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MEDICAL AND SURGICAL JOURNAL.

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"Je prends le bien où je le trouve."

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through the hands of the Editors.

Reference.—The undersigned has been a citizen of Augusta for nearly forty years,
and for the last thirteen years engaged on the Mechanical part of the above work; yet he is a stranger to most of its patrons, and would refer them to the Faculty
of the Medical College of Georgia, at Augusta.

Jeremiah Morris, Publisher.

Augusta, Ga., Dec. 1st, 1857.
ORIGINAL AND ECLECTIC.

ARTICLE I.

Addendum to the "Essay on the Relation of Bilious and Yellow Fever." By Richard D. Arnold, M.D., Professor of the Theory and Practice of Medicine in the Savannah Medical College.

Since the reading of my essay, several circumstances have occurred to me which I consider as bearing directly and practically on the subject treated therein.

The beginning of each summer, since our epidemic of 1854, has been a time of anxiety for many citizens, and the physician was often catechised as to his opinion, whether or not, Yellow fever was likely to appear. Being no prophet, I could not answer such queries; but, I always said, that if we had such an awfully hot summer as that of 1854, I should look out for an epidemic. The difference of mean temperature does not give any correct idea of the relative heat of two summers. According to the registry published in our newspapers in 1855, the mean temperature of July, 1854, was but one degree above that of July, 1855. When I state that the register was kept by my scientific friend, Dr. J. F. Posey, its correctness will not be doubted. Now, the contrast as to feeling was immense. July, 1855, was a remarkably pleasant month: July, 1854, will live in the memories of those who sweltered under it in this city, as by far the hottest and most oppressive month ever experienced by the "oldest inhabitant."
Measles prevailed epidemically, and with unusual severity during the latter part of January, and during February, March and April.

In May, there was very little sickness of any kind. It is very rare ever to see a periodical fever of any type in that month. I was called on the 21st May to see a boy, a native, aged about seven years. I found him with a diarrhoea, and a good deal of general fever: I treated him accordingly. The fever abated notably towards evening, and the next morning it as notably exacerbated, again remitting at night to a perfect apyrexia. As there was thus evident periodicity, I determined to use quinine, which I did.

On the morning of the 23rd, the apyrexia continuing, there being no pain of any kind, no nausea, a pulse down to 80, the skin of a temperature to entitle it to be considered normal, quinine was again given and kept up all day and in the evening, I quitted my patient for the night without the slightest anxiety. At sunrise, I was aroused by a hasty summons, and I found things very much changed with my little patient. The face was pinched, the nostrils dilated, the eyes sunk, the complexion pallid, the expression of the face anxious and haggard, the pulse small, weak and compressible.

A dark stain on the sheet attracted my attention. I was told that at about two o'clock, he began to be nauseated, and shortly after, threw up the black stuff which stained the sheet. The vomiting had continued until my visit. While examining him he threw some of it up, with the spasmodic jerk so often noticed, and it was literally squirited over my clothes. This continued all day, until death closed the scene on the same evening.

He was a very delicate child. What was his disease? I answer unhesitatingly, a case of sporadic Yellow fever. The apyrexia was the deceitful calm so often met with in that type of fever. About the black vomit, there could be no doubt. It was at once recognized by those about the child, for they had seen such too frequently in 1854.

As I will not indulge in speculation, but deal only with facts, let us pass on through the summer. June was remarkably pleasant and remarkably healthy. On the 3d of July, I was called to a case in consultation with my friend, Dr. Wragg. He informed me that the patient had thrown up black vomit, in which I agreed with him after I had examined the ejecta. The skin was discolored of a universal yellow. Death soon let down the curtain of existence.
Here, again, was an undoubted case of sporadic Yellow fever. A singular fact is connected with the last case, a gentleman of about thirty-five years of age. He had passed untouched, through the epidemic of 1854, from beginning to end, and was a most active and untiring member of the Young Men's Benevolent Association; for often and often had I met him during that fearful season.

In neither case could an autopsy be obtained.

Up to the very end of September, I never experienced a healthier summer in twenty-six years' practice. After a cold period of weather at that time, there was a warm period. The cold had not produced any frost. I ascertained from various authentic sources that the sweet potato vines were not even wilted. During October, there was a good deal of malarial fever, and of a congestive type.

While attending a case of hydrocephalus, in consultation with my colleague, Dr. J. B. Read, he informed me that he had a case of fever which looked very suspicious, as his eyes were bloodshot, his pulse was sixty, and there was glairy vomiting, and he feared black vomit would follow.

On Thursday, the 23rd, he did throw it up. On Sunday, the 26th, I saw the patient and the black vomit. Every symptom announced genuine Yellow fever. Here was another sporadic case of Yellow fever. An important question to determine, in case of death, was, will it present the same pathological appearances as a case of epidemic Yellow fever?

With but faint hopes of recovery we gave him very large doses of acetate of lead, and champagne frappe, freely.

He died on the night of the 28th. Dr. Read fortunately succeeded in obtaining permission for an autopsy, which was made the next morning by Dr. Read, and by my pupil, Mr. Theodore McFarland, who was in the Savannah epidemic of 1854, and then conducted my autopsies, and was one of the Savannah volunteers who went to Norfolk in 1855, assisted by my other pupils, Messrs. Joseph M. Turner and Franklin Jones.

The notes were taken by me on the spot, and sanctioned by Dr. Read, who, in addition to his experience here in 1854, was sent on by the City of Savannah to Norfolk, in 1855.

Autopsy fourteen hours after death. Body fat, of a bright yellow color.

Liver, enlarged, filled with bloody serosity, presenting the pecu-
liar box-wood color, described before as the characteristic color of Yellow fever livers as presented in this locality, during a period of time now covering twenty-nine years.

The acini were not distinct, the liver when cut, was smooth and compact. The liver was much enlarged. The pancreas was also very much enlarged, and had tubercular deposits in the circum-jacent glands, and under the peritoneal coat.

Spleen was enlarged, of a lively purple color.

Stomach was intensely and uniformly injected, of a dark red. The veins of the stomach were very much congested, showing themselves by a black streak, as well as by their distension. The blood in them was black and fluid. The mucous membrane at the cardiac extremity tore off in flakes a quarter of an inch long; in the larger curvature the flakes were half an inch long.

The mucous membrane was mammellonated over most of its surface. Black specks could be seen scattered about all the surface. Lungs healthy.

Heart softened, the finger passing easily through the walls of the right auricle.

There was a very large deposit of fat in the omentum. Several of the glands near the pancreas were enlarged, and contained a black fibrinous deposit resembling the softening coagulum of an aneurism.

The gall-bladder contained a small quantity of thin dark bile. Not a trace of bile could be found in the intestinal tube, from the cardiac orifice to the anus.

The kidneys were natural. There had been the usual suppression of urinary secretion.

The head was not examined, because it was not affected until shortly before the termination of the case.

Dr. Read saw autopsies of Yellow fever in 1852, in 1854, and in Norfolk in 1855; Mr. Turner, in 1854, here, and in Norfolk in 1855. They all agreed as to perfect similarity of all the Yellow fever livers they had ever seen.

I consider it useless to spin out any further proof. The color compared well and accurately with the lithograph of the Yellow fever executed for me, by Thomas Sinclair & Co., of Philadelphia, which with the two others of the bronzed liver, and the varieties of colors of Bilious fever liver, executed by the same artists, from drawings from nature in my possession, will be sent to the various
members of the profession to whom these articles will be sent in a pamphlet form.

Let us hasten on and ascertain if any of the peculiar colors of Bilious fever can be found at the present day.

A British seaman, in the Marine Hospital, came under my care in my clinic at the hospital, on the 15th of November. He had been aboard of his ship for five weeks. Now frost did not occur until the first week of November, and consequently he had been exposed to the exhalations of the concentrated poison of malaria late in the fall.

Without going into detail, suffice it to say, the case was marked by distinct periodicity, by the pallid anemic hue so peculiar to malarial fevers, and many cases of which I have pointed out this season to my class, in cases of prolonged malarial intermittent.

There was always a torpor about him, and two days before he died, he sank into a profound stupor. He died on the 22nd, at ten o'clock, P. M., and was examined thirteen hours afterwards.

**Body, considerably reduced. Sallow, pallid, anemic hue.**

**Head.** Very little blood in sinuses or veins, a good deal of serum escaped while taking out the brain.

The arachnoid was distinctly pearl-colored and opaque where it passes over the interstices between the convolutions of the brain; also, where it passes from the nates and testes to the medulla oblongata. I cannot say the effusion was as great as I have often seen. The substance of the brain was anemic. There was a great many air-bubbles under the arachnoid.

**Spleen, usual color, perhaps a little enlarged.**

**Kidneys, much larger than natural, nothing peculiar inside.**

**Liver, externally, of a bluish slate color.**

**Gall-bladder, distended with bile. Undoubtedly enlarged about a third above its ordinary size, when cut into, of a uniform bronze color, easily broken, friable, breaking into small pieces, a good deal of serum in it.**

**Stomach.** Mucous membrane injected, arborescent towards cardiac extremity. Towards the greater curvature, it was of an olive color, with, occasionally, spots of a blackish brown.

The mucous membrane was thickened and corrugated, a piece of white paper rubbed on its coat, received a yellow tinge of bile. A piece rubbed on the cut surfaces of the acini of the liver, also received a decidedly yellow tinge. The lower part of the ileum
was cut open;—it was perfectly sound and contained yellow bilious matter.

The foregoing facts prove conclusively, that sporadic cases of Yellow fever may occur, having all the symptoms of those during an epidemic, and the same pathognomonic appearances after death.

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ARTICLE II.

Operation for Strangulated Ventral Hernia during Pregnancy—Recovery. By Henry F. Campbell, M.D., Professor of Surgical Anatomy, &c., in the Medical College of Georgia.

Jenny, a negro woman, aged about 30 years, was brought to the Infirmary on the 7th of July, 1854, at one o'clock at night. Her master, a physician, had correctly diagnosticated her disease as Strangulated Ventral Hernia. He said that she had been suffering for nearly forty-eight hours from the constriction. On account of her condition, four months advanced in pregnancy, and also from not having at command the proper appliances and assistants for operating himself, he had concluded to bring her to this place, a distance of forty miles from his residence.

On examination, we found the patient in a condition of extreme depression; her extremities were cold, her pulse very feeble and rapid and she had vomited excessively. There was a tumor in the umbilical region of size equal to a large orange, and the skin covering it, was tumid and somewhat infiltrated from the frequent attempts made by the Doctor for its reduction.

Of course, under the above circumstances, no time was to be lost. We attempted taxis, but finding it offer no hope and having much reliance on the skill of her master, Dr. G. C. Furse, and of his brother, Dr. Furse, who had both tried that mode and failed, we determined, after consultation, to proceed at once to the operation for strangulated hernia in this region.

Operation.—Having given the patient a large potation of brandy, and placed her upon a suitable surface of support in the recumbent posture, and administered chloroform to the amount we considered prudent in her low condition, we made an incision in
the vertical direction, the whole length of the tumor. The integument being loose over the tumor and easily separable from the hernial sac, this first incision was made by raising a fold in the transverse direction, passing a long sharp-pointed bistoury through it, and thus cutting out to the surface. Dissecting carefully through a quantity of fat at the bottom of this incision, brought the peritoneum into view, when we again attempted reduction by taxis; this failing, a small opening was made in the peritoneal sac near the centre, and a grooved director introduced, and upon this, the sac was laid open by incision with a probe-pointed bistoury, first in the upward, and less freely in the downward direction. The intestines being now exposed, and presenting what we considered a sufficiently sound appearance, though much darkened by congestion, we proceeded to dilate the opening through which they had passed, which now appeared rather to one side the umbilicus than in the exact situation of the umbilicus itself. In making this dilatation, the fore-finger of the left hand was introduced above the neck of the sac, an assistant supporting and holding out of the way, the mass of protruded intestine; a curved probe-pointed narrow bistoury was then introduced flatwise upon the palmar surface of the finger, and the incision made upwards and rather to the left side to the extent of nearly a quarter of an inch. The ring, (if we may be allowed to transfer here a word which has become a technicality in another region,) which before was hard and rigid, soon yielded to the pressure of the finger after the knife was removed, and the intestine and also the now empty sac, were readily returned into the cavity of the abdomen. The lips of the external wound were approximated and kept together by three sutures, and the part dressed by the application of a towel wet with cold water, which was to be renewed as often as it became warm by contact with the surface of the body.

Either on account of the obtundung influence of her extreme state of exhaustion or from the anaesthetic effect of the chloroform, the patient evinced but little suffering during the whole of the operation. Her state immediately after the operation cannot be said to have improved upon that before it, her depression continuing until an advanced hour on the following morning.

We referred above to the unusual amount of caution we felt it necessary to exercise in the application of the chloroform in this case: this was suggested to us by the fact that early in the admin-
istration of it, the patient manifested decided symptoms of syncope, from which moment, we abandoned its further continuance.

A short time after the operation, an injection of warm water was administered to provoke the action of oil previously given by Dr. Furse. This was followed by no immediate effect; probably the oil had been vomited previously to her arrival at the Infirmary.

The first indication she evinced of returning health, was a decided craving for food; and though her bowels remained long constipated and uninfluenced by cathartics, she did not appear to suffer inconvenience from this state, and continued to convalesce without interruption.

About the tenth day after the operation, at her urgent solicitation, we allowed her to rise from bed. The incision having united firmly, the only support we deemed necessary at first was a small pad and broad bandage, which was afterwards changed for an umbilical truss. This last, however, had to be abandoned after a short time, as the patient was refractory and would not attend to keeping it on in the proper situation, and indeed, from the solid condition of the part, care upon this point did not appear to us as very important.

This patient remained under our care until the 25th of August, during which time, there was no embarrassment of the favorable progress of gestation, which, indeed, as we afterwards learned through Dr. F., continued on to a fortunate parturition, uncomplicated by any untoward incident. At last accounts, she was pregnant again, with but slight threatenings of a return of her former hernial difficulty.

We have the more willingly reported the above case, as we have been for a long time under the conviction that such herniae are of not infrequent occurrence, a number of this kind having come under our observation.

It is the opinion of Dr. G. M. Newton, Professor of Anatomy in our college, expressed in his lectures on this region, that ventral hernia may be the result of a dilatation of the openings along the linea alba above the umbilicus intended for the transmission of vessels; these openings become enlarged by a deposition of fat around the vessels they transmit, are left patulous on the absorption of the adipose tissue, and thus afford a means of exit to omentum or intestine.
ARTICLE III.

A Singular Case of Spasmodic Affection. Reported by Thomas J., Beagan, M.D., of Alma, Texas.

Messrs. Editors—I send you a report of the following case, on account of its novelty, to me at least, and for the purpose of obtaining information from others who have had such cases to treat:

August 27th. Called to see Mrs. C., pregnant for the first time, being advanced some three or four months. She was taken the preceding evening, about midnight, with pain in the left hypochondriac region, which was removed by local applications and anodynes, administered by Dr. Hensun, who was in attendance. She was then attacked by a spasmodic jerking of the muscles of the abdomen, which continued up to the hour of my arrival, 6 o'clock P.M.

I found the muscles of the abdomen only involved, there appearing no arterial excitement, and no pain;—only much wearied by the continued spasms, appearing sometimes as if she would be "jerked double," as she expressed it. I examined her minutely, and could find no tenderness, not even of the spine, as I anticipated. Thinking perhaps it was only an undue mobility of the nervous system, I gave her a full dose of sulphate of morphine, and applied a sinapism to the spine.

There being no relief, but on the contrary spasmodic action increasing, I bled her, and administered calomel, pulv. Doveri, and ipecac, in combination, to be followed by castor oil in the morning, if the calomel did not operate freely. I also directed a mixture of sweet spts. of nitre, ipecac and paregoric, one teaspoonful to be given every three hours, unless productive of nausea, in which event, the dose was to be diminished.

28th, 9 o'clock A.M. Better, having been free from spasms since 10 o'clock on the previous evening. Sulph. quinine with Dover's powders to be given every morning. Since my arrival the spasms have recommenced, and seem to be brought on by the sight of any one to whom she is unaccustomed, or by being touched. Promised to see her if requested.

I learn that the spasmodic twitchings continued until the night of the 30th, when she was threatened with abortion, or at least
Continued Fevers and their Discrimination. [January,

had uterine pains, since which she has had no return of the spasms, but has regained her accustomed health.

Was this a case of partial chorea, or was it a development of one of the many nervous conditions to which pregnant females are subject?

I neglected to state that about a month prior she was similarly affected, though in a milder degree.

Lectures on the Varieties of Continued Fevers and their Discrimination.
Delivered at St. Thomas's Hospital, by Thomas B. Peacock, M.D., Assistant-Physician to St. Thomas's Hospital, etc.

Lecture on the Relations of Typhus and Typhoid Fever.—In my last lecture I described to you the general symptoms and morbid appearances of Typhoid fever. In the present, I propose to inquire how far we are justified in adopting the view advanced at the commencement of the course, that typhus and typhoid are not mere varieties of the same disease, but distinct specific forms of fever.

I have already mentioned, that with the advancement of Medical science, the tendency has been to limit the so-called essential fevers, and to ascribe the constitutional symptoms to local causes, and especially to lesions of the gastro-enteric mucous membrane. Various writers have at different times described inflammation and ulceration of the mucous membrane of the bowels as occurring in fever, but such appearances were only regarded as accidental complications, arising from peculiarities of climate or season, or in particular forms of disease. Thus the characters of the typhoid fever of Paris were well described by Petit and Serres, in 1813, under the name of "fièvre entéro-mesentérique." Brousais,* however, ascribed much greater importance to the inflammation of the gastro-enteric mucous membrane, regarding it as existing in all cases of fever, and contended that the febrile symptoms were the direct effects of such local disease.

In 1826, M. Trousseau† gave an account of M. Bretoneau's observations on typhoid, as he had observed it at Tours, under the names of Dothinenterie, or Dothinenterite. In 1827, Dr. Bright‡ published several cases, affording examples of the intestinal disease occurring in the fever of London; while Dr. Alison showed its almost constant absence in the epidemic fever of Edinburgh.§

* Examen de la Doctrine Médicale, Paris, 1816.
† Archives Générales de Médecine, Tome X, 1826, p. 67.
‡ Reports of Medical Cases, Vol. I, p. 178.
In 1829, the first edition of M. Louis's work appeared, in which he illustrated most fully and philosophically all the features of the typhoid fever of Paris, both during life and after death, and in particular demonstrated the constancy of the intestinal disease. Dr. Tweedie and Dr. Southwood Smith, in 1830, reported, however, that in London, while the intestinal disease generally occurred, it was also very frequently absent; and in 1836, M. Lombard,* who was well acquainted with the morbid appearances of typhoid fever, as he had observed it both in Paris and Geneva, having had an opportunity of witnessing post-mortem examinations of cases of fever both in Glasgow and Dublin, was not a little surprised to find that the intestinal disease, which he had believed to be a constant feature of the disease, did not always exist in the English fevers. The first impression produced by these observations was to raise doubts in Dr. Lombard's mind as to the importance of the intestinal lesion as a constant occurrence in fever, while he still held to the identity of the two forms of fever. Subsequently, however, after he had seen more of the English fevers, he adopted the view that there were here prevalent two distinct forms of disease—typhus, which he regarded as originating in Ireland, and as propagated by contagion by the Irish laborers; and typhoid, which was an endemic disease, precisely similar to that with which he was previously familiar.

In 1836, Dr. Gerhardt† published an account of an epidemic of typhus in Philadelphia, in which, while the symptoms and morbid appearances bore entire resemblance to the typhus of this country, they presented very marked distinctions from the typhoid fever, or dothinenterite, which he had before met with in the United States, and which he had found to be in every respect similar to the typhoid fever which he had studied in France; and he hence inferred the specific difference of the two diseases.

Such was the state of the question when, in 1838, the Academy of Medicine proposed for the subject of a prize, the investigation of the analogies and differences between typhus and typhoid fevers.‡ This led to the publication of the Essays of Gauthier de Claubry and Montault,§ the former of whom contended for the two fevers being one and the same disease, while the latter inferred their specific distinctness.

In 1839, M. Valleix entered into an elaborate investigation of the respective features of the two forms of fever, founded upon the reports of fourteen cases collected by Dr. Shattuck, of Boston, at the London Fever Hospital; and he was led to adopt the conclusion that the fevers of this country embraced two distinct species—one, an essential fever, typhus; the other, typhoid, which is identical with the typhoid fever of Paris.

† American Journal of Medical Science, Vol. XIX., p. 289.
In 1839, Drs. Henderson and Reid published a report* on the typhus fever of Edinburgh, in which they investigated fully and carefully the symptoms of that disease during life, and the appearances of the body after death, and established the almost constant absence of any abdominal symptoms and of the intestinal lesion. On the other hand, they published a communication from Mr. Good sir, showing that a fever, every way similar to the French typhoid, prevailed endemically in some adjacent districts.

In 1840, Dr. Stewart, who had closely studied both typhus and typhoid at the Glasgow Infirmary, and the latter disease in Paris, published an able memoir,† in which he advocated the non-identity of the two diseases; and in the following year, M. Louis, in the second edition of his work, adopted the same view.

The peculiarities which distinguish the two diseases, and which have been relied upon as indicating their specific difference, may be briefly stated as follows:—

1. The mode of invasion of the two diseases is generally very different. Typhus usually attacks suddenly, and rapidly produces such prostration of strength as to compel the patient to seek medical relief at an early period. Typhoid is usually more gradual in its mode of invasion, and less rapidly advances; so that the time at which the cases come under treatment is usually much later.

2. Typhus can generally be traced to contagion; the origin of cases of typhoid is often very obscure, and the disease, most probably, generally originates in common causes, or, at least, is very much less contagious.

3. Typhus affects persons at all ages, both those in early and in advanced life, though most common during middle age. Typhoid affects chiefly young persons, and very rarely those more than forty years old.

4. The eruptions which characterize the two diseases are different in their form, mode of appearance, and progress; that of typhus assumes the form of a rash, is not, except at the very commencement, elevated above the surface, and has a livid-rose color, and subsequently becomes petechial; that of typhoid consists of several spots, few in number, always elevated, and of a pale-rose color. The typhus rash appears at an early period, follows a regular course, and its disappearance is usually succeeded by convalescence at the end of a few days. The typhoid spots come out a few at a time, and continue to make their appearance in successive crops, and their final disappearance may precede for many days the establishment of convalescence.

5. The predominant symptoms in typhus are ordinarily those of prostration of strength and of cerebral disturbance; while the evidences of gastro-intestinal disorder are of minor importance and

frequency, and, indeed, are often absent. The symptoms of disorder of the gastro-enteric mucous membrane are, throughout the progress of typhoid, predominant: while the cerebral symptoms are less constant and usually less severe, and the prostration of strength is also generally less.

6. The duration of an attack of typhoid is comparatively short, and is limited to a tolerably definite period. Typhoid is usually of longer duration, and is less regular in its course; some cases being short, others very much prolonged.

7. In typhoid, when convalescence is once established, the progress of the case to recovery is generally satisfactory, and true relapses seldom, perhaps never occur. In typhoid, relapses are of by no means infrequent occurrence, and inflammatory affections of the viscera and serous membranes frequently supervene during convalescence.

8. Typhus usually proves fatal during the second week of illness, and rarely after the expiration of the third week. Typhoid, though it may prove fatal at as early a period as typhus, usually destroys life, in from the third to the fifth week, and occasionally death takes place at a much later period.

9. After death from typhus, the only constant pathological condition found in the body, is the altered state of the blood, and the follicles of the intestinal mucous membrane never present any appearances of disease. In fatal cases of typhoid the follicular disease of the intestines is of constant occurrence.

These circumstances certainly afford broad grounds for distinction between the two forms of fever: but it has been contended that they do not prove their specific distinctness.

1st. It has been argued that the absence of the intestinal lesion in typhus is owing to the much earlier period at which death occurs in that disease than in typhoid. This objection does not, however apply; for, though the period of death in typhus be earlier than in typhoid, it is not too early for the intestinal disease to have appeared; while occasionally typhus proves fatal at a late period. Of the cases of typhus to which I have referred in my first lecture, one proved fatal from pneumonia on the thirty-first day from admission, the precise duration of illness not having been ascertained; and I have examined cases which have died on the nineteenth to the twenty first days of illness, without meeting with any evidence of intestinal disease; indeed, after death at the latest period, the solitary and aggregate glands are even less distinct than in cases proving fatal in the earlier stages. Of the cases of typhoid also one died on the seventh or eighth day of serious illness, and yet in that instance the plates were not only greatly enlarged and much inflamed, but in places sloughs had already formed; and I exhibited to you a portion of intestine from a patient who died on the fourteenth day, which exhibited the most extensive and advanced disease. M. Chomel, indeed infers, from the observations
collected by M. Louis and himself, amounting to 92 in number, that in typhoid, ulceration commences in the plates from the eighth to the twelfth or fifteenth day at the latest.

2ndly. It has also been contended that the peculiarities of the eruption on the skin, and the presence or absence of the intestinal affection in the two forms of fever, may depend on the relative vigor and age of the subjects attacked;—that typhus is a disease of the young and robust, typhoid of the aged and infirm or debilitated. But this is not the case, typhus appears sufficiently frequently in young subjects to prove its features to be similar in them and in the aged. The disease also may be conveyed by contagion to persons under the most diverse conditions, and yet in all, however its malignity may vary, its general features remain the same.

3rdly. It has been supposed, that the disease of the intestinal follicles is only an accidental complication, superinduced by peculiarities of local climate or epidemic influence. This argument would possess much force were the two diseases never found to prevail coincidentally in the same localities—if the fever which prevails in one locality were always typhus, as is ordinarily the case in Edinburgh; or always typhoid, as in Paris. It fails, however, entirely to explain, how, in other localities, as in London, for instance, we sometimes meet with one and sometimes with the other form of fever; and each of them, instead of being modified or displaying certain intermediate gradations, is found to present its clearly defined and characteristic features. For the establishment of the latter point we are indebted to Dr. Jenner,* who for a period of three years conducted a most elaborate investigation into the history, symptoms, and morbid appearances in the cases of fever treated at the Fever Hospital; and he has conclusively shown that the typhus of London is as distinctly marked as that of Edinburgh, and the typhoid as that of Paris. In this state of the question it must, I think, be admitted, that the argument preponderated in favor of the non-identity of typhus and typhoid; but Dr. Jenner was able to furnish still more conclusive evidence of their distinctness. He has shown, that during the years 1847, 1848, and 1849, in all instances in which two or more cases of fever were admitted into the Fever Hospital from the same house, with one solitary exception, whatever was the character of the case first received, such also was that of the cases subsequently admitted; and he has justly concluded, that if the diseases were not propagated by separate contagions or poisons, there would certainly have been numerous exceptions to this rule, instead of the solitary one I have referred to. This, too, could hardly be regarded as an exception. It was the case of a boy received laboring under typhoid after his father had been previously admitted with typhus;

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but the boy was from home till after his father's removal to the Hospital.

The constant absence of any evidences of intestinal disease in typhus was confirmed by a report published by Dr. Reid* of the pathology of fever in Edinburgh in 1842, which embraced no less than 100 examinations; and in 1843† by one of myself, detailing the results of examination in 31 other cases. These several reports give a total of 161 cases of fever examined between the years 1838 and 1842, in only eleven of which was the follicular disease found, or in about 1 in 14 cases. Dr. Bennett, however, ‡ in 1846 and 1847, found the follicular disease more frequent in Edinburgh; or, in 19 out of 63 cases examined after death; but, as this report is not accompanied by any statement of the features of the cases during life, so far from invalidating the general conclusion, it only proves that, at the period in question, typhoid was usually prevalent in Edinburgh. Of the cases of fever in which the intestinal lesion was found, examined by Dr. Reid and myself, all were admitted into the Infirmary from districts adjacent to Edinburgh, and not from the town itself; or, if so, had come to Edinburgh laboring under the disease.

After having had my attention for several years specially directed to these points, I have seen no exception to the rule, that the fever characterized by the general features and eruption of typhus is unattended by any lesion of the intestinal mucous membrane; or that the equally marked disease characterized by the rose-spots of typhoid is as constantly connected with the follicular disease. These facts have also recently been confirmed by Dr. Wilks from his experience at Guy's Hospital; and similar evidence has been brought forward by other writers both in this country and in America.

At the time when Dr. Jenner's paper was read at the Medico-Chirurgical Society in 1849, I was induced to look over the notes of the fever cases which I had treated at the Royal Free Hospital, to which institution I was then attached; and I found that, though these observations had not been collected with any reference to that investigation, in every instance where two or more members of the same family were admitted into the Hospital, the character of the fever corresponded in all the cases. Since this time, while I have been connected with St. Thomas's Hospital, I have equally directed my attention to this question. I have seen many instances in which several persons of the same family or from the same house, have been admitted with fever, or have been laboring under fever, and have found no exception to the rule, that all the cases in such instances corresponded in character. Very recently we have had several sets of cases of typhus occurring in members

* Lond. and Ed. Journal, 1842.
† Lond. and Ed. Monthly Journal, 1843.
‡ Ibid. 1848, N. S. Vol. II., p. 299.
of the same family or in the same house; as, two patients under my care in Jacob's; three of a family under Dr. Bennett, Dr. Bristowe, and Dr. Goolden; and two of a family under Dr. Barker and Dr. Goolden. Yet in all these sets of cases the character of the fever was identical.

We have also in the General Hospitals, the opportunity of observing what in the Fever Hospital could not be seen,—patients laboring under other diseases becoming affected by typhus, from their vicinity to typhus patients. Of the cases to which I have referred, in six the disease was thus contracted, and very recently three or four similar instances have occurred. In these cases the character of the fever always corresponds with that of the case from which the others are derived. I have, indeed, seen typhus affect persons under the most diverse circumstances,—old and young persons, medical students, nurses, persons in depressed state of health, from unhealthy districts of town, and others in robust general health, and fresh from the country; but I never observed any material modification of the character of the disease, though, of course, its intensity or malignity will vary. If, however, the poison of typhus and that of typhoid were the same, it is impossible to doubt that, instead of all the cases being characteristically cases of typhoid, some would be cases of typhus and some of typhoid; while others would present more or less of the characters of the two diseases.

I have recently treated a case, regarded as an ordinary instance of typhoid, and which passed favorably through the disease, and recovered, so that the patient was able to walk about the ward; he then was again taken with fever, having the usual features of typhus, and characterized by a typhous rash on the skin. In this instance, the patient lay in a bed near one occupied by a typhus patient, and appeared, during his convalescence from typhoid, to have contracted typhus. Facts of this kind must be regarded as strongly upholding the doctrine of the specific difference of the two diseases; for it is well ascertained, that both affections—like the eruptive fevers—confer, to a great degree, immunity from subsequent attacks.

Lastly, Dr. Jenner has shown that typhus and typhoid may be epidemic, at the same time, or the one disease may decline, while the other is becoming more prevalent, or vice versa; and we have continual opportunities of observing this to be the case. Often you will find many cases of typhoid in the Hospital, but only one or two of typhus; at other times, and such is now the case, the typhus cases will be much the most numerous.

With these various facts before us, there can be no longer much hesitation in adopting the conclusion, so ably illustrated, and, I think, fully established by Dr. Jenner, that typhus and typhoid are specifically distinct diseases. There may, it is true, be sometimes a difficulty in deciding as to which class a given case should be
assigned. The typhus eruption may be more discrete than usual, the spots may be more distinctly defined, and when they first appear may be usually elevated; and thus, at first sight, the eruption may bear a very close resemblance to that of typhoid. On the other hand, the eruption of rose-spots in typhoid may be mingled with a petechial eruption, which may assimilate it to the typhus rash; or, from the presence of other eruptions on the skin, the characters of either rash may be disguised. There may thus be difficulty in deciding as to the true nature of the eruption, but this difficulty will generally vanish on careful inspection, or, at any rate, on watching the progress of the case. I do not recollect to have ever failed to make up my mind as to the kind of eruption at the time I first saw the patient; or, on further examination a day or two after, to have found that the opinion first formed was incorrect. Were, however, the difficulty of distinguishing the two diseases much greater than it really is, this would not prove their identity; it would only show, as contended by M. Louis, that they formed no exception to the rule, that most diseases, even some of those which are the best understood, are occasionally difficult to discriminate.

While, however, typhus and typhoid are distinct diseases, they are, nevertheless, very closely allied. This, at first sight, might scarcely appear to be the case; for typhus presents the type of an essential fever, unconnected with local disease; while, typhoid is always associated with the intestinal affection. This difference is, however, more apparent than real; for in typhoid, as I have before mentioned, there is not any certain or constant relation between the intensity of the general symptoms and the amount of local disease. The intestinal affection can, therefore, only be regarded as one symptom or result of the essential disease. Both affections are thus closely allied to the eruptive fevers, while they are markedly distinct from the intermittent and remittent fevers dependent on malaria.

But it may be asked, what is the advantage of thus elaborately drawing the distinction between these two forms of fever? Much every way. In the first place, though the practical application should not be now apparent, the extension of our knowledge would yet be desirable; for it cannot be doubted that all advances in our acquaintance with diseases must ultimately prove useful in practice.

But the distinction between typhus and typhoid is one which is full of importance. The prognosis in the two diseases is different; and, though the principles which should guide our treatment may be similar in both, they must be greatly modified in their application by the peculiar character of each. — [N. Orleans Med. News and Hosp. Gaz.]

REMARKS.—The subject of the following article, we consider of such deep interest to the practitioner, and the views therein expressed embody, in the main, so much of truth in regard to this important period of infantile existence, that we deem them worthy of something more than simple republication.

In order to form a proper appreciation of the subject of Dentition, we must look at this period in a somewhat different relation from those in which M. Troussseau has viewed it in the present article, viz., in its relation to the Nervous System. In a former number of this Journal (June, 1850, p. 321*) we had occasion to discuss, at length, the influence of Dentition in producing the Cholera Infantum of this period, and the observation of the six years, elapsed since that time, has only served to confirm the views we then expressed in reference to the agency of the nervous system. It is in this relation, we apprehend, that most of the interest attaching to this period is to be found; and, in our opinion, all the evils resulting, as the effects of teething, are referrible to this system, in one or the other of two ways: the irritation may be transmitted from the gums, 1stly, through the cerebro-spinal system to the voluntary muscles, and give rise to the convulsive affections and paralysis of this period; and 2ndly, the irritation may be transmitted from the gums, through the ganglionic system of nerves, to the various vascular organs, as the lungs and liver, and secretory surfaces, as the gastric and intestinal mucous membrane—giving rise to congestions, in the one case, and excessive secretion, diarrhoea and cholera infantum, in the other. "A few days before it (meaning diarrhoea) begins," says M. Troussseau, "the infant is restless, wakeful, cries violently, sucks its fingers, bites the nipple, refuses to feed, if it takes supplementary nourishment, and sometimes will not nurse. Its gums are red, and there is very evident prominence at the points which the teeth are about to pierce; there is cough, the voice is changed, the mucous membrane of the mouth is irritated."

Here it will be observed that we have unmistakable evidences of local irritation in the gums, which we know are supplied by

branches of that most exquisitely sensitive of all sensitive nerves, the fifth pair; if we admit the principle of reflex action, we must recognise here a competent cause, considering the impressive character of the infants nervous system, for convulsive phenomena. On the other hand, we may trace a connection between this local irritation and the diarrhoea succeeding it, in an analogous manner, taking into view the intimate connections existing between this fifth pair, and the nerves of the ganglionic nervous system, from which the intestinal mucous surfaces receive their secretory endowments.

We have been thus careful in pointing out the manner in which we think this local irritation may produce the convulsive symptoms, and also even the increased secretion from the mucous surface of the bowels and the diarrhoea, in order to give it what we consider its proper amount of importance, and to direct attention to this, as the chief source of those difficulties, calling for early and continued care.

Throughout the whole of his communication, M. Trouseau does not refer once, to the measure of incising the gums, as a means of relief. This, it is needless to say, is ever in this country deemed an important means of relieving the local irritation, but one we think too often neglected. Opiates also, as a means of quieting irritation may be mentioned, but we have found great caution necessary in their administration.

We have little doubt, that the character of the symptoms and the phases, assumed by the diseases incident to dentition, are much modified by climate. In those regions where paroxysmal diseases prevail, the symptoms will partake of the general character of these diseases, and become, in a great degree, amenable to the influence of quinine. This is more especially true of the convulsive diseases attending dentition, which manifest a great disposition to recur, unless treated with quinine, after the manner of paroxysmal fever.

“"It has been said," again remarks our author, “that convulsions are common with infants whose bowels are constipated, but do not attack those who have diarrhoea. This is not true. Convulsions almost always accompany diarrhoea and are prevented by a good state of the bowels.”—From this opinion, our own observation, and doubtless that of most Southern practitioners, would incline us to dissent. We have uniformly found, where there was much irritation in the gums, and this unaccompanied by diarrhoea,
or at least a loose state of the bowels, that the cases were more liable to suffer from convulsions, than when the opposite state of the bowels existed.

We have been thus far led into restating some of our views in regard to this subject, in connection with this excellent lecture of M. Trousseau, more because it has met with, from us, such hearty approval, than from any disposition to criticise it; and still more, from the conviction, that the general outline which may be given, almost of any disease, undergoes modification as we change the climate, and that, as we mention above, this is more especially true, in regard to the diseases of dentition, which we think, in our latitude, present many traits which we may look for in vain, in the reports given of them in other climates.

"The most elementary questions in medicine are often the least understood. It would seem, at first sight, that we need not much concern ourselves about the trifles which daily swarm beneath the feet of the practitioner; but remember that Stoll has written a chapter entitled De quibusdam magni momenti minutius, and learn early to neglect nothing.

"The infant has twenty teeth, the adolescent twenty-eight, the adult thirty-two. The evolution of the twenty teeth of the infant is not completed before the thirty-sixth month; but they are only temporary, for, at the age of seven years, he begins to lose them, exchanging them for others which are more durable. This process is normally accomplished at thirteen or fourteen years. Except the great king, who formed an exception to every thing, and who was born, it is said, with two teeth, the infant comes into the world with defenceless jaws, and it is not till towards the eighth month that the first milk teeth appear.

"But since the laws of nature are capricious, it often happens that one infant has teeth at four months, while another has none at the end of a year; hence no limits can be fixed. Generally, the two middle incisors of the lower jaw first appear, and I anticipate a stormy dentition whenever I see a child begin that process by the upper teeth. These two first teeth appear together, with an interval of twenty-four hours, forty-eight hours, four days, and sometimes a week between them, but always together, remember, and they are the only ones which present themselves in this manner. Six weeks or two months afterward, the two superior middle incisors make their appearance, not together, but at the distance of eight, fifteen, or thirty days from each other. The process of dentition is thus very rapid for the first two teeth, and more slow for the others.

"Meanwhile, two other teeth are about to protrude—the latera
incisors of the upper jaw—very soon, one or two months after the upper middle incisors. Towards the end of one year the child has six teeth, and whereas he began with two lower, he has finished with four upper.

"The teeth of children appear in groups; dentes in infantibus catervatim erumpunt: first group, two inferior middle incisors, at about eight months; second group, two superior middle incisors, towards ten months; third group, two superior lateral incisors, at one year, more or less; fourth group, two inferior lateral incisors, and the first four molars (six teeth in this group, from fourteen to eighteen months); fifth group, four canines, from eighteen to twenty-four months; sixth group, four second and last molars, from thirty to thirty-six months.

The canine teeth appear after the infant has twelve teeth, and when he is from eighteen to twenty-four months old; their evolution lasts from two to three months, sometimes for ten months; they then take their places, at the age of three years; when those of the last group have pierced the gums (the four second molars,) the process of dentition is finished.

It is not without object that I have spoken of groups; you will see that a knowledge of this arrangement is very important in respect to weaning. It is a fact worthy of consideration, that immediately after a group of teeth has appeared, there is an interval of rest for the child. Profit, then, by this interval to wean, for the moment is propitious. Do you know what is commonly done? Children are weaned indifferently when they have two, seven, nine, eleven, fourteen teeth, no attention is paid to the number. Now, I entreat you to pay close attention to this, otherwise you will lose your little patients by that terrible affection of the intestines, cholera infantum.

You will often be consulted as to the time for weaning; never give an opinion, therefore, until after a scrupulous examination of the state of the dentition, and do not authorize the mother to wean her infant until it has six, twelve, or sixteen teeth. Good practitioners will never permit a child to be weaned after the evolution of the first two teeth; the patient is two young; he is ordinarily but eight months old. It is only by careful management that you will succeed after the eruption of the third group; still, if you are strongly urged by the parents, consent, for you have before you a month or six weeks of respite before the evolution of the fourth group. Allow it, then, in case of necessity, but never forget that the child has only six teeth, that he is only a year old, and that artificial alimination will not always be successful.

"The most favorable period for weaning is, beyond all doubt, the interval separating the fourth from the fifth group. The child, in fact, is armed with twelve teeth, eight incisors and four molars, and he has before him a tolerably long time of rest, about two months, during which there is no reason to dread any intes-
tinal trouble; and when the canines begin to appear (which group causes the greatest danger in its evolution,) he is accustomed to his new diet, and prepared for the crisis which he is about to undergo.

"Learn, then, to wait until after the fourth group, before weaning. If the health of the mother or nurse, or the circumstances of the family, oblige you to authorize an early weaning, always see that there are six teeth; but if, on the contrary, you are not obliged to yield to considerations of this nature, do not allow weaning until you can count twelve.

Do not imagine that things always go on so regularly. You will see children who have the molars before the incisors, or the superior incisors before the inferior incisors; for although dentition ordinarily takes place in the way I have described, it is no less true that it frequently presents irregularities which greatly perplex the physician who is earnestly watching for an interval of repose. In such a case, do the best which the circumstances will admit of; examine the state of the gums, and have the child weaned immediately after the complete evolution of a tooth, which will probably be followed by a period of repose, during which you will have leisure to guard against evil consequences.

"Among the affections which are common to dentition, the most important, the most grave, and the most obstinate are seated in the alimentary canal. A few days before it begins, the infant is restless, wakeful, cries violently, sucks its fingers, bites the nipple, refuses to feed, if it takes supplementary nourishment, and sometimes will not nurse. Its gums are red, and there is a very evident prominence at the points which the teeth are about to pierce; there is cough, the voice is changed, the mucous membrane of the mouth is irritated. From the moment the child has two teeth, the neighboring gums become inflamed, and the protruded teeth will be surrounded by a ring of red and swollen gum.

"If you give mercury to a person who has no natural teeth, but who wears an artificial set, you will not see salivation nor mercurial stomatitis follow. But if the patient have a single tooth remaining which has escaped destruction, the effects of the mercury are manifested around it. The gum surrounding the tooth will inflame, while the rest of the mouth will be free from disease. The same is true with regard to the first two teeth; their eruption causes no affection of the gums, which, however, swell and become red with the evolution of the second and succeeding groups.

"In almost all children the process of dentition is accompanied with diarrhoea. This is sometimes moderate, consisting of three or four dejections only, daily, but is frequently excessive, with green stools, resembling chopped herbs or grains of curdled milk, with glarey, and sometimes bloody matter. In certain cases marked tenesmus manifests itself, prolapsus of the rectum. These symptoms, which precede, by several days, the eruption of the
tooth, often continue, and even lasts until the entire group penetrates the gums. If the diarrhoea does not cease, you are aware what treatment should be adopted, and what attention should be paid to the diet. You will restrain and mitigate it as much as possible.

"Would you advise weaning during this diarrhoea? No, unless the nurse's milk seems to keep up the intestinal flux.

During the summer season, the injurious effects of dentition are chiefly directed towards the intestines, very rarely upon the air passages. Intestinal derangements, fever, peripneumonic catarrh, and other morbid pulmonary manifestations, occur in the winter.

"I must warn you against a popular prejudice, which I advise you to oppose on every occasion that offers. You will hear it said again and again, that diarrhoea is beneficial to children; believe it not, for too often it will cause the death of your little patient. Diarrhea prepares the way for chronic enteritis, and chronic enteritis debilitates and destroys its victims. On the contrary, restrain the intestinal flux, and you will find that the other symptoms are much better borne.

"In the same way, it is considered highly advantageous to leave untouched the filth which covers the head of a new-born infant. This ridiculous prejudice no longer exists in England or America; let us do away with it here.

"When, during dentition, the evacuations are merely more loose than common, without amounting to diarrhoea, this slight derivative effort requires no interference, but it should not be allowed to continue too long.

"It has been said that convulsions are common with infants whose bowels are constipated, but do not attack those who have diarrhoea. This is not true. Convulsions almost always accompany diarrhoea, and are prevented by a good state of the bowels.

"I call your attention particularly to the diet, as a point of the greatest importance. If you neglect caution in this respect, you will have diarrhoea, followed by enteritis, serious indigestion, and eclampsia. Nothing is more common than severe cases of indigestion, aggravated by enteritis, and leading to convulsions; and nothing is more alarming to the parents, who generally lose their senses, and while the domestics or the neighbors run to bring the doctor, the mother, following the advice of some officious gossip, pours hot water over the hands and feet of her infant; he is scalded, and dies from the effects of it. This reminds me of what occurred to an eminent brother-physician, Professor Marjo-lin, during the course of a typhoid fever, which threw him into a state of profound stupor. They applied to his legs napkins wet with water at a temperature of 158° Fahr. Large eschars followed, which were not completely healed for several months.

"If convulsions occur, the less you do, the better. The attack
Belladonna in Arresting the Secretion of Milk. [January,

indeed, is most frequently over when you arrive, and although there may be a slight recurrence once or twice during the day, the remembrance of it is only left, the day after. If there have been indigestion, administer a laxative, in order to expel any undigested food; allow the child to nurse but little, give it water with some albuminous substance in solution, and, in an urgent case, a bath, and you will soon see the alarming train of symptoms disappear. Almost any treatment succeeds in the majority of cases, even the infinitesimal doses of that absurd system—homoeopathy."

On the Effects of Belladonna in Arresting the Secretion of Milk.
By R. H. Goolden, M. D.

As nothing is read with greater interest by practical men than your reports of clinical facts, I hope I may claim a corner in your journal, at as early a date as convenient, to relate the following cases, illustrative of the effect of belladonna in arresting immediately the secretion of milk.

E. J—, aged twenty-eight, was admitted into Anne's Ward, St. Thomas's Hospital, with severe rheumatic fever. She had been ill four days, with a child at the breast four months old. At the time of her admission she had swelling and acute pain in both wrists, right elbow, both knees, and left ankle. The knee-joints were distended with synovia, and erythematous patches were on the skin of the knees, ankles and wrists. She was bathed in perspiration, and the secretion of milk was abundant. According to the regulation of the hospital, the child was removed; indeed, from her helpless condition, it was necessary, considering the difficulty of attending to an infant in a ward with other patients. Soon after her admission she took eight grains of calomel and a grain and a half of opium, followed by a senna draught; and one scruple of nitrate of potassa, ten grains of bicarbonate of potassa, and half a drachm of spirit of nitric ether, in peppermint water, every four hours. The joints were covered with cotton wool.

On the following day, at two o'clock, I found she had been freely purged; the joints were in nearly the same state. She had had no sleep. The breasts had become tumid, hard, painful, knotty, and extremely tender. The superficial veins were distended. Some milk had been drawn, but the process was attended with great pain, and we could not listen to the heart's sounds on account of the tenderness.

A milk abscess, in complication with rheumatic fever, was of all things to be avoided, and unless the secretion could be at once arrested, it appeared inevitable. In this state I recollected that I had somewhere met with an observation (but I cannot remember whether it was in an English or foreign journal) that atropine
applied externally to the breasts would dry up the milk; and thinking it reasonable, I caused the areola of the breasts to be smears with extract of belladonna, in the same way that it is used to dilate the pupil of the eye. I likewise ordered the addition of half-drachm doses of colchicum wine, knowing that whenever milch cows eat the meadow saffron in the pasture, they immediately become dry; and though I have not much faith in colchicum as a remedy in rheumatic fever uncomplicated with gout, there could be no objection to its use, as it has the sanction of much higher authority than my own.

On my third visit the following day, the first inquiry was about the breasts. They were all right. But was it the colchicum or belladonna that had relieved them? The extract was used before I left the ward; before the mixture was given, the secretion of milk had been arrested and the breasts had become soft. The rest of the case has no further special interest. I will only state that there was no heart affection, and that the fever, though very severe while it lasted, was of short duration, and the patient left the hospital quite well in fourteen days.

The second case that occurred to me was uncomplicated with any disease, and such as would usually fall under the care of the accoucheur rather than the physician:

A lady, the wife of a clergyman, was travelling with her husband, and in order to accompany him, had weaned her baby, (then seven months old). Happening to be at Oxford at the commemoration festival, he came to me in great trouble, telling me that his wife had done a foolish thing in weaning the child, and that they were now arrested in their progress in consequence of the state of her breasts. They were timid, very tender, painful, and hard, with large superficial veins, and the milk had been drawn with difficulty several times, with temporary relief. I recommended the application of the extract of belladonna to the areola, desiring them to send for a medical practitioner if the inconvenience did not immediately subside, or unless she felt quite well. A few days brought me a letter, giving a very satisfactory account, and thanking me for what she was pleased to call my wonderful prescription. Within two hours she was perfectly relieved, the milk absorbed, and (what is very important) there was no fever or other inconvenience attending the sudden suppression of the milk; and instead of taking the opening medicine I had prescribed for her, she continued her journey the next morning.

I have not been able to discover that the fact that belladonna is available for the purpose of arresting the milk secretions is at all generally known—certainly it was not to several accoucheurs in large practice of whom I have inquired. The fact is important, if true, for then milk abscesses will become a matter of past history, and probably many diseases of the breast may be rendered less complicated by its use.
The two cases I have detailed are not sufficient to prove that it will always be either successful or safe, but they render it highly probable that it is so. My assertion may have a temporary interest, and soon be forgotten, and the opportunities of observing milk abscesses, and their early progress, do not occur with such frequency to a hospital physician, even in private practice, as that I may hope to bring together a sufficient number of facts to lay them before you. The fact has already been noticed, and if you will invite others who have more opportunities of special observation to try the experiment, and give you short extracts of cases bearing on the subject, with the names of observers, I am sure you will confer a favor on the profession.—[London Lancet.

Extra-Uterine Pregnancy of Four Years' Standing, the patient in the interim being twice delivered of a healthy living child. By A. W. Heise, M. D., of Addison, Illinois.

In November, 1855, I was called to visit Mrs. Yungels, residing one mile east of Aurora, and thirty miles west of this place. Upon my arrival I found the patient, a woman of robust constitution, 36 years of age, to have been ten days since delivered of a healthy male child. The three or four days following delivery she was quite well, since which time she has had a chill every day, followed by fever and profuse perspiration. Has had the usual lochial discharge, but no secretion of milk; pulse 100 to 110; tongue red, dry and hard; no appetite. On applying my hand to the abdomen, which is painful and irritable, I find an enlargement resembling a hard tumor, which is moveable, and not connected with the integuments commencing in the umbilical region about three inches above the umbilicus, extending downwards parallel with the linea alba to the os pubis, filling three-fourths of the lumbar and iliac region of the right side. Left of the linea alba it seems to be perfectly free from any morbid growth. Examination per vagina shows the uterus in situ, contracted; the os uteri somewhat enlarged, hot, dry and painful; vagina natural. By moving the uterus and placing the other hand over the tumor, the motion of uterus affects the tumor, and vice versa.

Upon inquiry, I was informed that, four years since, the patient supposed herself pregnant, experiencing the usual symptoms attendant upon gestation for a period of ten months, during which time the abdomen constantly enlarged, particularly the right side, which was hard and painful, rendering her unable to lie upon it after the third month. At the end of ten months, labor commenced, and a midwife was summoned, who, after expressing her fears that the child did not "lay right," declared it was yet out of her reach, the os uteri not at all dilated, would not be delivered yet, &c.

Bearing-down pains, however, increased, and were finally re-
lieved by a discharge of a large quantity of watery matter having the appearance of beef brine, followed by coagulated blood. This not only very much relieved the patient, but diminished the size of the abdomen, and the mid-wife assured her she had suffered only from obstructed menstruation, and would soon recover. The abdomen gradually decreased in size, for the space of three weeks, when the lochial discharge ceased, and with it the diminishing of the bowels, leaving still an enlargement of the right side, which she was yet unable to lie upon.

Finding no alteration in the tumor from that time, four months afterward she consulted a physician, who told her he could not ascertain the nature of the tumor; could do nothing for her without an operation, which, so long as she suffered so little pain, and it did not enlarge, he would not advise.

She soon became enciente, and in time was delivered of a large, healthy child. Parturition was easy, and she soon regained her usual health, having experienced no unusual symptoms, with the exception of the total absence of any secretion of milk. The tumor had been painful during confinement, but otherwise retained its former appearance.

Eighteen months afterward, she again became pregnant, and in November, 1855, was once more delivered of a healthy male child—both are now living.

Dr. Young, of Aurora, who attended her, says he observed nothing unusual in her case; did not notice any enlargement of the abdomen: called again and discharged her as doing well.

On the tenth day after her confinement, I first saw the patient, and found her as above stated.

I prescribed those medicines which were indicated, directed emolient poultices to the abdomen, and left, with directions that if the patient did not improve, or there was any alteration in the tumor, to inform me. Thought the tumor might be an enlargement of the right ovarium, and that when the irritation of the uterus subsided, and the fever abated, it would cease to be painful, and she might again enjoy her usual health.

Heard no more from her until May 5, 1856. I was summoned to see her again. I found her much emaciated, exhibiting a great degree of nervous excitability; pulse 90, small and irritable—has suffered much from pain since I saw her, having been constantly confined to her bed. The tumor at the umbilicus has ulcerated, and discharges a very offensive fluid. Through the orifice, which is nearly the size of a half dime, a bone has protruded; another now closes the opening.

The case was now plain, and I advised an immediate operation. Dr. Young, of Aurora, was called to assist, and upon his arrival, requested to have his friend, Dr. Allaire, of Aurora, present.

Adhesion of the peritoneum had taken place around the orifice, to the extent of from three to three and a half inches. I made an
incision of about three inches toward the right lumbar region, and commenced at once to extract the bones. The flesh was decomposed, but the skeleton was perfect, and was of the size of a foetus at the seventh month, though the bones appeared to have the firmness of two years' growth. Its extraction through the rather small orifice was tedious, in which Dr. Allaire very kindly and effectually assisted,—Dr. Young, meantime, quieting the patient by administering chloroform. The bones of the head and pelvis were too large to pass through the incision, until they were severed by a strong pair of scissors. We succeeded in removing all the bones, together with a mass of semi-decomposed matter from the sac. The sac, which was formed of a gristly substance, and so hard as to almost resist the passing of the bistoury, seemed to have contracted close around the foetus, and evidently had performed the office of placenta and uterus, in being connected with the latter.

The wound was simply dressed with lint, a bandage applied, and the patient directed to lie in a position to facilitate the discharges. She was left under the care of Dr. Young, and up to May the 10th was doing well.—[North Western Med. and Surg. Journal.

Uncontrolable Vomiting in Pregnancy.

Remarks.—In connection with the above caption, we will record a remedy which we have not, elsewhere, seen reported. Our excellent friend, now Reverend Dr. C. T. Quintard, of Randolph, Tennessee, formerly Professor of Physiology and Pathology in Memphis Medical College, having been perplexed for a long time, with a case of obstinate vomiting during pregnancy, resorted to the expedient of cauterizing the fauces freely with a solution of Nitrate of Silver, about 15 grs. to the oz. of water. The experiment was entirely successful.—We can very readily explain this result: The nerves supplying the fauces are the excitior nerves of vomition; from the long continued effort, they had become permanently irritable; the cauterly obtunded their irritability, and their corresponding motor branches, from the pneumogastric, in the stomach, were no longer provoked to act. Query.—May not the above, be the pathology of protracted vomiting, under other circumstances, and might not a similar measure act as efficiently in relieving it?

H. F. C.

The attention of physicians has of late been directed towards the subject of excessive vomiting during pregnancy, with a view to discover some more efficient mode of treatment than that usual-
ly employed for this unpleasant and sometimes alarming symptom. Although the cause of the vomiting has always been recognized as seated in the uterus, yet the means at our disposal for ascertaining the condition of that organ having until of late been limited, it has been necessary to treat the disease as one of the stomach, and to address remedies chiefly to that organ. It is needless to say that in many cases this mode of treatment is ineffectual. Instances now and then occur in which, in spite of the employment of prussic acid, creasote, alkalies, acids, narcotics, leeches, blisters, sinapisms, the vomiting still continues unabated, or increases sometimes to such a degree as to render necessary the artificial induction of abortion as the last resource, and that a doubtful one, in order to save the life of the woman, if indeed that result does not follow spontaneously the violent contractions of the stomach.

It is now well known that in these cases there is often something more than the presence of the ovum in the uterus, and the enlargement of this organ, to account for the sympathetic irritation of the stomach. The speculum often reveals various morbid conditions of the cervix, and since the removal of these conditions, or their diminution, by appropriate local treatment, is followed by a cessation or diminution of the vomiting, it is fair to attribute this exaggeration of a natural phenomenon to a morbid condition of the parts which are concerned in its production. An interesting case confirming this view, which we see reported in a foreign journal, suggested to us the above remarks, and believing that it may serve to call the attention of others to this interesting subject, we give a brief abstract of the paper, which was read by Dr. Brian, before the French Academy of Medicine.

A woman aged 25, of good constitution, became pregnant for the third time at the beginning of March, 1856. In the middle of April, vomiting began and continued, gradually increasing in frequency and violence. About the first of May, the patient was obliged to keep her bed. The stomach soon became incapable of retaining or digesting any thing. Severe gastralgia, thirst and constipation followed, combined with spasmodic movements, profound depression and emaciation. After all remedies which could be thought of had been tried, a vaginal examination showed that the uterus was completely retroverted, and incarcerated in the hollow of the sacrum. It was disengaged from this situation, and placed in its normal position. Immediate relief followed, and the vomiting ceased, to return no more.

It does not absolutely follow that because obstinate vomiting is sometimes owing to a definite source of irritation seated in the uterus, this effect should always follow such local cause. Women in whom there is every reason to believe that the so-called ulceration, or the granular condition of the cervix exists, may go through pregnancy without unusual vomiting, just as these same conditions are sometimes found after death in persons who never suffered
Subcoracoid Luxation of the Humerus, &c. [January, 32

during life from leucorrhœa, bearing-down pain, or other troubles usually associated with them; but the fact that the two sometimes, perhaps often, stand in the relation of cause and effect, is a sufficient reason why the uterus should always be examined in every case where the vomiting can not be controlled by general remedies, that any abnormal condition may be rectified by appropriate treatment.—[Boston Journal.

Subcoracoid Luxation of the Humerus, with laceration of the Axillary Artery and Paralysis of the Arm. By T. ROUYER.—(Rev. Méd. Chirurg., Sept. 1855.)—Translated for the Western Lancet, by Dr. KRAUSE.

In May of 1855, the author had the opportunity to observe in the clinical department of Nelaton; a luxation of the humerus with complications so rare, that he regards the case itself, as well as the remarks by Nelaton, worthy of publication.

On the 15th of May a man was admitted to the Hospital des Cliniques, who had received a severe injury 75 days before. A Subcoracoid luxation of the humerus could at once be diagnosed on the left paralyzed arm. The patient, a workman, stated that his left arm when flexed and elevated, had been caught in the turning-wheel of a machine. The wheel pressed his body against the axle-tree and pulled his arm violently. Immediately after the injury he was brought to the hospital of Marly, where the surgeon did, not attempt to replace the dislocated limb until after 22 days. He did however, not succeed even with the power of 10 assistants. During the next eight weeks, neither the position of the arm nor its usefulness had improved. On examination the shoulder was found remarkably flattened. The head of the dislocated humerus could distinctly be felt close under the coracoid process. The acromion appeared very prominent and a depression below it. The anterior wall of the axilla had a less extent, than on the other healthy side. Though some writers set down a prolongation of the anterior axillary wall as a symptom of subcoracoid luxation, the inserting point of the pectoralis major muscle being lowered with the dislocated head of the humerus, yet this sign holds good only for recent luxations. For in old cases the muscle becomes atrophied, the anterior wall of the axilla proportionally shortened. The head of the humerus felt uneven so much so as to render stalactiform deposits of bone on it very probable. In front of the head of the humerus the brachial plexus of nerves was situated, a pressure on which caused stinging pains extending along the arm. In following the course of the arteries down the injured arm the axillary artery was distinctly perceptible from the clavicle to the head of the humerus below which pulsation ceased. It was wanting also in the brachial, radial and ulnar arteries. About the acromion be-
neath the skin a large pulsating artery was felt, which was traceable to the middle of the humerus. The whole upper extremity was highly edematous, the oedema in the axillary region hard and resistant. The arm hung down near the chest, the muscles of the humerus and forearm were paralyzed, only the extensor muscles of the fingers, especially of the thumb, had retained some mobility.

This case, therefore, was an instance of a very rare injury. The axillary artery was torn, (?) though no aneurismal tumor was present. Instances of laceration of arteries by the luxating power are not common. It takes place much more frequently in consequence of the force applied by the surgeon, particularly in cases of long standing. The artery is either torn completely, or, it happens, that only the two internal membranes are divided, while the external sheath of the artery remains intact in the form of a distended cylinder. The related case seems to range among the latter class. The absence of an aneurismal tumor is very remarkable. Malgaigne has collected 12 cases of the laceration of arteries by powerful attempts at reduction. Among these is a case of Nelaton, occurring to an aged lady with subglenoid luxation of the humerus. The reduction of the recently luxated arm had been easily effected. Soon after, however, a tumor formed in the axillary cavity, gradually increasing in size so as to present the appearance of an aneurism. The ligation of the subclavian artery did not arrest the growth of the tumor; a few days after the operation it burst and proved fatal. The post mortem showed, that the aneurism communicated with the dorsalis scapulae, rendering thereby the ligation of the subclavian artery of no avail.

Another very uncommon complication in the case related, is the paralysis of the upper extremity. The paralysis, following luxation did not attract the attention of the profession till after the beginning of this century. Boyer first noticed the paralysis of the deltoïd muscle. Paralysis of the whole extremity, however, has been accurately observed but recently. The paralysis as well as the lesion of the arteries, are either brought about by the luxating or reducing power, causing laceration, compression, contusion or excessive stretching of the nerve. Laceration of the nerve is of extremely rare occurrence. It has been observed only a few times in consequence of two powerful attempts at reduction in old cases. Compression of nerves, though mentioned by Van Sweiten and Desault, seems to have been presumed only on theoretical grounds. There is at least not a single instance on record, where it was proven beyond doubt. Contusion and stretching of the nerves is most frequently observed, immediately after the luxating power has ceased to act. The plexus of the nerves or a single branch is stretched beyond measure and confussed by the dislocated head of the humerus, and the paralysis is proportionate in degree to the lesion of the nerve. Sometimes the paralysis may have been caused by a power, acting but momentarily upon the nerves in a similar
manner, as paralysis of the arm without luxation falls under observation, subsequent to a fall on or blow at the shoulder.

The question, whether in a case like that reported, anything is to be done, in order to improve the usefulness of the limb, is, indeed, difficult to answer. In regard to the reduction, it is not to be tried for several reasons. The hard oedema of the upper arm indicates that the exudation at this place has organized to such an extent that the reposition of the head of the humerus would be possible only at the expense of an extensive tearing of the soft parts. The other complications present, moreover, the rupture of the artery and the lesion of the nerve, might give rise to more serious accidents, if a very powerful force, as required in all probability, should be brought into action; gangrene of the extremity might even be a consequence. It is likely, that also in this case a spurious articulation will gradually be formed, which will allow a freer use of the limb. The muscles of the arm are completely paralyzed with our patient. Some favorable effect might therefore be expected from the use of Electro-magnetism, if it should become evident, that the paralyzed muscles contract under this stimulus. Without the use of this agent the muscles will probably undergo fatty degeneration. The patient, we are sorry to say, left the hospital after 2 days.

A case of Vesico-Vaginal Fistula, treated with the Button Suture of Dr. Bozeman. By T. Wood, M. D.

Mrs. C. B.,—, at 26, was brought to bed with her fourth child on the 27th of June last. She was attended by a woman who cannot give any definite account of the labor further than that "it was slow, and that the child's head was in the bones about twelve hours before it was born." The child was still-born. One week after her confinement I was called to see her and found her with a dry parched tongue, full quick pulse, hot dry skin, and bowels constipated, with a constant dribbling of urine from the vulva, and extensive excoration of the pudendum and nates from the irritating discharge.

On examination per vaginam the uterus was found intact, with the os tolerably well closed, but the lips were swollen and of a dull florid hue. The entire mucous membrane lining the vagina appeared inflamed, and was very sensitive to the touch of the speculum or finger. A small spot about the size of a dime, at the left side of the median line and about mid-way between the caruncle myrtiformis and the os tineae, was white and ragged, and at this point the urine could be seen issuing from the bladder into the vagina. Through this point the forefinger passed readily into the bladder, and the white appearance proved to be cellular tissue that had lost its vitality, but was still attached to the living parts.

On inquiry, I learned that the patient had been unable to pas
any urine for about five days after her confinement, and had suffered much from that cause, but it had suddenly burst away, giving immediate relief from the pain of retention, but ever after she was unable to restrain the flow.

The history and examination clearly revealed the nature of the difficulty, and she was at once advised that the only hope of relief was in an operation.

A cathartic was ordered, and a dilute solution of the acetate of lead directed to be thrown into the vagina several times a day. In a few days the sloughing process was completed, and the inflammation of the vagina had disappeared, except around the margins of the fistulous orifice.

From this time her general health improved and she suffered no inconvenience, except the painful scalding from the urine on the skin.

For the purpose of securing efficient attendance I had her admitted into the Commercial Hospital to undergo an operation, and just six weeks from her confinement, the button suture of Dr. Bozeman was applied to the fistula.

For a description of the button suture the readers of the Lancet are referred to the May number of the Louisville Review (page 76), where a valuable article appears, from the pen of Dr. Bozeman, of Montgomery, Alabama.

The various stages of my operation did not vary in any essential particular from the method of Dr. Sims, except in the application of the button suture. After the operation, absolute rest and a low diet were strictly enjoined, and the bowels, which had been freely opened by oil the day before the operation, were quieted by occasional doses of opium. The operation gave rise to no constitutional disturbance, and at each daily visit, until the seventh day, she uniformly replied to inquiries, that she felt perfectly well. On the seventh day, I found her with cold feet and hands, her countenance somewhat flushed, and some pain in the head.

Her bowels had not moved since the operation, and supposing the constipation to be the cause of the headache, I ordered her a dose of oil.

The next day the disturbance in the circulation had disappeared with the operation of the medicine. As no urine had passed through the fistula, after the operation, I felt pretty well assured that the union was complete, and, therefore, removed the sutures, when I found my hopes fully realized. Union throughout the seam, about three-fourths of an inch in length, was perfect and firm.

My main motive in giving this hasty report, is to offer my humble testimony in favor of the ingenious and simple contrivance of Dr. Bozeman. I believe that it possesses many advantages over all other methods that have been recommended, and, in my hands, it has fully justified all that has been said of its talented inventor.

[Western Lancet.]
On the Prevention of Pitting in Small Pox, by a Strong Solution of Nitrate of Silver. By Alexander Rowand, M. D., Physician to the Marine and Emigrant Hospital, Quebec.

John Henry Smith, lumberman, aged 20; well proportioned and athletic, was admitted under my care, at the Marine and Emigrant Hospital, Quebec, on the 23d April, 1856. Three days after admission, an eruption of small pox made its appearance, which soon became confluent. Three days after the eruption presented itself, I applied a solution of nitrate of silver all over the face, of the strength of one drachm of the salt to an ounce of water, which was much stronger than I had heard of having ever been employed before. This was done with the view of preventing pitting, which appeared inevitable, from the severity of the disease and its tendency to confluence. For, in addition to high fever and constitutional excitement, the cutaneous inflammation ran a severe course, in some parts assuming an erysipelas character, terminating in subcutaneous abscesses. The patient experienced a grateful sense of cooling from the application, which also relieved the distressing itching, and tension from which he suffered, and he begged earnestly to have the wash again applied. The practice was pursued daily till the 13th May, when it was discontinued. The blackened cuticle now began to peel off, leaving the face perfectly free from pitting, while the hands, in which the disease had been purposely allowed to follow its course, were deeply and numerously scarred.

Other striking and beneficial effects were observed to follow the use of this strong solution, besides the prevention of pitting—the inflammation about the face and head became diminished, and the itching and heat were lessened, whilst the application caused no pain, gave rise to no disagreeable odor, and was not followed by any secondary fever. The patient recovered completely from the disease, and is now a servant in the hospital.

In addition to the above advantages, I believe an important step is attained towards the patient's safety by so materially diminishing the intense inflammatory action about the head, and in such close proximity to the brain; and I am so strongly impressed with its utility in this respect, that I shall apply it not only to the face, but all over the scalp, in all future cases.

Having every reason to be gratified with the result of treatment in the foregoing case, I mentioned the circumstance to my friend Capt. Reeve, the commandant at Grosse Isle quarantine station, and strongly urged him to recommend a trial of the same plan in the quarantine Hospital, when an opportunity should occur. He did so, and it was accordingly tested in four cases; during the following months of June and July, with the most satisfactory results.

These cases have been reported in the October number of the
Montreal Medical Chronicle, by Dr. Von Iffland, assistant physician at Grosse Isle, and I have received letters from that gentleman, and from Capt. Reeve, and Dr. George Douglas, the medical superintendent of the station, acknowledging that it was from me they obtained the first idea, as to the utility of a strong solution of nitrate of silver in the ectrotic treatment of small pox. I am well aware that weak solutions of the same salt have been recommended, but from their weakness, they proved irritating and inefficient, and have consequently been abandoned. The solid stick of caustic has been applied to each punctured vesicle, but this process was found to be painful and tedious, and in confluent cases almost impracticable.

None of these objections apply to the strong solution of one drachm to the ounce of water. Its application is free from pain, it has been proved to be highly efficacious, and its employment can be entrusted to a common nurse, or attendant on the patient. Moreover, I would recommend its application to the mouth and fauces. I do not, however, recommend its application to the cornea, when attacked with the small pox pustule, as that organ demands special and separate treatment from the surgeon.

I have ventured to publish the above case from a firm belief in the superior advantages of the remedy in preventing pitting, and likewise as an antiphlogistic agent of great potency, for I am fully convinced that its more general use will not only prevent much disfigurement, but tend materially to lessen the danger to the life of the patient, and I trust I shall also be pardoned for claiming to be considered the originator of the plan, a step which has, however, been rendered unnecessary by the frank admission of my friend, Dr. Von Iffland.

Of course, my readers are not to suppose that in the foregoing case, or in those reported by Dr. Von Iffland, that constitutional treatment was neglected.—[Montreal Med. Chronicle.

Vitrative of Silver in Small Pox. By A. Von Iffland, M.D., Vice-President College of Physicians and Surgeons, C. E.

In my article published in the October issue of the Medical Chronicle, on the ectrotic or abortive treatment of small pox, with solution of the nitrate of silver, you cannot but have perceived, that I assumed no other merit, than that of successfully testing the application as suggested to me by Dr. George Douglas, (and to whom, as I therein observed, it had also been suggested). Indeed, I did not in the least, attempt to discover any new fact, but merely verified one, already expressed, and now, I am happy to announce, even tried by a distinguished member of the profession—Dr. Alexander Rowand—and, I have therefore only to hope, that I have been chiefly instrumental in awakening general
attention to it, and thereby, extending the benefits of so important an ectrotic in that loathsome and disfiguring disease, the small pox.

The importance of obtaining a modifying power over the variolous pustule, had engrossed my attention for a number of years. I have brought to the test, independent of what may have originated from my own mind, almost every means, which had been considered by several gentlemen prominent in the profession, as efficacious in preventing the maturation of the pustule, and the subsequent pitting. The sulphur ointment, tincture of iodine, mercurial ointment, thickened with starch, and even the pure nitrate of silver, have all, from time to time, been employed by me, but with no very satisfactory result, at least, they more or less possessed such properties as to render them, if not dangerous, highly objectionable, and sometimes impracticable in confluent small pox.

It now remains with me to observe, that nothing but a sense of moral obligation to the human family, as well as the interests of science, has induced me to recommend most earnestly to the members of the profession, a solution of the nitrate of silver, in the form prescribed in my article as the safest, and most efficacious application, which in the present state of our knowledge, can be employed as an abortive, in the incipient, or more advanced stage of the eruption in small pox.

For this important and valuable application, second only in consideration, to that of vaccine inoculation, the claim of priority (in Quebec*) appertains alone to Doctor Alexander Rowand, and I am happy, in common with his numerous professional friends, to recognise it. His zeal and activity in the cause of practical science is well known, and his labors in the field, cannot fail to bring forth useful fruits.—[Ibid.]

Case of Spina Bifida, with Post-natal Hydrocephalus, in which the operation of Paracentesis Capitis was performed seventeen times.

By J. B. Gibson, M. D., of Clarenceville, C. E.

On the 17th December, 1855, attended Mrs. N— in her confinement. She was delivered of a male child, which, upon examination, was found to have a tumour that was situated low down in the lumbar region, of the size of a couple of goose eggs. I was soft, impressible, and fluctuating, presenting all the ordinary character of the swelling, familiarly known as hydro-rachitis, or spina-bifida; a third of its surface, however, was peculiar, from presenting a raw appearance, and discharging a thin, watery fluid. Co-existent with this local condition, the lower limbs were partially paralyzed. These circumstances caused me to give

* The parenthesis is ours.—Ed. Med. Chron.
very unfavorable opinion as to the probability of the child's surviving for any great length of time. The tumour was dressed with ung. simplex, and I left it, expecting that I should soon hear of the death of the infant.

On the 28th December, I was sent for to see the child, as the parents were anxious to have something done for the tumour; and hoping that it might in some way or other be made to heal, I prescribed a mild astringent lotion, without, however, any further expectation than that it would lessen the secretion constantly pouring out from the exterior. The result supported this view, for under the use of the application the abraded surface cicatrized. Almost simultaneously with the stoppage of the discharge, the head began to enlarge, although I was unaware of such being the case until re-sent for on the 28th January, 1856, I then discovered that the infant was laboring under well marked symptoms of hydrocephalus. The medical treatment (mercurials, diuretics, &c.,) usually adopted in such cases was tried, but without deriving any benefit from it, as the head kept on enlarging until the 24th April, when it had attained the size of twenty-six and a half inches in circumference, and seventeen inches from ear to ear over the vertex; it was furthermore remarkably tense, so much so that, to the anxious eyes of the parents, it seemed on the point of bursting. No amelioration occurring after a continued perseverance of the above remedial measures, but the case becoming rather worse, at the earnest solicitation of the parents that something more might be done for the relief of the child from its evident distress, I advised puncturing the brain; another physician was sent for in consultation, and on the 14th April, I performed the operation in the usual manner. Half a pint of a transparent colourless fluid was drawn off, and the head was then carefully bandaged, the child apparently experienced much relief from the operation, and none of the evil results occasionally witnessed were entailed. The paracentesis was repeated on April 19th, 26th; May 5th, 19th, 23d, 29th; June 9th, 16th, 22d; July 8th, 15th, 23d; August 1st, 11th, 18th, 25th, making in all seventeen times; the amount of fluid drawn off at each operation gradually increased until it measured a pint. But besides these copious evacuations a yet larger quantity of serous liquid absolutely escaped, ince, after each operation an unknown leakage drained away for one or two days until the puncture healed, and it probably exceeded the amount measured at the time of the operation. After the tapping of the 26th August, symptoms of encephalitis manifested themselves, and the child died on September 1st. No post mortem examination was performed, as I did not think it necessary to urge the propriety of it, in opposition to the feelings of the parents. Nor was there any reason to expect the presence of any deviation from the pathological peculiarities of similar cases. The cranial bones were distinctly disarticulated from each other, and
floating, as it were, on the fluid beneath. I was inclined to believe that the encephalitic symptoms were rather of the cerebral than the meningeal type, and arguing from this, it is to be assumed that the hydrocephalus was of the ventricular type, or that species in which the brain is distended into a bag of thin nervous pulp in contradistinction to the second variety, in which from the fluid being extra-peripheric in location, the brain is flattened down towards the basis cranii in a laminated like manner. If this opinion be correct, the case is further interesting by shewing how much injury the brain can sustain without a serious result, for from the effect of the sixteen operations, antecedent to the last, the recovery was perfect. The fluid was secreted with amazing rapidity after its abstraction, so that the original volume of the head was but very temporarily reduced; that withdrawn on the 11th, 18th and 26th August, was of a dark reddish color, at all other times it possessed the properties and appearance answering to the description of it above given. The preceding case is encouraging to future operators, by assuring them with what extraordinary frequency and comparative impurity paraentesis capitis may be undertaken. As a surgical procedure, simply, the puncture is neither destructive nor untoward, and under this consideration the case adds another link to the chain of evidence that has already been collected by inquirers in substantiation of the little apprehension that is to be entertained of the consequences of encephalic wounds when placed under favorable circumstances. So long as the system possesses strong recuperative powers, it is capable of effectually defending itself from the covert invasions of the inflammatory conditions, we are taught, must necessarily co-exist during the progress of reparation from such injuries. And how forcibly is this truth impressed upon the mind of the observer in witnessing recoveries without the entailment of a single bad symptom, after the losses of brain-substance from violence, such as in the catastrophe described by Dr. Harlow, (Ranking's Abstract, 1849,) of an iron bar passing harmlessly through the skull; or again, as is perhaps less often noticed in the perfect exemption from ulcerous consequences of a dangerous kind, that patients enjoy who died afflicted with a hernia cerebri, since in them it is quite common to see portions of the protruding brain actually cut away by the surgeon, or the same parts slough from their outward exposure, and yet in neither case is positive harm incurred. Examples like these seem confirmatory of the proposition advanced, by shewing not so much depends on the condition of the parts, or its importance to life, as rather on the anterior or concomitant states of the vital powers. For if now the opposite states be contracted, states of life in which these energies are depressed or worn out by previous disease, as in fever, or oppressed by an accumulat ing train of sickly events, as in scrofula, we find that their inherent recuperation is incapable of exertion, or else in the struggl
to assert its dominancy, it is led by the inclinations of disease into a perverted action. It is under unpropitious circumstances like these that the slightest injury or wound turns out bad and ends wrong. Of this abundant proof could be adduced. Applying then these reflections to the case above reported, we would seem to have an explanation of the final establishment of encephalitis, for as long as the recuperative powers were sufficiently competent, the danger of the operation was averted, but as they grew ener-
vated by the protraction of the original disease, then reparation was supplanted by a fatality—the simple restricted inflammation of the former passed uncontrolled into an action of a higher grade. Extending now these observations to the general question of the propriety of paracentesis capitis in cases of hydrocephalus, it would seem we had an easy guide offered us for our determination of the uncertainty in any individual case, by giving a due estimation to the condition of the constitution of the patient. This cer-
tainly appears to be a trustworthy indication, and I think the facts now advenced—demonstrate that the operation in itself is not dangerous, and is not precluded from employment as some surgeons once supposed by any such fear. Nor would it seem that one form of hydrocephalus more than another, is preferable in an operative point of view, in opposition to the opinion that has been elsewhere expressed, which contends that in the external variety there is less risk of subsequent evil than in the internal form, because the preceding serves to shew that in the latter the supposed source of danger has in reality no existence. And in conclusion, I would remark it is well for practitioners such an equal immunity should prevail, for, I believe, it will be generally granted, it is impossible during life either to diagnose the one kind of intra-cranial dropsy from the other, or to fix correctly upon the precise seat of encephalic inflammation, whether it be meningeal, cerebral, or both.—[Ibid.

Carbonic Acid an Anaesthetic.

At a regular meeting of the Academy of Medicine of New York, March 5th, 1856, Dr. William Parker, President, a communication was read from Prof. Simpson, of Edinburgh, addressed to the Academy, "On Carbonic Acid Gas as a Local Anaesthetic in Uterine Diseases," etc.

It appears that Prof. Simpson was led to the use of carbonic acid gas as a local anaesthetic in painful conditions of the vagina, uterus, and neighboring parts, from reading the case of a lady, treated by Dr. Rossi, of Italy, and reported in the second edition of Pereira's Materia Medica, vol. 1, p. 155. In this case there was no organic disease and merely an increased irritability, which was completely relieved by the injection of carbonic acid gas.
Prof. Simpson has frequently resorted to this treatment within the last two or three years; and, though not always with success, yet frequently with great relief, and occasionally with immense benefit. Several cases were given in illustration. One lady who had been bed-ridden for years from pain, and bearing down when standing erect, was almost entirely cured by injections of this gas.

His method of applying it is, to use a bottle having a flexible tube attached to the cork. The materials used for generating the gas are tartaric acid, six drachms; bicarbonate of soda in solution, eight drachms; and water, six ounces. The injection may be used several times a day. Other materials may be used.

Prof. Simpson adds, that the employment of carbonic acid gas as a local anaesthetic to the uterine mucous surface and other parts of the body, is not a recent discovery. Dr. Dewees, of Philadelphia, speaks favorably of it in his work (Dis. of Fem., p. 269). Prof. Morjon, of Geneva, has used it frequently, and with decided advantage.

Referring to ancient writers, the author is disposed to consider the practice of burning certain aromatic and medicinal herbs, and applying the fumes to the interior of the vagina by means of proper tubes, to be but another phase of this practice,—as carbonic acid is the result of such combustion.

He also ascribes the beneficial effects of mineral waters, in many cases at least, to the topical application by means of baths and injections of these waters, which generally hold in solution large quantities of carbonic acid. Female patients have assured him of the relief they experience from uterine pains, while using injections of the waters of springs, as practised at different German baths. The same is true in certain cutaneous diseases. The common effervescing draught, in gastric irritability and nausea, acts on the same principle. The injection of carbonic acid gas in dysentery, as practiced with success, by Hey, of Leeds, in 1772, Perkins, etc., is directly in point. The benefit of the common yeast poultice, which gives rise to carbonic acid gas, may be similarly explained. Many other examples were alluded to in the paper, showing how frequently this agent is used in practice without recognition of its anodyne properties.

Dr. Detinold remarked, that members would recollect that, about the year 1847, he called the attention of the Academy to certain propositions, which he then made, proving quite conclusively that carbonic acid gas is the efficient agent in causing anaesthesia. The carbonic acid may be given as such, or one of its chemical ingredients may be so administered, that, finding in the blood the other constituents of this compound, carbonic acid gas is generated, and anaesthesia, to a certain extent, is the result. Thus we may administer oxygen in large quantities, in the form of nitrous oxyde (protoxide of nitrogen, or laughing gas,) which has all the chemical reactions of oxygen, but is much more soluble in water and
the serum of the blood than pure oxygen, and, therefore, is much more readily taken up. This compound meeting with the carbon of the blood, carbonic acid gas is formed in large quantities, with the production of anaesthesia to a certain extent. Or we may, on the contrary, administer the carbon, as the oxyde of carbon or any of the hydro-carbons, alcohol, the ethers, etc.; in this case the blood again furnishes the other constituent of carbonic acid, oxygen, and anaesthesia is again the result.

The stage of excitement corresponds to the period of combination of these elements and the formation of carbonic acid gas. If the gas is administered as such, there will be no stage of excitement; but if the constituents combine slowly, and the gas is generated in limited quantities, there will be a corresponding stage of excitement. Thus, in the stupor of drunkenness, carbonic acid is exhaled in normal quantities; but as the stupor passes off, large quantities of that gas are exhaled. The venous state of the arterial blood, during anaesthesia, is another proof that carbonic acid is being generated in large quantities. If it is true that in post mortem examinations of those dying while under the influence of chloroform, bubbles of air are found in the heart and blood vessels, it is highly probable that this air is carbonic acid gas, unless, perchance, it has entered the circulation by some mechanical lesion.

The only means, in his opinion, of any avail in restoring a patient from profound or fatal anaesthesia, is artificial respiration, or such other means as, by exciting reflex action, will restore respiration, and thus hasten the elimination of the carbonic acid gas. It has been recommended in threatened and apparent death from anaesthesia, to resort to the inhalation of oxygen or nitrous oxyde. Reasoning from the premises which he had given, such remedies would be in the highest degree dangerous. To satisfy himself in regard to this fact, he had made numerous experiments upon animals, and invariably found a fatal issue hastened by administering oxygen.—[N. Y. Journal of Medicine.

At a subsequent meeting, Dr. Detmold favored the Academy with a written exposition of his views of the rationale of the action of chloroform, sulph. ether, and nitrous oxyde, the three agents employed for the purpose of producing anaesthesia. He attributes the action of all of them to the production of carbonic acid gas in the system. The first two supply the carbon, which absorbing oxygen from the blood, and the last supplying oxygen, which absorbing carbon, in either case carbonic acid is the result, which by its action on the living organism produces anaesthesia. This theory, though not absolutely susceptible of demonstration, is yet apparently based on a logical foundation, and finds a seeming confirmation in a number of well-known facts: indeed it was elicited by the allusion made to the anaesthetic properties of carbonic acid, by Prof. Simpson in his recent paper, of which I gave an account in my previous letter.—[Charleston Journal.
On Secondary Syphilis Treated by a New Preparation of Iodine, &c.

By J. C. Christophers, Esq., F.R.C.S. York-place, Aug. 1856.

The good results ordinarily obtained from treating cases of secondary syphilis by the various officinal preparations of iodine are universally known; yet there are cases which resist their influence, and there are constitutions which rebel under their administration. The object of this paper is to introduce to your notice a new preparation, perhaps a new compound, which, combining the good effects to be derived from iodine, is devoid of its disadvantages—a preparation which, in my hands, has proved valuable in curing cases of secondary syphilis which had previously resisted the beneficial actions of iodine in all its usual combinations and forms—a preparation, moreover, which does not produce the evil effects of iodine in those constitutions with which that substance is known to disagree.

My experience of the action of this remedy is limited to cases of secondary syphilis; but in the hands of some other surgeons, I am told, it has been found efficacious in cases of scrofula, anaemia, and in the furunculoid plague which has infested this city during the last three or four years.

To Mr. Hockin, the chemist, in Duke-street, (who manufactures it under a patent granted to M. Dupont,) I am indebted for my knowledge of this preparation, and for its formula. There are, indeed, two preparations: the one (that which I have found so useful in treating cases of secondary syphilis) the names "liquor cinchonae hydriodatus;" the other, (that which has been found useful in treating boils, anaemia, and scrofula,) "liquor cinchonae hydriodatus cum ferro." The former contains in one fluid drachm of liquor, twelve grains of cinchonae flav., and one grain and a half of iodine, in the form of hydriodic acid. The latter contains, in addition to the former ingredients, one grain of protoxide of iron in each fluid drachm of the liquor. These preparations are produced by exhausting the powdered bark with an aqueous solution of hydriodic acid; then with water, and the liquor is subsequently evaporated to the above bulk.

The circumstance that the iron compound ever remains in a state of proto-salt, and that the liquor never, either by time or by exposure, becomes inky, through the action of the tannic principles in the bark, goes to show that there is here something more than a mere mixing of ingredients, and that some new combination of iodine, the cinchona alkaloids, and the peculiar tannic principle, exists in it, which the fact corroborates, the same materials act differently when used singly, together, or when otherwise combined.

The dose in which I have prescribed these preparations varies from one drachm to three drachms of "the liquor cinchonae hydriodatus," and from fifteen minims to two drachms of "the liquor
Treatment of Inverted Toe Nail.

By J. Broke Gallway, Surgeon Royal Artillery. (Communicated by Dr. Andrew Smith.) Corfu, July, 1856.

A good deal has been enunciated from time to time of late years upon the most legitimate line of practice necessitated by the frequency of an affection of no very dignified pretension in the catalogue of chirurgical woes, but for all that possessing strong claims to our notice from the suffering occasioned by its presence, and still more from that attendant upon the means in common use for its relief—ingrowing of the nail of the great toe.

cinchonae hydriodatus cum ferro; and in these doses I have not found any of the evil effects arise which smaller doses of the other preparations of iodine have been known to produce.

I must not omit to say, (inasmuch as I attach much importance to its use,) that, in some of the successful cases treated by means of the preparation described, I have also employed the hot-air apparatus, in order to produce profuse sweating, and always with marked good effect. Indeed, I do not know a more potent remedy for intractable and inveterate cases of secondary syphilis than this is.

The ancients recognised the great advantages of sweating their patients when treating them for this disease and most of the authors of an early period, prescribe it as a remedy, and some of them give elaborate directions for producing and for prolonging its effects. They describe the sweating by medicines, sweating in bed, sweating in a hot-house (whenever it can be procured), and sweating by labour, and either of those processes they designated the "sweating course."

It has occurred to me to find that it is far more difficult to cure secondary syphilis in the higher than in the labouring classes, and I have thought that the daily occupation of the latter, whereby the skin is forced into constant action, may in some measure account for it.

Opium was at one time considered to be a specific for syphilis. I have found it useful, and most so in those cases in which it produced free perspiration—its very usual effect.

The use of the hot-air bath is impeded by the thought that it entails a difficult and complicated apparatus, and that it cannot be used by the patient when at home. It is not so. Few things are more simple, easier of access, or less costly than it, and the patient can be submitted to its action in his own bed. There are many forms: one of the most simple was employed by Dr. Wilson, in the Middlesex Hospital, with good effect; another by Mr. Kurtz, a chemist at Liverpool. The former was employed for sweating only; the latter for sweating, and for the administration of iodine and sulphur.—[London Lancet.]
In systematic works on Surgery, the acknowledged line of practice for this condition is the barbarous rule of forcing a sharp instrument from the free edge up to the root of the nail, and tearing the latter away by a process of evulsion—an operation which is certainly deprived of much of its suffering by chloroform, though still the opprobrium of surgery to the eye and the imagination. The periodical press has teemed with modifications of and improvements upon this practice.

I have found the following little expedient attended with but trifling pain, while it offers a most efficient remedy for the evil:—With a fine and well-tempered file, let a vertical incision be carried down to the matrix, from the root to the free margin of the nail, a few lines from the lateral border, according to the degree and extent of the inversion. This part of the step can be performed by the patient himself, and at his own leisure, which in private life has the advantage of robbing the operation of much of its terrors. It is easily effected, and, I need not say, painless. When thus prepared the surgeon should gently seize the divided edge of the smaller section with a pair of broad-bladed dissecting forceps, and with an infinitesimal amount of tractile and of slightly jerking force tear the offending portion of the nail from its bed and lateral connexions. It is really a very neat operation, and most satisfactory in its results. It should be repeated at the opposite border of the nail, supposing both lateral margins to be inverted.

By this little expedient I have lately resuscitated a poor fellow who had become quite lame in both feet from this condition.—[1b.

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Treatment of Neuralgia, by the Valerianate of Ammonia. By Dr. Declat.

We have prepared an abstract of an interesting translation from the Revue Med. and Etrangé, which may be found in a late number of the Medical Examiner, as it brings to our notice a new remedy, which may be of value in the treatment of a class of diseases increasing in frequency and often-times obstinate in their persistance. According to Dr. Declat, such cases will yield to the influence of the valerianate of ammonia; and as proof of his statement, he gives the two following cases:

Case I.—The Marchioness of Fontanelle suffered with facial neuralgia for six years, first appearing as she was cutting a wisdom tooth. Legrand and Jobert (de Lamballe) ordered its extraction, which was done, causing agonizing pain. The neuralgia still continued in spite of every effort of such advisers as Sedillot, Velpeau and Jobert. Quinine, opium, belladonna, strychnia, iron, gold and quinquina were employed, and external applications, as blisters, opium plasters, dulcamara, chloroform, collodion, aconite,
Phenomena in the Life of Pigment Cells.

Busch (Müller's Archiv.) has made a series of highly interesting observations upon the various changes which take place in the pigment-cells of the skin. His attention seems to have been first drawn to this subject by portions of coloured skin separated from the larva of the frog and the triton, and by the web of the frogs foot. He found that often the cells put out projections from their walls, which went to form pigment globules or balls, and as these projections lengthened, these globules became, as it were, pedunculated. The stalk then gradually thinned, and finally altogether retracted, leaving the pigment-globules isolated. The process was repeated in the same cell, and was a second time watched. Sometimes a species of sac was pushed out, which became divided into two, and after increasing greatly, became disjoined from the main pigment-cell, and another one was then pushed out in its place. Changes of form in the pigment-cell and in the peduncles were also observed, and are figured by the author. Busch also found the pigment-cells to be very contractile, and responsive to the stimulus of electricity.—[Brit. and For. Med. Chir. Rev.]
Contributions to the Physiology and Pathology of the Heart. By H. Bamberger, Prof. of Med. Clinic in Würzburg. (Translated for the Medical Examiner.)

On the Motion of the Heart.—During the past summer, the rare opportunity was afforded me of closely observing through a wound in the parietes of the chest, the conditions of the heart's pulsation; a phenomenon frequently discussed, but as yet very obscure. The case occurred in a healthy man, 30 years of age, who attempted to take his life by stabbing himself in the breast with a sharp knife. The deed took place in a public garden, and I saw the patient about half an hour afterwards, when he was brought into the hospital. According to the testimony of those who brought him there, the bleeding had been profuse, and must at first have spirited in streams from the wound. He was pale and exhausted, but conscious. It was a smooth-edged, gaping wound, about an inch broad, inclining downwards, somewhat in front of the nipple, and at the lower side of the fifth left rib; upon each contraction of the heart, a considerable quantity of dark blood was discharged. It was evident that the patient, who belonged to the higher class, had intentionally selected that spot where the pulsations of the heart were best perceived. I pressed my index finger into the wound, and was greatly surprised to meet the flat, slippery point of the heart, which had, however, received no perceptible injury. There was scarcely a doubt that the pericardium was opened, as it would have been scarcely possible otherwise to have felt the point of the heart with the accuracy above described. Of course, I availed myself of this favorable opportunity to study, as far as was possible, the motion of the apex of the heart. When my finger was introduced from the point towards the back, I could convince myself with the greatest certainty that at every systole the hardened and pointed apex of the heart slipped down along the front wall of the breast downwards, somewhat to the left, and a little below the lower margin of the wound; a copious discharge of blood taking place at the same time near my finger, whilst in the diastolic moment, the apex retreated upwards and could not be felt. The duration of the 1st period, when the point of the heart moved along my finger, appeared to be somewhat shorter than the 2nd period, yet I could make no positive assertion regarding this, as the contractions of the heart were so frequent, about 100 in a minute. Notwithstanding the strictest attention, I could not perceive the lever-like motion of the point of the heart, nor the rotation of the same about its longer axis. As regards the patient, it is merely necessary to state, that the suture was immediately applied. After a few days, pericarditis developed itself, with a loud, grating, friction sound, that lasted about ten days, accompanied by a moderate effusion into the left pleural sac. In spite of this condition, and of a slight hæmoptysis that occur-
red, the general symptoms were light; the patient rapidly recovered; the wound healed by the first intention, and after a few weeks he was discharged. Neither in the pericardium nor in the pleural sac, as daily investigations showed, did any admission of air take place.

It may be permitted me to offer a few remarks upon these observations. The most important object gained by it is, I consider the establishment of the fact that during the systole of the heart, a true movement of its apex takes place in the direction from above downwards and towards the left. The question might arise as to whether this movement may not be considered only as an apparent one, induced by a systolic elongation of the heart; but since Harvey has shown more clearly the relations of the heart to the circulation, the previously accepted view of the heart's lengthening by the systole is entirely exploded, and at present the results of numerous vivisections and observations of Ectopia of the heart places beyond doubt the fact that the heart during the systole is lessened in its long diameter. The fact, therefore, that the apex of the heart can be felt considerably lower during its systole than during its diastole only by an actual depression of the whole heart can only be explained in the manner as described long since by Skoda. Skoda has published similar observations on a new born child, with deficiency of the sternum, where the fissure was only covered by skin. I had been a long time convinced of the correctness of Skoda's view, that in decided hypertrophy of the heart, the deeper position of the apex of the heart during the systole might be proved by percussion, and those observations further made it highly probable to me that similar relations existed for the normal condition; this probability has since become positive certainty. This circumstance explains also the fortunate results of the above mentioned case. If the communicated facts are considered, we are necessarily led to the view that the stab must have been made at the time of the diastole, for only on such a supposition is it conceivable that the apex of the heart, which was felt beating so distinctly in the wound, could remain uninjured. Besides it is not inconceivable that the violent physical concussion at the moment of stabbing may have prevented the occurrence of the systole.

How is it now with reference to the oft-mentioned lever-like notion of the heart, in consequence of which the heart beats against the parieties of the chest? Harvey, Cruveilhier, and Fol in have observed this in Ectopia of the heart, and the numerous investigations of Volkmann seem further to place this fact beyond doubt. It may be imagined, that I am not inclined to oppose such authority, or to place too much value upon one negative observation, whilst at the same time I do not wish to undervalue its importance, as it appears to me to be the only one whose outward elations differ as slightly as possible from its normal condition.
Physiology and Pathology of the Heart.

For it appears to me, that it can be readily conceded that the possibility of a lever motion of the heart may take place where the wall of the chest is absent or broken through, without its being necessary to maintain its actual occurrence in an uninjured thorax; it may be exactly as it is in the motions of the exposed brain, the possibility of which we can with justice deny in an uninjured skull; in one case as in the other a normal obstacle is absent, and forces are put in action which could not be so at an earlier period, although in each case they must have been present. So long as we are ignorant of the quantum and quale of the determining forces of the heart's motions, it will remain a useless task to determine a priori the direction of these motions; if we concede, however, the motion of the heart to be downwards, and consequently the existence of a force that drives it there, as is proved by the foregoing, then may we also grant the existence of another force which has the tendency to move the heart lever-like forward. This, however, is so restricted by the chest-parietes, that the resulting motion is in the direction downwards, the heart moving downwards is pressed more strongly against the breast wall, which condition possibly assists the object of the heart's contraction. The lever motion can never of itself be the measure and the true reason of the heart's pulsation. For the greatness of these pulsations does not depend upon the material of the lever, upon its thickness, &c., but upon the length of its arm and the moving force. The heart's pulsation ought therefore, all other things being equal, be stronger in a giant than in a dwarf; in an adult than in a child; which all experience contradicts. On the contrary, it cannot be denied that the thickness of the heart's walls has a positive influence upon the force of the heart's pulsations, as daily experience in hypertrophy of the heart proves.

The complete parallelism that exists between the anterior surface of the heart and the interior wall of the chest, the perfectly flat surfaces of both, and the intimate contiguity of the same in the closed thorax, do not accord as Kiwisch has already shown, with the idea that the apex of the heart beats against the breast wall, and is forced into the intercostal spaces. In narrating later experiments upon animals which I have had the opportunity of making, I shall return again to the question of the lever motion. Though I cannot entirely agree with Kiwisch's view, and must hold to the motion of the heart in every case being downward and toward the left, yet I fully coincide with him when he make the perceptible impulse of the heart depend not upon a peculia beat of its apex against the breast, but merely upon the evident systolic hardening of the muscles of the heart pressed into the intercostal space. But it may be asked if this is the case, why the pulsation of the heart felt only at a small spot corresponding to its apex, and not over the whole surface where the heart lies upon the breast-wall? Several things appear to me to contribut
to this. First, that part of the heart, that is directly upon the breast-wall, belongs entirely to the right ventricle, which on account of its comparative thinness, is far less fitted to make its systolic hardening outwardly apparent, whilst that point of the left ventricle that lies close upon the breast wall, from its greater muscular character is consequently better fitted to make its action apparent. Besides, we must not forget that the juxta-position of the upper ribs which are closer even than the sternum, and more particularly the thick muscles of the breast, render it almost impossible to perceive the heart’s contractions under ordinary circumstances. I have myself often observed, in children and in emaciated persons, that the heart’s impulses frequently occupy much greater space, and indeed can often be clearly felt wherever the heart touches. In hypertrophy of the heart, that is, as is well known, a daily phenomenon. I have seen very frequently the right ventricle of the heart giving as decided an impulse as the apex, and yet there exists no reason for supposing that the motions of hypertrophical hearts, leaving the strength out of the question, differ in any way from those of the normal ones. If the breast muscles of a rabbit be removed, and the intercostal space exposed, the pulsation will be distinctly felt on every part that the heart touches, though this could not have been previously perceived. There is, therefore, no necessity to postulate any other than the usual motions of the heart’s pulsations.

Skoda (5te. Aufl. p. 162,) opposes his view of the action of the contracting power of the lungs upon the chest parietes, to the views of Kiwisch. The conclusion of his argument purports as follows: "Since the heart is held in contact with the chest-parietes, and the diaphragm by the expanded lungs, and the contracting power of the lungs causes a continual contraction of the soft parts of the chest-wall, then the heart, whatever form it may take, can never by a change of form cause an arching of the intercostal space or diaphragm from above or below; it must rather, if there be no other influence upon its condition, produce a slight drawing inward of the intercostal space and of its diaphragm."

In spite of my great reverence for Skoda, I must here be permitted to differ from him. If we were treating merely of the diminished space of the heart during the systole, a contraction of the intercostal space rather than arching of the same would occur; but when on that account the heart passes into a more ball-like form, its muscular fibres hardening, and consequently producing pressure against the chest-wall, which does not take place during the systole, then the question is, whether this pressure from without is sufficiently great, not only to prevent the contraction of the lungs, which acting through the heart produces a contraction of the intercostal space, but actually produces a positive rest. Already a priori this possibility must be admitted, since no other
sufficient reason exists, and a posteriori shows even that the existence of a systolic arching is in fact the case.

On the rotary motion of the heart, mentioned by many experimenters, the consideration of this case offers no conclusions. Whilst it is at first sight probable that such a one can only be sufficiently clear on the bases of the heart, and not merely at its apex, and it were unjustifiable to deny the motion solely on the ground of one negative observation; on the other hand, the peculiar undulating arrangement of solid exudations in pericarditis confirms the same to a very great degree.

I have intentionally mentioned the results of my observations, and such as immediately grow out of them, without bringing into the question any experiments on animals, because I am of the opinion that any deduction from the phenomena of the heart's motions in animals can only be applied with great care to man. But I believe not the less, that they must yield exceedingly important data, if they are brought into harmony with the observations on healthy and diseased men. I have the liveliest desire to observe the phenomena of the heart's motion in animals, in a much more extensive manner than has yet been offered to me in man; but I also believe that an actual advantage can only be drawn from such observations, by preserving intact the relative position of the heart and lungs, because, from the beginning, I was convinced that any important disturbances in the normal relations must produce such considerable changes in the heart's motion that any application of the same could not be thought of. Further observations have in the highest degree confirmed this view, and convinced me that in the open pleura, or in the removal or tearing out of the heart, its motions suffer the most important changes, and indeed not rarely are completely opposed to its normal condition. Too true it is, that the various investigations of extracted hearts have rather hindered than assisted the student on the motions of the same.—[Archiv. für Pathologische, and Medical Examiner.]

On the Various Forms of Obstruction of the Bowels. By W. H. Ranking, M. D.

The various forms of intestinal obstruction may be conveniently arranged under the following heads:

I. Simple enteritis.

II. Impaction by faces, or other solid formations.

III. Narrowing of the canal from disease within the bowel.

IV. Pressure of tumors external to the bowel.

V. Displacement of a portion of the bowel, causing it to twist itself upon another portion.
VI. Incarceration of a portion of the bowel in a loop, formed by false membrane, or adhesions, or in some abnormal opening.

VII. Invagination or intussusception.

1. Simple enteritis, or inflammation of the bowels, is usually, but not always, attended by constipation, which purgatives, if given in ignorance of the true nature of the case, fail to overcome. In this case the obstruction is due to the inability of the inflamed bowel to propel its contents; it allows itself to become distended. The transition from inflamed to healthy bowel is in some of these instances very marked, the upper portion being distended, congested and even gangrenous, while the lower portion is abruptly pale, empty and contracted.

2. The usual cause of obstruction from impaction is by the presence of hardened feces, but in some instances concretions of other kinds take place, and complete obstruction has been known to be caused by a large gall-stone. Dr. Watson relates such a case in his lectures.

3. Narrowing of the bowel from internal disease is the result either of chronic inflammation, with ulceration and interstitial deposit, or of cancerous degeneration of the coats of the bowel. Giles' is an instance of the former disease. The stricture thus induced, may occur in any part of the intestinal tract, but is most commonly found in the rectum, and within reach. This is specially the case with reference to cancer, for of 378 fatal cases from this cause, in 221 the disease was located in the lower bowel.

4. Obstruction from tumors pressing on the bowel from without is comparatively rare, but cases are recorded in which such a result has been induced by large malignant tumors, and by a retroverted uterus.

5. Strangulation from simple twisting of the bowel upon itself is also rare, but several cases are on record. I have myself met with two marked instances, one of which I related some years ago to the Pathological Society; the other has recently occurred. In both the descending colon had turned over upon itself, producing fatal obstruction. Two cases are also related by Mr. Mackenzie in the Medical Gazette, in which the colon was similarly dislocated. Now and then, also, an analogous displacement takes place in the small intestine, in consequence of a preternaturally deep mesentery.

6. The sixth variety of internal strangulation of the bowel is more common. It has occurred to me to see several cases, and an instance you lately witnessed in this hospital was one. The more common appearances found are a band of false membrane, the result of some former attack of partial peritonitis; an adhesion of the free extremity of the appendix vermiformis, giving rise to a noose through which the bowel slips; or a rent or congenital fissure in the mesentery or diaphragm.

7. The last form to be mentioned is intussusceptio. In this case
one portion of the bowel slips into the portion below it, as may be
imitated in the finger of a glove. The portion thus inverted is
sometimes of considerable length, and when it gives rise to a tu-
mor perceptible through the abdominal parietes, it is called a
volvulus.

There is a great difference in the relative frequency of these se-
veral causes of intestinal obstruction, as may be seen in an analy-
sis made by Mr. Philips in an admirable paper published in the
31st volume of the Medico-Chirurgical Transactions. He has here
collected 169 cases, and of these 69 were instances of invagination
or intussusception; 60 of strangulation by the constriction of bands,
adhescions and abnormal openings; while 19 only were caused by
disease of the coats of the bowel, 11 by impaction of hardened
feces or concretions, and 16 from the pressure of tumors external
to the bowel.

Whatever be the cause which offers impediment to defeation, a
certain train of symptoms sooner or later ensues, though it must
be added they do not follow any regular gradation or combination
peculiar to individual lesions; hence the difficulty I have spoken
of in deciding upon the exact seat and nature of intestinal ob-
struction. The first thing that usually attracts attention, is pain;
this is or is not accompanied by vomiting, and it is found on in-
quiry that from a certain date there has been no action of the bow-
els. Day after day passes without relief being obtained, and the
symptoms become more severe, the pain more constant, the vom-
iting more urgent and eventually stercoraceous; the abdomen also
becomes more and more distended, the pulse quickens, the coun-
tenance becomes haggard, and in fatal cases sooner or later symp-
toms of collapse ensue, and the patient sinks retaining his mental
faculties to the last. This is a description of an average case of
ileus; but great variation is manifested in particular cases in the
relative urgency of the several symptoms and in their grouping. I
will briefly consider these symptoms seriatim, and first, of the pain.

This symptom is usually present in greater or less intensity, but
in some few it is very unimportant, and cases may prove fatal in
which there is neither spontaneous pain, nor great tenderness on
pressure of the abdomen. In other cases it is the first symptom
which excites alarm, and occurs often during some exertion or
after an indigestible meal. In such instances it is not uncommon-
ly found that a portion of bowel has become strangulated, and
the sudden pain would seem to indicate the precise moment in
which the bowel has become imprisoned. In other cases there is
little or no pain for some days, but it soon declares itself in con-
nection with distension of the abdomen, and marks the occure-
cence and progress of the enteritis, which seldom fails to add to
the fatal tendency of the mechanical obstruction. Towards the
close of life, when gangrene ensues, the pain, as in idiopathic peri-
toneal inflammation, often quickly and entirely subsides.
The constipation is, in all cases of genuine obstruction of the bowels, complete; or, if any fecal matter passes, it is merely that contained in the bowel below the constricted point. In some cases of intussusception, bloody mucus passes, which, in children especially, will materially assist in forming a differential diagnosis.

The vomiting is a symptom, subject to much variety. I have recently had a case under my care in which the obstruction was of fourteen days' duration, with immense distension, but vomiting did not once occur. This case proved fatal without the patient once vomiting. The obstruction was in the sigmoid flexure. For the most part, however, vomiting is a very distressing symptom and adds materially to the difficulties of medicinal treatment. At first it is simply the ejection of the ordinary contents of the stomach, but at some variable intervals it becomes fecal.

The abdominal distension likewise varies both in degree and period of occurrence. In some cases, where the obstruction is high up, as in the duodenum, there is little or no distension; on the contrary, the abdomen becomes flat or even retracted. Generally a tympanitic condition soon declares itself, and may proceed to an enormous extent, so that distended coils of intestine become perceptible to the naked eye.

The condition of the urine is thought by many, and especially by Dr. Barlow, to give important evidence as to the site of the impediment. Where it is copious, it is supposed to indicate obstruction of the lower end of the tube, and the reverse when it is scanty in quantity. Further inquiries are, however, requisite to establish this as a trustworthy symptom. The state of the circulation in intestinal obstruction fluctuates. The pulse may be unaffected at first, but rarely fails to sympathize with the gravity of the disease, in a rise of frequency and subsequent loss of power.

**Medical Times and Gazette.**

Glycerine and Tannin in Vaginitis. By M. Demarquay.—In the treatment of this affection, M. Demarquay has found a composition, consisting of eighty parts of glycerine and twenty of tannin, of great service. When the vaginitis first appears, the inflammatory symptoms should be calmed by appropriate regimen, baths, and frequent emollient injections. When the first stage of the inflammation has passed away, and the careful introduction of the speculum has become possible, abundant injections of water are to be thrown in, so as to remove all the mucous parts which line the walls of the vagina, and these are then dried by a plug of charpie placed at the end of a long forceps. Then, three plugs of wadding, well soaked in glycerine and tannin, are to be introduced. Next day, after a bath, the plugs are removed, new injections made, and the dressing repeated. M. Demarquay has never had to have recourse to more than four or five such dressings. After discontinuing them, astringent injections, consisting of infusion of walnut leaves, in which one drachm of alum to the quart has been dissolved, are employed two or three times a day for a week or ten days.—[Bulletin de Thérapeutique, and N. O. Med. News and Hosp. Gaz.]
EDITORIAL AND MISCELLANEOUS.

We beg leave respectfully to announce that in consequence of other engagements, our Editorial supervision of the Southern Medical and Surgical Journal terminated with the volume just completed. It is a source of much gratification to us that the publication of the work will be continued by gentlemen eminently qualified to sustain its literary and scientific reputation, and to add to its extensive patronage. In retiring from the Editorial Chair, we cannot refrain from the expression of our grateful acknowledgments for the indulgent liberality of our patrons and the courtesy extended to us by the conductors of other periodicals.

Augusta, 10th Dec., 1856.

L. A. Dugas.
H. Rossignol.

INTRODUCTORY.—We feel that "the lines have truly fallen to us in pleasant places." We enter upon our Editorial duties in charge of a journal in the full tide of prosperity, and in the vigor of an unbroken and healthful prime. The present number initiates the Thirteenth Volume of the New Series of the Southern Medical and Surgical Journal, and while we are disposed to congratulate ourselves on the well-established and prosperous condition in which we find it, we can but feel, that the amount of responsibility imposed upon us is thereby greatly enhanced.

Feeling the incompleteness of Southern Medicine without some accessible and convenient medium for the interchange of thought among Southern Physicians, the late Professor Milton Antony having associated with him Dr. Joseph A. Eve, the present able Professor of Obstetrics, began this publication, under its present title, in the year 1836. Notwithstanding the difficulties attending such an enterprise at that early period, it was issued regularly until it had nearly completed its Third Volume, when it was suspended by his lamented death in the year 1839.

In 1845, its publication was resumed under the Editorial conduct of Professors Paul F. Eve and I. P. Garvin; and with but few changes since that time, it has continued to greet its readers with a regularity unsurpassed by any Journal in the country.

Its late Editors, Professor L. A. Dugas and Henry Rossignol, M.D., now retiring, it will be acknowledged have not only well sustained the early character of the Journal, but have kept it well up to the requirements and style of progressive Science, during the six years of their able management.

The plan of the work and the arrangement of the various heads of reading matter will not be changed from that adopted by its recent Editors, a
they appear to us the most convenient, both for ourselves and the reader, that could possibly be chosen. In its publication, we are happy to inform our readers, that the well trained efforts of Mr. J. Morris (the half-brother of the late Publisher, Mr. James McCafferty) have been secured. Mr. M. has been for many years the foreman of the office, and a principal conductor of the printing department, and we can therefore promise satisfaction in the style and execution of the work.

Fully aware of our inexperience in the field of labor we have entered, we can but acknowledge that we are not without misgivings; but an earnest desire to contribute our quota to the promulgation of sound medical doctrine strongly impels us to the obligation, however scant may be our resources for its accomplishment. From our Brethren we invoke that indulgence, which the known liberality of our Profession entitles us to expect.

With this valuable work, so long established, so fostered and so well sustained, we now present ourselves before the Profession, and claim for it in the future, that support which they have so freely given in the past. We earnestly solicit contributions for our pages, and promise to use every effort on our own part to sustain the present character of the Journal, and to emulate our predecessors, at least in their energy and devotion.

Henry F. Campbell.

Augusta, Ga., Jan. 1st, 1857.

Robert Campbell.

Professor L. D. Ford's Lecture.—Accompanying our present issue, our readers will find this highly polished and philosophical production published by the Class. Any encomium of ours, would be inappropriate as well as superfluous; for in it we behold the author himself—too nearly allied to us by position, and the yet closer ties of personal friendship, to allow us the gratification of praising him. "Self-praise is no praise at all," says the old proverb; "Let another man praise thee and not thine own mouth, a stranger and not thine own lips," says the book of Proverbs, and the Book of books.

The Southern Journal of the Medical and Physical Sciences.—This excellent Journal has for a short time disappeared from our list of exchanges from causes not affecting its soundness financially or otherwise. We are glad to welcome it again, and wish it uninterrupted success. In the present number (for June) the Editors say:—"Our next issue, to consist of some 200 pages, will be issued forthwith, and will embrace the months of July, August and September. We will give in a third number the months of October, November and December, so that by the close of the year, our subscribers will have received their full complement of 768 pages."
Works Received.—We are indebted to the authors for a large number of works, some of which are highly interesting, and deserve special notice. We regret that we are not able at present to do any more than merely to direct attention to them.

The History and Statistics of Ovariotomy, and the circumstances under which the operation may be regarded as safe and expedient; being a Dissertation to which the Prize of the Massachusetts Medical Society was awarded, May, 1856. By George H. Lyman, M. D.

Transactions of the Illinois State Medical Society, for the year 1856.

Transactions of the South Carolina Medical Association, at the extra meeting in Greenwood, July 18, 1855, and at the annual meeting in Charleston, Feb. 6, 1856.

The Transactions of the New York Academy of Medicine, instituted 1847. Vol. I.—Part V.


Annual Report, with the Medical Report, of the Commissioners of Emigration of the State of New York, for the year ending Dec. 31, 1855.

Proceedings of the American Pharmaceutical Association, at the fifth annual meeting, held in Baltimore, Sept. 1856. With a list of the members.

First Report of the Woman's Hospital Association, presented to the Executive Committee, at the Anniversary meeting, Feb. 9th, 1856.

Essays on the Physiology of the Nervous System, with an Appendix on Hydrophobia. By Benjamin Haskell, M. D., of Rockport, Mass.

Encysted Osseous Tumors; or a thin secreting membranous cyst, developed in cancellous structure of bone, and surrounded by a thin bony wall. By Alden March, M. D., of Albany.

History of the Ligature applied to the Brachio-Cephalic Artery with statistics of the operation. (Paper read before the Tennessee State Medical Society, May, 1856.) By Paul F. Eve, M. D.

Bronchial Injections: a Report, with a statistical table, of one hundred and six cases of Pulmonary Diseases treated by bronchial Injections. By Horace Green, M. D., LL. D., President of the Faculty, and Professor Emeritus of the Theory and Practice of Medicine, of the New York Medical College, &c.

Remarks on Vesico-Vaginal Fistule, with an account of a new mode of Suture, and seven successful operations. By N. Bozeman, M. D., of Montgomery, Ala.

The Mutual Responsibilities of Physicians and the Community: being an Address to the Graduating Class of the Medical College of the University of Michigan. Delivered March 27th, 1856. By Henry P. Tappan, D. D., LL. D., Chancellor of the University of Michigan.

Dr. Graily Hewitt exhibited at a meeting of the Pathological Society of London, Mr. Arnott, President, in the Chair, the Lungs on four children who died of Hooping-cough.

"The specimens now presented consist of the lungs of four children, who have recently died in the St. Marylebone Infirmary and Workhouse, from
hooping-cough, under the care of Mr. Filliter. They are illustrative of the lesions which will in almost all cases be found to be associated with the disease, and all exhibit one peculiar lesion in a greater or less degree. In these cases certain portions of the lungs will be found, on examination, to present that condition formerly known as lobular pneumonia, but which now is ascertained to be in reality collapse of the lung substance, without necessarily, inflammation of the parenchyma of the lung itself. Particulars of four fatal cases of hooping-cough were then read, together with an account of the post-mortem appearances in each case, of which the following is an abstract:

In case 1, that of a child aged sixteen months, there was collapse of portions of both lungs, with emphysema and subpleural ecchymosis, some of the collapsed portions presenting minute bronchial abscesses.

In case 2, a child aged twelve months, there was collapse of the lungs, the right middle lobe being quite collapsed, together with the catarhral or vesicular pneumonia of Legendre and Bailly, and slight depositions of tubercle in one lobe.

In case 3, a child aged eleven months, there was partial collapse of the lungs, together with double pleurisy and catarhral pneumonia. Maceration and inflammation of the Peyerian and solitary glands of the ileum were also noticed.

In case 4, a child aged fourteen months, collapse of the lungs was also present, with a few bronchial abscesses. This case presented a pathological condition in other respects interesting. The gastric fluid had, after death, perforated the esophagus one inch above the cardiac orifice of the stomach, and escaping into the left pleura, had eroded the posterior and upper part of the left lung.

In all the cases, slight enlargement of the bronchial glands was observed. The bronchial tubes, especially the smaller divisions, were always filled with a thickish muco-purulent fluid. Emphysema of the lungs always co-existed with collapse of the lung tissue.

Remarks.—The points of interest in these cases may be now briefly recapitulated. The subjects were all infants of tender age—from ten to sixteen months old. The collapse of the lungs was found. It presented for the most part the usual characters, and with it was associated emphysema of the neighboring lobes or lobules. This is an important fact, as related to the physical examination of the chest during life. Small bronchial abscesses were also present in most of the cases. The history of these cases during life illustrates one or two points important to bear in mind with reference to hooping-cough in very young children. Only one of them was observed to hoop. So far as I have observed, the intensity and frequency of the hoop is a circumstance of good augury, rather than the reverse. The treatment adopted in these cases was of a stimulating character, mild expectorants, and ammonia, together with a little wine, and counter-irritation by means of blisters. The unfavorable hygienic conditions in which the children were placed, however, coupled with their tender age, precluded a favorable result. Death took place, on an average, about three weeks after the commencement of the disease.”—[London Lancet.

Phosphate of Iron in Human Bones.—Nikles has described two strongly coloured blue-green bones (the cubitus and the radius of a female skeleton),
which he found in the burial-ground at Eurnont. The bones were coloured through their entire mass. Nikles found that this colour was due to the presence of phosphate of iron which existed in a crystalline form in the bones, and considers that the existence of this salt was due to the circumstance of the bones lying in ground impregnated with ferruginous water, which had decomposed their phosphate of lime.—[Ibid.]

**External Application of Ergotin.** (Translated by Ch. F. J. LHIlBACH, M. D., Newark, N. J.)—Dr. Hoppe, Professor of Basle, recommends in his medical letters the external use of ergotin. This induced Dr. V. Brenner, at Ischl, to make trials with this remedy, and he obtained satisfactory results. According to Dr. V. Brenner, the character of disease prevailing in that region at present, is the typhoid, tending to decomposition of the blood. Acute inflammations are seen very rarely, and those that occur, have a tendency to assume the typhoid form, so that the abstraction of blood is not only of no avail, but acts injuriously, by diminishing the forces of life very rapidly. This typhoid character, which is prevailing, exercises its influence upon wounds and ulcers. It is very difficult in cases of wounds and ulcers to induce a sufficient amount of reaction, necessary to establish the process of healing. Left to themselves, a long time passes, until suppuration and granulation take place. The same thing is observed after operations. Wounds can almost never be brought to heal by first intention. If, on the fourth day, the dressings are removed, the wound gapes as before, without a trace of inflammation and suppuration. Under these circumstances, a dressing as that of ergot is exceedingly valuable. Under its application the wound or the ulcer soon becomes more lively and clean; it begins to suppurate and granulate; there arise no exuberant granulations, and cicatrization takes a very rapid course. Brenner's usual formula is—

B. — Axung. porec. 3j; 
Ergotini 5ss. to 8ij. M.

With this salve the wound or ulcer is dressed twice a day.

[As a similar typhoid character is prevalent among us at present, and a similar difficulty of inducing healthy inflammation in wounds and ulcers, the remedy recommended thus by good authority might be worth a trial.]

_N. O. Med. News and Hospital Gaz._

**Effects of Digitalis on Generative Organs.**—M. Brugmann says, that if from 35 to 40 centigrammes of pulv. digitalis be given for five or six days, the most complete hyposthenizing effect is produced on the generative organs. He has thus given it with very great advantage to combat erotic excitement, whether due to excitable temperament, sedentary life, stimulant regimen, or the privation or excess of venereal pleasures, etc. He also finds it very useful in subduing the inflammatory accidents that so often accompany syphilitic diseases, and which may be prevented by its early administration. It is pre-eminently useful when phymosis or paraphymosis, chordee, epididymitis, or adenitis are either present or feared.—[Review Méd. Chirurg., and Ibid.]

**Preparation of Caustic with Gutta Percha.**—M. Richard has recently brought this before the Paris Society of Surgery. Gutta percha in powder is intimately mixed with pulverized caustic in proportions according to the
strength required, as, e.g., two parts of chloride of zinc to one of gutta percha. The mixture is to be gently heated in a tube or porcelain capsule, over a spirit lamp. The gutta percha softens, and becomes thoroughly impregnated with the caustic, so that on cooling a gutta percha port-caustic is formed. By its properties the gutta percha possesses the advantages of not altering the tissues, of preserving its consistence and flexibility, of insinuating itself by its suppleness into either natural or abnormal canals, however tortuous, of assuming any desired form under the fingers of the Surgeon, and of allowing, by reason of the porosity of its molecules, the exudation and unimpeded action of the caustic it contains.—[Journal de Chimie Med., 1836, and Ibid.

Air Poison.—People have often said that no difference can be detected in the analyzation of pure and impure air. This is one of the vulgar errors difficult to dislodge from the public brain. The fact is, that the condensed air of a crowded room gives a deposit which, if allowed to remain for a few days, forms a solid, thick, glutinous mass, having a strong odour of animal matter. If examined by the microscope, it is seen to undergo a remarkable change. First of all, it is converted into a vegetable growth, and this is followed by the production of multitudes of animalcules; a decisive proof that it must contain organic matter, otherwise it could not nourish organic beings. This was the result arrived at by Dr. Angus Smith, in his beautiful experiments on the Air and Water of Towns; wherein he showed how the lungs and skin gave out organic matter, which is in itself a deadly poison, producing headache, sickness, disease, or epidemic, according to its strength. Why, if "a few drops of the liquid matter, obtained by the condensation of the air of a foul locality, introduced into the vein of a dog, can produce death with the usual phenomena of typhus fever," what incalculable evil must not it produce on those human beings who breathe it again and again, rendered fouler and less capable of sustaining life with each breath drawn? Such contamination of the air, and consequent hot-bed of fever and epidemic, it is easily within the power of man to remove. Ventilation and cleanliness will do all, so far as the abolution of this evil goes, and ventilation and cleanliness are not miracles to be prayed for, but certain results of common obedience to the laws of God.—[Dickens' Household Words, from Edin. Med. Jour.

Poisoning by Chloroform.—Ricord extirpated the testicle of a strong man, 38 years of age, and with all caution let him inhale a very good chloroform. After half a minute narcosis had completely set in, without convulsions, the operation was performed. After the chloroform had been taken away for some time, all at once the pulse ceased to beat, respiration stopped, death-like paleness overcame the patient, who turned the eyes upwards and seemed to be dead. Instantly Ricord threw himself over him, and putting his mouth to that of the patient, blew air in it, which he expelled again by compression of the thorax. After this had been done twice, pulse and respiration returned; the color improved, and after half a minute the patient commenced to speak. Ricord makes the following reflections:

1. In consequence of hemorrhages or violent emotions, syncope not seldom occurs after these causes cease. Just the same with chloroform. 2.
The difference of the action of chloroform depends less on the purity of the article, as Dédilôp asserts, but, like with other medicines, from idiosyncrasy. The above treatment of poisoning by chloroform is, according to Ricord, who often had resort to it, safer and quicker to apply than any other counter poison.—[Jahrh. d. ges. Med. Journal of Pharmacy.

Small-Pox Contagion Prolonged.—An instance is reported in the Medical Examiner of the prolongation of small-pox contagion five years. The disease prevailed in Oglethorpe county, Georgia, pretty extensively, in 1851. A second wife having been introduced during the present year, into a family which had suffered with the disease in 1851, and a general up-turning of the domicile having taken place in consequence, during which all the old clothing, bedding, carpets, &c., were handled and exposed, the small-pox attacked the wife and a servant, neither of whom had been from home, nor had any suspicious person been to see them. They had not been to or passed through any town. They lived five miles from the nearest town, and had no intercourse whatever with any person from whom they could have contracted the disease.—[Memphis Med. Recorder.

Ice vs. Yellow Fever.—Mr. Meriam, the meteorologist, has suggested that a recently invented ice-making machine may be used to prevent and to check the progress of yellow fever, by the mere power of refrigeration. The air in both ships and dwellings may by this means be kept at the freezing temperature at will, and thus free them from the epidemic influence. Mr. M. thinks that infected vessels can be cleansed in forty-eight hours, and then released from quarantine, and that fomites can be purified in the same way. He even proposes the construction of ice-docks, in which the outer as well as the inner part of the vessels can be refrigerated. Without expressing any opinion upon the necessity, or efficacy, of such disinfecting agency for ships and goods, we should hail as a great boon, any contrivance which will have the effect to release commerce from the onerous burden, and murderous influence of quarantines. According to all experience it is of little avail to prove a thousand times over, the entire uselessness of such quarantines as are commonly instituted, but it might be less difficult to impress upon human credulity the conviction that refrigeration with artificial ice is an infallible disinfecting agency.—[Ibid.

New Operation for Phymosis.—The cavity of the prepuce is filled with cotton or lint, so that the mucous membrane will be put as much on the stretch as the skin. A circular incision then makes a complete division of both, while the glans is protected from injury by the cotton or lint. This obviates the necessity of cutting the skin and mucous membrane separately, rendering the operation more simple and less painful.—[Ibid.

A New Method for the Speedy Application of Leeches.—Dr. Avenier de Lagree, in the Gazette des Hopitaux, gives the following notice of his method of applying leeches:

“It is well known how tedious and difficult, not to say impossible, it is, especially in winter, to cause a number of leeches to adhere to the integuments to which we wish to apply them. I have lately discovered the following method, which I doubt not will be welcomed, since it accelerates in
a remarkable degree the functions of these valuable annelides. Having
selected the spot to which they are to be applied, cover it with a sinapism,
which is to be allowed to remain some time, in order to effect congestion of
the capillary vessels. Then wash the place carefully, and place the glass
containing the leeches upon it. In a few minutes they will all take hold
and draw with an energy and rapidity quite remarkable. After the leeches
fall off, the flow of blood from their bite is more abundant, and continues
for a longer time, than under ordinary circumstances."—[Nashville Jour.
of Med. and Surg.]

Abscess of Tibia—Amputation.—Dr. Willard Parker showed a leg which
he had that day removed from a man aged 35 years. He was of good
constitution, and fifteen years ago had sprained his left ankle. Five years
after the accident, he consulted Dr. P., who directed the usual remedies for
inflammation, and enjoined repose. In January last, he had inflammation
in the joint, and three months ago the doctor was called in to amputate.
He advised delay, and found no ulcer, but some pus over the internal malleo-
lus, which he discharged. Within ten days past he has had a return of
the violent symptoms, since which time his suffering has been intense, near-
ly equalling that of tetanus. On examination of the limb after amputation,
the tibia was found to contain an abscess, such as are particularly described
by Brodie. No pain had been produced by pressure of the foot against the
leg. Dr. Parker had seen a similar abscess in the femur of a woman,
some years ago.—[Med. and Surg. Rep.]

Extensive Injuries during Pregnancy.—In this city, last winter, a robust
German female, about 26 years of age, and five months pregnant, fell into a
well, and descended 51 feet! She suffered an oblique fracture of the thigh,
complete dislocation of the knee-joint, and a fracture of the tibia and fibula
just above the ankle! At no time after the accident did she manifest any
signs of abortion, but went her full time, and was delivered, some time in
June last, of a well-formed, healthy child. It may not prove uninteresting
to mention that, during the pregnancy, the fracture in the vicinity of the
ankle-joint failed to unite. After delivery, the process of reparation com-
menced, although slowly, and she is now regaining the use of her limb.—
Dr. H. Tyler Smith's Obstetric Lectures in London Lancet.

Considerable Hypospadia; Fecundation.—Dr. Taxel, of Kremsier,
(Weiner Med. Wochenschrift, 1856,) was lately called upon to decide upon
the sex of a child, which presented exactly the same genital malformation as
its father. The latter had hitherto been taken for a woman, and sleeping
habitually in the same bed with a fellow farm-servant, really of the female
sex; the child had been the consequence of that circumstance. The fol-
lowing is the condition of the father:—The penis is shorter than usual, but
thicker and imperforate; the scrotum is divided into two sacs, each of
which contains a testicle. At the root of the penis, in the anterior com-
misere of the sacs, there is a foramen, which would admit a small pea,
and from that foramen springs a groove running along the under part of
the penis. There is no prepuce. In the groove, and about a line behind
the corona, are two elliptical openings, large enough to admit a bristle,
and another small hole is observed further back, two lines from the urethral
orifice. The author of the paper is inclined to believe that the anterior foramina are the orifices of the ejaculatory ducts, and that by their means fecundation had taken place. Perhaps it would be simpler to look upon them as the openings of the mucous ducts usually found in this region, and to conclude that fecundation had taken place at the foramen allowing of the passage of the urine.—[London Lancet.

*Diminished Frequency of Croup.*—Dr. Kuttner, Physician to the Children’s Hospital at Dresden, observes, that while Gollis, at the commencement of the century, met with 1,663 cases within five years, and other practitioners regarded it as the most frequent of children’s diseases, the number of cases seems, during the last thirty years, to have undergone great diminution. In the Dresden hospital, among 18,120 patients during twenty years, only 33 cases (21 boys and 12 girls) have occurred, i.e. 1 in 400, although inflammatory diseases of the respiratory organs are of common occurrence among the Dresden population.—[Journal fur Kinderk. Virginia Med. and Surg. Jour.

*Case of Aneurism with Contraction of the Pupil.*—By Dr. W. T. Gairdner.—The patient, a middle aged man, had come under Dr. Gairdner’s notice at the Royal Public Dispensary, and, from one of the eyes presenting a well marked diminution in the size of the pupil, Dr. G. was at once led to examine the chest, when evidence of the existence of an aneurism (probably of the arteria innominata) was obtained. The case was of interest, as it added another to the rapidly increasing number of cases in which this remarkable sign had been noticed.—[Edinburgh Med. Jour.

*Statistics of Chemists and Druggists.*—In 1831, the number of chemists and druggists in England was 5835; while in 1851, there were 3632 men and 12 women carrying on the business under the age of twenty years, and 11,701 men and 298 women of twenty years of age and upwards (exclusive of 15,163 surgeons and apothecaries); making a total of 13,643 persons, unrestricted, uncontrollable, and irresponsible, with a stock-in-trade sufficient to depopulate the whole continent of Europe.—[Letter to “The Times,” condemnatory of the Sale of Poisons.

*Method for the Detection and Quantitative Estimation of Quinine and other Alkaloids when combined with Fatty Oils.*—If, for example, the presence of quinine, as well as its quantity, in cod-liver oil have to be determined, agitate strongly a measured quantity of the oil with a solution of sulphate of soda in water slightly acidulated with sulphuric acid. After the aqueous liquor has separated, by rest, from the oil, separate by means of a pipette rather more than half the aqueous solution employed. Filter this solution to remove a few adhering globules of oil, and then measure off exactly one half of the quantity of the aqueous solution originally added to the oil. Precipitate the quinine, if present, from this filtered solution by means of caustic soda; slightly wash the precipitate with water and redissolve it in alcohol; filter, and evaporate the filtrate to dryness on a water-bath; the residue will represent one-half of the quantity of quinine present in the quantity of cod-liver oil measured off.

The precipitate obtained from the solution by the caustic soda should
be examined by the methods described in the ordinary manuals of chemical analysis, to learn whether it be quinine or not.

The method described for separating quinine from cod-liver oil is applicable for the separation of other alkaloids when combined with fatty oils.—(Bastick)—[London Lancet.]

The Late Case of Poisoning by Croton Oil.—Gallagher, the soldier of the 89th Regiment, who was condemned to death for "administering Croton Oil with intent to murder," and in whose defence we wrote an editorial in our last number, which was approved of and commented on by our confrères of the daily Press, has since had his sentence commuted to five years in the Provincial Penitentiary.—[Montreal Med. Chon.

Death from Chloroform.—A patient recently died at St. Thomas's Hospital, London, from the effects of this anaesthetic administered prior to an amputation of a finger. The house-surgeon, assisted by another gentleman, had the sole management of the case, the Surgeons of the Hospital having been absent.—[Western Lancet.

The Use of Glycerine for the Preservation of Organic Bodies.—Luton states that animal and vegetable substances may be kept for a long period perfectly free from decomposition when immersed in glycerine. He also finds that it is a good antiseptic agent for injecting dead bodies.—[N. O. Med. News and Hosp. Gaz.

Remarkable Case.—Mrs. Julia Syles, wife of John Syles, of Blackstone, died on the 14th ult., of dropsy, from which she had suffered for five years. During that time she had been tapped upwards of one hundred and forty times, and more than three thousand pounds of water were extracted.—[Ib.

'Secretion of Butyric Acid by Beetles.—Pelouze states, that many kinds of the species Carabus, when they run about, leave behind a foetid liquid, secreted from a gland near the anus, which, as he has proved, contains butyric acid.—[London Lancet.

Honors to Dr. Von Iffland.—It affords us much pleasure to announce to our readers the election of Dr. Von Iffland, of Quebec, to the distinguished position of a Corresponding Member of the Epidemiological Society of London. The report was mooted last month in the letter of our London Correspondent, and we now are enabled to substantiate it by a more personal confirmation. We are also informed that Dr. Von Iffland is about being created a Fellow of the Royal College of Surgeons, of which corporation he has been for very many years a member. The latter appointment, is pre-eminently distinguished, and places our talented collaborateur and esteemed friend upon an eminence of celebrity, enjoyed, we believe, by only one other gentleman in the Province. We are sure these just honors will be as gratifying to the numerous friends of the worthy Doctor upon whom they have been "so thickly showered," as to ourselves.—[Montreal Medical Chronicle.
A FEW HINTS RELATIVE TO THE COLLECTION OF SOME INDIGENOUS DRUGS.

It is a matter of some importance to the thorough pharmacist to keep in mind the proper time of gathering plants and barks, roots, leaves and other parts of plants, in reference to laying up a store for future use, and for the manufacture of quantities of preparations requiring them to be used at the period of their greatest medicinal power.

Wild Cherry Bark.—According to the results of Mr. Perot, the proper period of collecting wild cherry bark is in the fall, September or October, as then it contains a larger proportion of amygdalin, and consequently yields more hydrocyanic acid and volatile oil than in the spring or summer.

American Senna.—According to the late Dr. R. E. Griffith, (Medical Botany, p. 261,) American senna leaves should be collected when the fruit is ripe or nearly ripe, which is in September.

Dandelion Root.—Roots generally, as is well known to many, should be collected in the fall months, and before frost sets in. This is especially true of taraxacum, which in October has its juices well stored with the bitter principle, the presence of which is usually considered an index of medicinal power, although we believe physicians have yet to prove on what constituent of the plant that power depends.

Pith of Sassafras.—An experienced collector of medicinal plants informs us, that pith of sassafras should not be collected until after the 15th of October, as when removed before that time it frequently assumes a brown hue, probably from the presence of juices subsequently removed by absorption, as the period of suspended vegetation approaches.

Diospyros—Unripe Persimmons.—Formerly the bark of the persimmon tree was the part made official, but in the Pharmacopoeia of 1850, the unripe fruit was substituted, which is now the proper official substance to be dispensed under the name "Diospyros." The fruit should be collected when it has attained its full size, and on the point of changing color, but before the conversion of tannin into sugar has commenced, a change rapidly promoted by frost. In September is the time for the collection of this fruit. When not used fresh, it should be sliced and dried in a warm situation with free circulation of air.

Dulcamara.—The terminal twigs of bitter sweet should be collected in October, or after the fall of the leaves, and, for convenience of division by the mill or pestle, should be cut in short transverse slices, not over half an inch in length; a treatment which also favors their dessication.

Ulmus.—Slippery elm bark, as found in the market, varies much in appearance and quality; sometimes its color is uniform throughout, fibrous and full of mucilage, with but little astringence. At other times its fibrous character is wanting, and the bark breaks transversely without difficulty, is much less mucilaginous, and consists chiefly of cellular structure. Again, it is met with much discolored and with portions of the outer bark adhering. Now it is highly probable that the season of collection has a marked influence on the structure and medicinal value of the bark; yet we know so little, positively, of the times and circumstances of collecting the varieties of commerce, that it would be, perhaps, presumption to hazard an opinion, and therefore suggest that some pharmacist, who has the opportunity by location, will investigate the influence of season on the character of the inner bark of Ulmus Fulva.—[Am. Jour. of Pharmacy.]