemeyer consists in the application of compresses wrung out in cold water over the affected part of the thorax, and their renewal as often as they become warm. The great relief experienced by the patient is a sufficient guarantee, that the repetition of the application will be carefully attended to. The only internal remedy employed was nitre, in
Circumcision in Preventing Syphilis.

Mr. Jonathan Hutchinson says: "The Metropolitan Free Hospital being situated in a locality in which many Jews reside, its out-patients room furnish a good field for estimating the relative prevalence of different diseases among them and others. The following statement of my past year's experience as to venereal diseases appear to have some importance, and I am induced to communicate it at the present time with especial reference to a paper which appeared in the 'Medical Times and Gazette' of November 17, from my friend Mr. Cooper Forster, recommending the more general practice of circumcision as a preventive of certain diseases of childhood. My Jew patients have, I believe, been in proportion of nearly one-third to the other. The subjoined Table shows the proportion of the two classes of venereal disease.

<table>
<thead>
<tr>
<th>Total of Venereal Cases</th>
<th>Gonorrhea</th>
<th>Syphilis</th>
<th>Proportion of Gonorrhea to Syphilis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Jews:...</td>
<td>272</td>
<td>107</td>
<td>165</td>
</tr>
<tr>
<td>Jews:...</td>
<td>58</td>
<td>47</td>
<td>1</td>
</tr>
</tbody>
</table>

Thus we find that, notwithstanding a gross proportion of nearly one-third to others, the cases of syphilis presented by Jews are only as one to fifteen. That this difference is not to be accounted for, either by their superior chastity, or by their unwillingness to seek medical aid for such diseases, is conclusively proved by the fact they furnish very nearly half the cases of gonorrhoea. The circumcised Jew is, then very much less liable to contract syphilis than an uncircumcised person. This conclusion has, I believe, been long entertained by many surgeons of experience, but I am not aware that it has ever before been made the subject of demonstration. No one who is acquainted with the effects of circumcision in rendering the delicate mucous membrane of the glans hard and skin-like, will be at a loss for an explanation of the circumstance.—Taking, then, this fact as established, it suggests itself as probable that circumcision was by Divine command made obligatory upon the Jews, not solely as a religious ordinance, but also with a view to the protection of health. Among them promiscuous intercourse was certainly not regarded in the heinious light which it is under the present dispen-
sation while polygamy and concubinage were openly permitted. One is led to ask, witnessing the frightful ravages of syphilis in the present day, whether it might not be worth while for Christians also to adopt the practice. Such a proposition, if intended only to protect the sensualists from the merited consequence of loathsome vice, would, as it is to be hoped, be dismissed at once by every right thinking man. But the matter is much wider. In syphilis the innocent suffer with the guilty, and the wife and children have often to bear the penalty of the sin of the husband and father. During the period from which the statistics just adduced have been obtained, I have had under my care at the hospital a total of 252 children under the age of five years. Of these, 179 have been of Christian parentage, and 73 of Jewish. Among the former have occurred 27 cases of congenital syphilis, while among the latter there have been but three. Thus it would appear but one twenty-fourth of the surgical diseases of Jewish children acknowledged a syphilitic cause, while no less than one-sixth of those of Christians are of such origin. In this calculation I omit altogether the numerous diseases which are, in all probability, remotely dependent on syphilis, and comprise those only which present the disease in a well-marked form. The same inferences are pointed out by counting the proportion of syphilis cases in women. Of a total of 97 women who have, during the years come under treatment for one or other form of venereal disease, 92 have been Christians, and 5 Jews. Of the 91 of the former, no fewer than 61 have suffered from syphilis, and at least two-thirds of these have been married women, who, there was every reason to believe, had contracted the disease from their husbands without any fault of their own. With regard to its being the duty of the surgeon invariably to remove the prepuce of infants born with congenital phymosis, which Mr. Forster, in the paper referred to, so ably points out, I have long held a similar opinion with his own. That opinion, together with some reason for it, are recorded at page 415 of the "Medical Times and Gazette" for Oct. 23, 1852.


M. Follin, after adverting to the obstinacy of chronic keratitis, and to the frequent inefficacy of the various means proposed for its relief, states that he has found in the employment of the powerful astringent, the perchloride of iron, a most useful application, and that he has had his views of its utility confirmed by MM. Broca and Gosselin. He does not recommend its employment in a high degree of causticity, and believes that at 30° Beaume it is best suited for this purpose. He lets fall a large drop into the eye, by means of a quill, every second or third day, the great contraction of the eyelids that ensues rendering it necessary that all should be introduced at once. It imparts a yellow color to the eye, and
Gonorrheal Epididymitis.

1856.]

Gonorrhoea! that 759 and but The slightly sensation a gives that any 1856.

On the Employment of Cold in Gonorrhœa Epididymitis. By Professor Sigmund.

Whatever may be the success attendant upon the treatment of gonorrhœa in recent times, the number of cases of epididymitis does not seem to be diminished. Prof. Sigmund published in 1850 an account of the advantage he had derived from treating it with cold, and all his subsequent experience has confirmed the statements he then made. Under the term he includes the inflammatory condition of the tunica vaginalis, of the epididymis itself, and of the cord, the affection of one of these parts preponderating in different cases. The form in which the tunica vaginalis becomes rapidly distended with exudation is a very painful one; that in which the inflammation of the epididymis preponderates is less so, and when there is considerable effusion into the tunica and around the epididymis, which cases are, however, rare, the suffering is excessive, and is accompanied by general disturbance. In all degrees and combinations of the affection, cold is found to be a powerful remedy, assuaging pain, preventing further effusion, and, when continuously applied, expediting absorption more than any other means. The patient lying on his back, the scrotum is supported by means of a light suspensory, or a towel placed between the thighs, and then covered with compress dipped in water. For the first three or four hours, the degree of cold should be only moderate, lowering the temperature then gradually, and in six or eight hours adding ice, if the application acquires heat rapidly. This degree of cold is continued as long as it gives the patient relief, but when it ceases to do so, and still more when it induces an uneasy sensation, the temperature must be raised from cold to merely cool, and the application allowed to remain on until it becomes warm. Finally, lukewarm applications are to be continued until all inflammatory appearances have subsided. The application must be constant, continuing it.
uninterruptedly day and night, its occasional use not sufficing. There are persons who cannot bear the application of even moderate cold, and especially when made to the abdomen, without colic, diarrhoea, catarrh, rheumatism, &c., being induced; and this is especially the case with those disposed to scrofula, tuberculosis, rheumatism, or gout. It is found, however, by experience, that even very sensitive persons will bear well-wrung compresses, provided that the degree of cold be gradually and slowly increased. Conjointly with this treatment, the patient takes a saline purgative at intervals, so as to induce from two to four fluid stools, one or two such being also procured during the diminution of the inflammation. For diet, the patient is to be limited to thin, easily-digested fluid substances, tea and coffee being prohibited during the acute stage. Young plethoric persons, in whom the symptoms run high, and are attended especially with much exudation around the epididymis, may, exceptionally, first require the application of leeches to the groin. Very severe, enduring, or increasing pain may be relieved by anodynes, and when the tunica vaginalis is much distended, a puncture or subcutaneous incision may be required: but such cases are quite exceptions, the cold proving, in the great majority, the best anodyne and antiphlogistic. At most, an anodyne is required at night, in order to secure sleep. When the inflammatory symptoms have disappeared, and the epididymis will bear the moderate pressure of the hand, we must seek to obtain the absorption of the exudation; and for this purpose, Professor Sigmund prefers Frickes's treatment to any other mode of making compression.

Numerous comparative trials have convinced him that the treatment of this affection by repeated bloodletting in nowise deserves preference, the enjoyment of cold alone proving in its results far more satisfactory in the great majority of cases. When resorted to early, also, it exerts a very rapid effect in arresting the further development of the affection.—[Wiener Wochenschrift. British and For. Med. Chir. Rev.

On the Employment of Chlorate of Potass. By M. Isambert.

In this paper, M. Isambert, after giving the history of the employment of the chlorate since its discovery by Berthollet, its disuse, and recent revival by Hunt and others, states that he has of late investigated its therapeutical action in M. Blaiche's wards, at the Children's hospital, and its physiological effects by experiments upon himself. Passing over these latter, we briefly present the conclusions he has arrived at in regard to its medicinal employment.

1. Gangrene of the mouth.—On carefully examining Mr. Hunt's observations, he considers it very doubtful whether he has always
had to do with true gangrene of the mouth, having rather con-
founded this affection with ulcerous-membranous stomatitis, in which
the effects of the chlorate are truly remarkable. In two cases of
gangrene he did not find it very serviceable; and West, who care-
fully distinguishes between the two affections, seems to have come
to the same conclusion.

2. Ulcerous-membranous stomatitis.—This term, adopted by Rilliet
and Barthez, well explains the nature of the affection, there being
in fact, both ulceration and the formation of false membrane pre-
sent, the one predominating in some cases, and vice versa. It is
a most obstinate affection, having no natural tendency to a cure, and
being very liable to relapse. West first employed the chlo-
rate in this affection, and his success with it has been amply con-
firmed by Blache, Herpin, Bergeron, and others on the continent.
Eight cases which have occurred to the author speak equally
favorably. Relapse may, however, occur, though far seldomer
than under any other remedy; and it should, therefore, be con-
tinued for some time after the fall of the false membrane. The
chlorate, too, is powerless against the alveo-dental pyorrhoea, or
ulceration of the borders of the gum, with purulent issue from the
alveoli on pressure being made upon the gum. The mean dura-
tion of treatment of these eight cases was from three to five days
for the production of the fall of the membrane, and five to ten for
a complete cure. When the cure was longer delayed, relapse had
occurred, or the alveo-dental pyorrhoea was present.

3. Aphtha.—The vesiculo-ulcerative state of the buccal cavity,
to which this appellation is now confined, is in general a very
mild affection, and curable by simple means. Sometimes, however,
numerous and confluent ulcers produce much pain, impede feed-
ing, and are very tedious in healing, and induce constitutional
disturbance. In a case of this kind the chlorate effected a rapid
cure.

4. Muguet.—M. Legroux has tried it in several cases of epidemic
muguet at the Hôtel-Dieu, but without any favorable result. Dur-
ing the trials it was found to pass rapidly into the milk of the
nurses, and in this way it may be administered to infants.

5. Scorbutus.—M. Fremy has found the medicine of use in this
disease; and thus we find the moderns returning by another route
to one of the first affections the chlorate was recommended for, on
the theory of deoxidizing the salt in the economy.

6. Diphtheritis.—Observations commenced by M. Blache, and
continued by the author, leave no doubt as to the utility of the
chlorate. In this affection there is, however, every gradation from
the most simple to the most malignant form, a sign of most unfa-
vorable augury being found in the swelling of the parotid and
deep-seated cervical glands—enlargement of the submaxillary
glands occurring in even the simplest forms. Of thirteen cases,
the chlorate was exclusively employed in four, and the cure was
rapid, the cases being mild ones. In two, although cauterization with nitrate of silver, was employed at the beginning, the success was attributable to the chlorate. In two others, cauterization was simultaneously employed, but the cure was not more rapid than in the others. The 9th case was a very severe one following scarlatina, and the patient was cured by the chlorate and quinine, without the aid of cauterization. The four others died, but they were cases of a very grave description. The chlorate is, therefore, no heroic remedy, always curing angina maligna, nor is its action immediate; for, although it appears in the saliva a few minutes after administration, it requires at least twenty-four hours, and usually three or four days, before it can effect its purpose. It should, therefore, be commenced with early.

7. Croup.—The success attendant up the chlorate in diphtheritis naturally led to its employment in croup. The author relates four cases in which the chlorate seemed to have succeeded, and refers to eleven others, in which tracheotomy was resorted to also, whether because the medicine did not seem to be taking effect with sufficient speed, or that tracheotomy having been already employed, it was given as an adjuvant to prevent the reproduction and extension of the diphtheritis. Of these eleven cases, some of which were very severe, there were eight recoveries and three deaths. Between the 1st of January and end of March, 1856, tracheotomy was performed in M. Blache's wards fourteen times with nine recoveries and five deaths, all the children taking the chlorate either prior to or subsequent to the operation. If this success be not due to the occurrence of a run of lucky cases, which occasionally occurs in practice, the result is remarkable, as the proportion of recoveries after tracheotomy, at the same hospital, has averaged during the last six years but one in four to one in five. When tracheotomy has been performed, the use of the chlorate is especially indicated, when there is a tendency in the diphtheritis to extend to the bronchi, pharynx, or nasal passages. It should be combined with expectorants and considerable doses given.*

[Ed.]
markable for their energy and the breadth of space they extend over. This extent of pulsatile surface immediately suggests the idea of radial aneurism, and if the examination be continued with the limb remaining in its ordinary attitude, an error can scarcely be avoided. The differential diagnosis may be established by bringing the wrist into a state of forced flexion, when—whether it is that the artery is displaced, or that it ceases to be stretched over the eminence formed by the cyst—the pulsations no longer exist, and it is evident that no aneurism is present. In treating these cases, M. Chassaignac employs the iodide of potash ointment, rubbing it in every two hours during a week. On the dorsal surface we may treat ganglia with advantage by crushing them, by subcu-aneous puncture, seton, or iodide injection; but in the case of these sub-arterial cysts of the wrists, which are in communication with the radio-carpal articulation, these means of treatment are not applicable. The iodine frictions give rise to no accident, and seem possessed of all desirable efficacy.

On one occasion, M. Chassaignac had the opportunity of examining one of these cysts in a subject brought for dissection. The tumor resembled an almond in form and size, and occupied the space comprised between the tendons of the supinatus longus and the palmaris longus, lying on the anterior portion of the pronator quadratus. The radial artery in its downward progress having reached the upper part of the tumor, was at first so intimately connected with its front part as to seem to form a portion of its walls. Very soon, however, it deviated obliquely on its external side, and reached the fossette called the anatomical snuff-box. With the object of ascertaining the anatomical origin of the tumor, it was dissected with the greatest care, and separated from all parts with which it had not contracted fixed adhesions. In this way it was circumscribed for four-fifths of its extent, but posteriorly and below it was firmly fixed to the bone by a kind of pedicle proceeding from the anterior part of the lower radio-cubital articulation. It was only, in fact, a diverticulum of the synovial membrane of this joint, and it had raised up the lower fibres of the pronator quadratus, which, forming a kind of arc, produced a sort of strangulation of the pedicle, at its upper part. The continuity of the cyst with the articulation was completely demonstrated, a probe freely passing from one to the other.—[Moniteur des Hôpitaux. British and For. Med. Chir. Rev.

The Treatment of Ague by Iodide of Potassium. By E. F. Sankey.

Ever since I have resided in this village, (now five years,) I have been dissatisfied with the usual treatment of ague by quinine, as in some cases the disease yielded to that remedy, and in others did not. But I could think of no other treatment likely to be successful, though I tried many, including arsenic, till, some three years
ago, I read in a number of the Medico-Chirurgical Review, (I forget which,) that the German pathologists considered that the congested spleen (ague cake) was the cause and not the effect of the disease; and I remembered that Dr Williams had written on the efficacy of bromide of potassium in such a lesion; but not having that drug in my surgery, I determined to try the iodide of potassium instead, in the next case of ague that came before me, intending, if that failed, to procure the bromide. But I am happy to say that the object of my writing is to state to my professional brethren that I have used the iodide of potassium now in considerably more than a hundred cases, and have never yet failed in curing the disease very quickly. In some cases, where the disease has been of long, standing, and the patient very much reduced, I have added a grain or two of quinine to each dose of the iodide of potassium; but my general prescription has been for an adult: 8. — Potass. iodi., 3iss.; aquæ menth. pip., 3 xj. M. Coch. Mag., ij. 4ta quaque hora sumend. So that there could be no doubt what was the remedy that cured the disease. In proof of the value of this drug, I will only mention one case out of all that I have thus treated.

Mrs. Smith sent for me early last month, having suffered from tertian ague, off and on, since September. Not being in very good circumstances, she went to the clergyman's wife of the parish in which she resided, who very kindly gave her some quinine, telling her it was no use sending for the medical man, as he must give her the same remedy. However, not getting well, she sent for me. After hearing what I have related, and finding she had a tolerable pulse, her bowels open and motions healthy; with a clean tongue, I sent her nothing but the above mixture; and she never had a return of the ague after the second she took of it.

I shall be glad if, by inserting this letter, other medical men will try this remedy, and report to you their experience.—[Association Medical Journal.

Lupulin in Spermatorrhœa. By Dr. Prescheck.

Dr. Prescheck has employed lupulin for several years in a great number of cases in which spermatorrhœa seemed to depend upon no mechanical cause. At first, he used to give two grains night and morning; but finding such doses of no avail, he prescribed from ten to fifteen grains to be taken just before bedtime, prohibiting the drinking of water after it. From such doses, even continued for a long time, he has found no inconvenience to arise, while they have acted beneficially on the disease. In some cases he combined with it one or two grains of pulv. digitalis. A valuable peculiarity in the operation of lupulin, is the beneficial action it exerts upon the digestive process, which so often suffers in these cases. It is also very useful in mitigating the urethral irritation and discharges consequent on former excesses, and in many cases
Mode of Reducing Dislocation of the Thumb. By John Doe, M.D.,
of Cabot, Vermont.

Having had occasion to reduce a dislocation of the thumb several
times, when the first phalanx is thrown upon the dorsum of the
metacarpal bone, and having never encountered any particular
difficulty in effecting it, it has been a cause of surprise to me that
the method I am now to describe is not more generally known.
There is not an English writer on surgery, from Sir A. Cooper to
Ferguson, nor an American one, so far as I know, that alludes to
this method; and if we are to judge from an article by M. DeMar-
quay, published in the Medical News, of May, 1852, and accredited
to the Bulletin de Thérapeutique, it might well be presumed that
the French are also innocent of practising or teaching it.

The common method of reducing this luxation is, as is well
known, to flex the thumb, fasten upon it a tape with a clove hitch,
and with this make extension. If this, or more violent means do
not succeed, we are directed either to abandon the attempt at re-
duction, or what is still worse, effect it by making incision, or by
amputation of the end of the metacarpal bone. Extension has
sometimes been persevered in to such a degree that the soft parts
have been lacerated, or the thumb actually torn off; and in Braith-
wait's Retrospect, part xxii., M. Blandin describes a forceps well
calculated to do this.

In this dislocation, the phalangeal end of the metacarpus projects
into the palmar surface of the hand, forcing itself between and
through the flexor muscles of the thumb, which form a loop around
the head of the bone. Extension made upon the thumb makes
this loop more tense; and as the metacarpal end of the first pha-
lanx is broad and considerably flattened on its palmar aspect, it
must be apparent at once that the difficulty of reduction is directly
as the amount of extension. There is good reason to believe that
extension would never succeed in these cases without rotation.
The principal indication in treatment here, is to relax the flexors
forming the loop, so that the end of the phalanx can be pushed
forward into the loop, and by carrying the muscles forward with
it, disengage the head of the metacarpus. This can be done in the
following manner:—

Having previously warmed the hand, if cold, in warm water,
EDITORIAL AND MISCELLANEOUS.

Congenital Absence of the Patella.

Dr. Wm. M. Greene, of Lexington, Ga., communicates to us the following account of a case in which the Patella was not to be found in either of the lower extremities.

"The subject is a negro boy, now about nine months of age, and well developed in every part except the legs, which flex anteriorly instead of doing so in the natural direction. The hip-joint is in the normal state, the trochanter standing out as usual. The muscles of the thigh seem to be natural, but the quadriceps femoris bifurcates just above the condyles of the os femoris, and sends the tendon on each side of the knee-joint, to be inserted upon the sides of the tubercle of the tibia, leaving between them the space usually occupied by the patella. No patella, nor vestige of it, can be found in this case in either leg, both of which present the same anomalous aspect. The tendons forming the ham-strings, the tibia, the ankles, and the foot, are all in their natural positions. The fibula appears to be too far back, and its upper end, instead of being attached as usual, is prolonged behind the joint into an olecranon-like process which terminates in the cotyloid cavity of the femur between the posterior surfaces of the condyles, and works there after the manner of the olecranon at the elbow. While the legs flex anteriorly, no posterior flexion can be executed. The child has as yet made no effort to walk, but crawls, and sits alone."

Cases of this kind are comparatively rare. We saw one somewhat similar a few years ago, the details of which were published in this Journal by Dr. H. F. Campbell, in the volume for 1851, p. 305.

The present edition of the very popular author's treatise has been so revised, as to include such valuable acquisitions to knowledge in this department, as may have been made since the publication of the last. The preface also announces some amendments in the style. We doubt not that this edition will be extensively patronized by the profession, as all good books by American authors should be.


This is the second edition of one of the best works on the subject, for the use of students. It has been carefully "brought up" by the editor. Prof. Beck was one of our most eminent and judicious teachers, and his book bears the impress of his physiological mind.


This is an exceedingly valuable manual, being full of interesting matter not easily obtained elsewhere. Its division devoted to Light, contains a good account of the many and varied processes by which images are transmitted and fixed by the chemical influence of Light, from the first invention of Daguerre to the present time. It is equally complete on the subjects of Heat, Electricity, the Metalloids, and the Metals. We cheerfully commend it to the student, and others who wish to be posted up in Inorganic Chemistry.


As its title indicates, this is a mere introduction to chemistry—and although a good one, it is too brief for the use of those who ought to become well acquainted with the subject. It is better adapted to students of literary institutions, than to those of medical colleges.


The author having lately held the Professorship of Anatomy in the
medical department of Pennsylvania College, has had ample opportunity to become acquainted with the real wants of students in the dissecting room, and has furnished us with a manual well calculated to meet these wants. It is gotten up in the best style of the distinguished publishers, and reflects credit upon them, as well as upon the author.


We have just received this volume, and not being able at present to notice it as we would like to do, we simply append the list of its contents:

Report of the Committee of Publication.
Report of the Treasurer.
Address of George B. Wood, President of the Association.
Report on Hydrophobia.
Report on the Causes which Impede the Progress of American Medical Literature.
Report of the Committee on Medical Literature.
Report of the Committee on Plans of Organization for State and County Societies.
Report on the Use and Effect of Applications of Nitrate of Silver to the Throat either in Local or General Disease. By Horace Green, M. D.
Report on the Best Mode of Rendering the Patronage of the National Government Tributary to the Honor and Improvement of the Profession. By Joshua B. Flint, M. D.
Report of the Committee on Education. By Wm. Henry Anderson, M. D.
Report on the Medical Topography of the Eastern Shore of Maryland. By P. Wroth, M. D.
Report on the Meteorology, Mortality, and Sanitary Condition of New Orleans, for the years 1854 and 1855. By E. H. Barton, A. M., M. D.
Plan of Organization of the American Medical Association.
Officers of the Association for 1856.
List of Permanent Members.
On the Removal of Tattooed Figures from the Skin.—The Parisian grisettes, anxious to extinguish those tokens of their former love and troth, use for this purpose, as a caustic, a solution of indigo, in sulphuric acid, after the application of which, as both epidermis and chorion peel off, a very indistinct cicatrix remains. But this process, however innocuous it may seem, is according to Parent Duchatelet, not without its dangers, he having seen it terminate fatally in the case of a young girl, where a serious erysipelas'tus inflammation of the arm ensued. A more safe and efficacious plan has been recommended by Dr. Ambr. Tardieu. He applies for 24 hours to the tattooed surface, a cerate, saturated with concentrated acetic acid. Then he rubs the reddened part well with strong alkaline liquid several times, and washes it well afterwards with diluted muriatic acid. In this manner, a thick scab is formed, which peels off and re-appears again several times, until after about three weeks, a plain scar is left, in which not the least trace of the former marks can be recognized, especially if cinnabar, or the vegetable red or blue inks have been used as coloring matters.

The translator of this tested the above in a case where a young gentleman in his boyish days had been guilty of the foolish practice of tattooing his hands. And this abstract is given for the benefit of those who may be consulted in similar cases.—[Nashville Jour. of Med. and Surgery.

Impacted Rectum from Cherry Stones.—Dr. Chapin, of Winchester, Mass., states the following case in the Charleston Medical Journal.

"In July of last year a case occurred, in my practice, of impacted rectum from cherry stones. The man had eaten freely of cherries, and had swallowed the stones. The next day he found himself unable to evacuate his feces, and after repeated unsuccessful trials gave it up and sent for me. He appreciated correctly his case, and had taken no physic, nor resorted to any other medicinal means for relief. He reasoned sensibly, that the passage way being thus obstructed, anything which increased the pressure downwards would only distress him without removing the cause. I of course concurred fully in the views and the course taken by the patient, and without loss of time made use of a scoop, with which a large quantity of cherry stones and hardened feces were removed, which gave immediate and entire relief."—[Boston Med. and Surg. Jour.

Menstruation in Old Age.—J. J. Dixon, M. D., of Ashland, Tennessee, in a letter to the editors of the Atlanta (Ga.) Medical Journal, gives the following interesting item:

"In a few lines, I wish to record a brief account of a singular case to which I was this day called. The patient was an old lady, aged 67, who is now menstruating; she is the mother of eight children; her menses ceased nineteen years ago, since which time she has enjoyed respectable health. Menstruation returned eleven months since, and has now occurred, in all, six times. She has not suffered any serious difficulty until the present period, and her symptoms now seem to be only those attendant upon painful menstruation."—[Ibid.

New Use of Gutta Percha.—It has been found that by covering a part of the conductor of an ordinary electrical machine with a thin sheet of
Miscellaneous.

The journals, heated, and restored.

Fatal Error in a Medical Book.—We insert the following important correction, only adding that, in our judgment, either dose named is too large for safety:—

Strychnia.—Dr. Fleetwood Churchill calls attention, in the English journals, to an error in his work on Diseases of Females, which might lead to serious consequences. He states in the work alluded to, in treating of amenorrhœa, that strychnia has been given advantageously for its cure, in the dose of from one-tenth of a grain to a grain, three or four times a day. The latter dose would be unquestionably a poisonous one. The dose should be from one-sixteenth to one-twelfth of a grain, and it would not be wise to give more.—[American Medical Gazette, Sept. 1856.]

New Method of Making Sulphuric Acid.—According to Kuhlmann, when oil of turpentine is placed in contact with an aqueous solution of sulphuric acid, and exposed to the air for some days, the mixture becomes heated, and its temperature rises 90° Fahr., and even higher; the odor of sulphuric acid quickly disappears, after which, the ordinary temperature is restored. By this reaction, for which, as it appears, the influence of the sun's rays is required, sulphuric acid is formed at the cost of the oxygen of the azonized oil of turpentine. The azonized oil exhibits the same oxidizing properties towards hyposulphites, arsenious acid, etc.—[N. Orleans Med. News and Hospital Gaz.

New Method of Forming Ether.—When dry oxide of silver is treated with an equivalent quantity of iodide of ethyl, a reaction at once ensues, and there results iodide of silver and ether. This reaction is best conducted in a sealed glass globe which dips in cold water. Without this precaution the globe breaks, from the violent evolution of heat. In the cold, this double decomposition proceeds so slowly, that from one to two days is required to convert the whole of the iodide of ethyl into ether. The ether separated by distillation in a water bath should be again treated with a small quantity of oxide of silver, to remove the last trace of iodide of ethyl.

The same reaction takes place with iodide of methyl and oxide of silver.—[Ibid.

A New Alloy resembling Gold.—For some time a new alloy has been employed in Paris for various purposes, which resembles gold in the highest degree. It consists, according to an analysis made at the Royal Industrial Institution of Berlin, of 90 parts of copper and 10 parts of zinc,—[Ibid.