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"Je prends le bien où je le trouve."

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1857.
A Case of Strangulated Ventral Hernia—Recovery after Operation.

By Henry F. Campbell, M. D., Professor of Surgical Anatomy, &c., in the Medical College of Georgia.

In the January number of the present volume of the Southern Medical and Surgical Journal, page 8, will be found the report of a case almost exactly similar to the following, except that in the present, the patient was not in the pregnant condition. This last has come under our observation since, and even before the other was issued from the press.

December 30th, 1856. Called to visit Mrs. J. F. J., of Columbia county, twenty miles distant from this city. Mrs. J. is aged about 36 years, the mother of five or six children, the last of them about four years old. Of rather lymphatic temperament, and much inclined to obesity, but of sprightly mind, and most active habits of life. She had ever enjoyed uninterrupted health, requiring the services of the Profession only during her confinements, the last two of which had been natural, but protracted and very laborious. Her appearance indicated even now, a fine constitution and considerable power of endurance.

Her attendants report that she has been distressed by uncontro- lable nausea and vomiting for over two days. We find her in a
state of extreme prostration; countenance pale and dejected; skin cool and somewhat clammy; pulse feeble, and about 120 beats per minute. Doctor J. Maddox, the attending physician, reports that on his visit two days previously, he found her vomiting and complaining of pain in the epigastric and umbilical regions; there was also, at that time, as now, obstinate constipation of the bowels. The colic pains were of the most agonizing character, returning at intervals of ten or fifteen minutes, and each time, with an aggravation of the vomiting.

On approaching the patient more closely, to examine the tongue, we perceive the faecal odour very decidedly manifested in the breath and the ejecta, on inspection confirm our opinion in regard to the character of the odour. We now examine the abdomen, which we find very much enlarged, tumid and tympanic, and in the umbilical region, we find a large tumor, nearly the size of an orange, and somewhat flattened. This tumor, though flattened upon the top, was very tense, and extremely tender to the touch, though the patient, a highly intelligent lady, insisted that none of her present symptoms were to be referred to the condition of the tumor, as she had frequently observed it in this state without experiencing inconvenience of any kind. The history she gave of the tumor was, that it originated during the parturition before her last, about eight years ago, and had remained pretty constantly there, except on lying down, when it invariably subsided, so as almost to disappear. Now, it did not.

Our examination being ended, we find during the consultation with Dr. Maddox, that the statements of the lady and her attendants in relation to the case are fully corroborated by him. In his early attendance upon the case, not having been made acquainted with the existence of the tumor, he had administered at first mild laxatives, and directed enemata—all the while endeavoring to overcome the distressing nausea and vomiting. Finding these means fail, and suspecting mechanical obstruction of some kind, his inquiries led to the discovery of the tumor, and the probable explanation of the more prominent features of the case.—Diligent taxis having failed, and apprehending the necessity of more serious surgical interference, he suggests further counsel in a manner not to alarm the family.

In the mean time, the patient had been subjected to a general warm bath, without relaxing the constriction; and among the
the laxatives given, were frequent moderate doses of castor oil, most of which was probably rejected by the mouth; the enemata had been repeated very frequently, but, like the other means, without any good result. One or two of the last evacuations were shown us; they consisted of a considerable quantity of glairy mucus tinged with blood, but did not present either the appearance or odour of faecal matter. Finding that every thing which could offer any hope of relief to the patient had been done, without any abatement of the distress, we determined upon the operation, as a probable necessity, but again try the faithful application of taxis during at least one hour longer. Upon first grasping the tumor, the patient complains of severe pain and great tenderness; but the manipulations, although they did not lessen the tumor, seemed to be attended with an abatement of the soreness. The colic pains continued unabated during the whole time.—Now, fully persuaded of our inability to save the patient without it, we, assisted by Doctor Maddox, performed the operation in the following manner:

Operation.—The patient is placed upon a couch, convenient to an open window, in order to obtain light. The shoulders and hips are somewhat elevated, so as to relax the integuments covering the tumor—these being loose now, are easily separable from the tumor. Pinching up a small quantity of the skin over nearly the centre of the elevation, we pass through it a sharp-pointed bistoury, with the edge turned towards the surface, and thus cut outwards, making an incision in the skin, not more than an inch and a half in length. The upper end of it came within a very short distance of the umbilicus. The superficial fascia, very much loaded with fat and thickened by the long existence of pressure from the tumor, was then divided, layer by layer, upon a grooved director, until the opalescent peritoneal sac was brought into view. This was rubbed between the fingers, to free it from the intestinal contents, and a small opening, not an inch in length, made into the sac to admit the index finger of the right hand. A large mass of lobulated fat and intestine were now distinctly felt, and at the bottom of this mass, by insinuating the finger between certain loops of intestine, a small ring, tightly occluded, could be distinguished, through which the entrail protruded, and to which much of the fatty matter appeared to be attached. Not wishing
to enlarge the openings in skin and peritoneum if we could feel safe in returning the intestine without looking at it, we explored it carefully with the finger, and from its firmness and smoothness, and also from an imperfect view obtained of it through the small opening, we, after consultation, concluded to attempt its reduction—this we found no very difficult matter, even without further use of the knife; for although the constriction was very great and the parts rigid, after once getting the index finger in actual contact with its border, we continued to press gently, but firmly, against it, after the manner recently recommended by Baron Seutin, in reducing herniae without operation, and it was felt gradually to yield; we then changed the direction of the palmar surface of the finger a little, so as to make it bear upon the constricted neck of the tumor, and by little and little, it began to go back, when, at a certain stage, it suddenly sank away from the finger, affording instantaneous and almost inexpressible relief to the patient.

We then endeavored to explore the condition of the other contents of the sac,—we found them composed of the masses of nodulated fat before described; no longer jammed together by the impacted intestine, they moved freely about in the now ample chamber, and could be brought to the edge of the ring, and some of them, pushed into the abdominal cavity, but they immediately returned, and by other actions, showed plainly that their principa attachments were outside. We examined carefully for any other loop of intestine which might be in the sac, but finding none, proceeded to close up the small incision by one stitch, several strips of plaster and a firm wet compress and a bandage. The patient was directed to keep a towel wet in cold water over the whole, in order to subdue inflammatory action. This was faithfully done; to faithfully, for ice was kept on, a part of the time, which may have something to do with certain sequelæ to be described in the latter part of this report.

Immediately on the return of the intestine, the patient experienced an urgent desire to evacuate the bowels, but this was not effected for more than an hour after the dressings were completed. There was no anæsthetic used during the operation, as we had no chloroform. The operation, however, was entirely painless, the patient anxiously begging us, "to let her know when she was going to suffer," from the beginning to the very end of the oper.
January 1st, 1857.—The second day after operation, Doctor Maddux writes:

COLUMBIA COUNTY, Ga., Jan. 1st, 1857.

Dear Doctor—Mrs. J. appears to be doing very well to-day. Wound looks healthy, and adhesion taking place; not much tenderness of abdomen—some flatulence of bowels; tongue a little coated; pulse ninety-one, and a little full. A free evacuation of bowels soon after we left on Tuesday evening—two small ones since—a little nausea, but no vomiting.

Yours, &c. J. MADDOX.

To Dr. H. F. CAMPBELL,
Augusta, Ga.

January 7th. Requested to visit Mrs. J. Find her in a state of great uneasiness—mostly, however, mental anxiety. We are informed that on the fourth day after the operation a restricted tenderness was observed somewhat to the left side of the incision, and shortly after, the integuments began to be elevated over that locality. Dr. Maddox was sent for, and we are informed by the attendants, (for we have not had the pleasure of meeting Dr. M. since the operation,) that the patient was found suffering the most intense pain, and that after examination, the Doctor lanced the tumor, from which was evacuated a large quantity of pus, affording the patient great relief. At the time of our visit, another of these abscesses had formed, and before we arrived it had become very tense, and then burst, again relieving the patient. The two orifices were now discharging freely, and the evacuated matter consisted of pus in which could be seen a great number of oil globules. We were much concerned, to find that the odour of this discharge presented, most decidedly, the fecal taint, and also gave the impression to the senses of decaying intestines. There is no mistake to this latter odour. What added much to our uneasiness was, he report from the attendants, that air was observed to bubble ut with the matter as it came from the orifices. The bowels continued regular.

On a closer examination, we find that the tumor had flattened considerably, and that on pressure upon the abdomen any where within three or four inches of any of the orifices, there issued from
them a large quantity of the oily pus above described, with an occasional shred of cellular tissue. There was no tenderness, except immediately in the neighborhood of the orifices.

The patient had no fever, and her appetite was remarkably good—apart from mental anxiety, she was cheerful. Prescription: Absolute rest in horizontal position, free potations of Port-wine, a nourishing diet, and the continuance of poultices of ground flax-seed over the tumor to facilitate the discharge of matter, as directed the day before by Dr. Maddox.

January 13th—fifteen days after the operation. Notwithstanding the assurances of Dr. M., the friends of our patient became again alarmed; for now the idea of intestinal perforation has occurred to them, and, on failing to obtain Dr. M., we are again called to the case.

We find the patient suffering much from nausea; the bowels are resolutely constipated; but she has not suffered much from colic pain since the day—indeed, since the moment, of the operation. She is free from fever. Pulse somewhat feeble, probably depressed from protracted nausea. The tumor and the orifices looking very well, the latter granulating, but still discharging; the matter is thinner, nearly milky in appearance, presenting many striae of blood. In the fluid, we observe many white grains, and the matter presents, though to a somewhat less degree than before, the fecal ordour above described. The patient is more emaciated than heretofore, and less cheerful, as she now believes that perforation of the intestine has taken place, and the idea is confirmed by the odour of the discharge, its color, and also by the fact, that in moving the body about, and also on removing the poultices, bubbles of air or gas are seen to issue from the orifices.—We must confess, that we were not without certain apprehensions of a similar nature. On our near approach to the patient, to examin the odour of the breath, instead of the fecal odour which we dreaded and which before existed, we found a very strong odour of chloroform. On inquiry, we were informed that, during the lancing of the second abscess, two days previously, Dr. M. had allowed the patient to inhale chloroform, and that she was then affected with a nausea which had continued ever since. She had taken none of the chloroform since. We cannot explain this long persistence of the odor in the breath; but we are able to say, that the same feature attended a protracted nausea which followed the inhalation of chloroform.
form, in a case of abscess of the breast, which occurred in our practice a few days after our visit to Mrs. J.

Being satisfied—upon what theory, we will hereafter explain—that no perforation existed, we advise to continue treatment as on previous visit, supplying the place of the poultries by lint and simple cerate, and washes of sol. chloride of soda. On the administration of an enema, a free evacuation is produced, and the patient experiences much relief. The Port-wine is now more freely allowed, and a generous diet, otherwise, recommended. The patient is also now advised to sit up in a chair during a considerable portion of the day.

January 31st. We hear from our patient to-day, and are much gratified to learn that she is so far improved as to go about the house, and attend to some of her domestic duties without inconvenience.

February 9th. To-day we are informed by Mr. J. L. Coleman, through whose kind perseverance, we were induced to visit the above case, under very forbidding circumstances, that Mrs. J. has taken a pleasure-walk of over two miles, without experiencing any unpleasant symptom.

Remarks.—A few points in the above case, we deem worthy of brief reference:—Firstly, notwithstanding the extreme and protracted distress of the patient, she did not once suspect that the tumor had any causal relation to her suffering, and without careful inquiry, its existence would not have been developed. 2ndly. The contents of the tumor were also somewhat unusual—viz: Entero-epiplocele; the intestine being reducible, while the omentum was partly adherent to the edges of the ring, and floating about in the interior of the sac, after the reduction of the intestine, but still irreducible. 3rdly. In the operation, the only unusual point was the small size of the incision necessary to effect the reduction. 4thly. In the after progress of the case, we are inclined to attribute the abundant suppuration, to the destruction or disintegration of the large quantity of fat on the interior of the sac. This loss of adipose matter was probably due; in the first place, to the low vitality of this tissue, causing it to be more readily affected by the pressure than was the intestine, while the ice used, probably added considerably to this result. The fecal odour of the discharge, which at one time produced the suspicion that perforation had taken place, we
can only account for on the theory, that the long residence, (eight years,) of the intestine in the sac had communicated to the tissues of the part its characteristic odour, and when suppuration took place, the taint continued until it was obliterated by a destruction of these tainted parts. The oil globules, which might have been mistaken for ingested castor oil, and also the granular particles, resembling half digested food, were doubtless only the cells of the adipose tissue and their contents, resulting from the breaking up of the fatty portion of the tumor. The bubbles of air, issuing from the sac, were, doubtless, drawn into it during the movements of the body, and did not certainly issue from the interior of the intestinal canal—of course there was no perforation. A feature that proves, beyond doubt, that no perforation existed, is the repeated filling up and distention of the sac; for by this, we have evidence that the ring had become impervious, and firmly so, or the pus must inevitably have passed into the abdominal cavity; whereas there was not even the least inflammation of the peritoneum or tenderness.

The fortunate result of this case, and also of the case recently published by us, inclines us strongly to the opinion, that the operation in such cases has been too much a matter of dread, and that inasmuch as delay in hernia is ever attended with danger, the operation should be more promptly performed than it generally is.

In reference to the universal dread of peritonitis by the Profession, we would humbly suggest, that it has probably originated from the fearful nature of that form of it termed, Puerperal Peritonitis, a disease beginning in a restricted locality, generally about the hypogastric region, and rapidly extending to every portion of the abdomen, and terminating fatally in a few days and sometimes, in a few hours. This rapid extension and this fearful mortality, we think, has become associated in the mind of the Profession, with all kinds of peritonitis and all injuries of the peritoneum, to an extent which, more dispassionate observation and an unbiased investigation of the records of Surgery, will prove to be unfounded, or at least very much exaggerated.
Cutaneous Diseases—their Principles of Treatment. By W. T. Grant, M. D., of Wrightsboro', Columbia county, Ga.

It may be laid down as an axiom in Medicine, that every morbid condition of the system goes, pari passu, through certain phases or conditions,—and each disease, according to its cause. We may illustrate this remark by the disease, Variola, in which we have a gradual change of conditions, from a mere erythematous blush, through papilla and vesicule to the umbilicated pustule. And it is extremely doubtful whether genuine small-pox ever fails to go through these different changes, or ever skips over any of these forms. It is the same with every other disease—each one pursuing a definite course, which is in accordance with the cause that originated it.

If this be true, then must the cause, whatever it may be, exercise a controlling influence throughout the disease—beginning with its beginning, and following it through its whole course, guiding and directing. The more proper mode, perhaps, of considering this state of things, would be to look upon the cause as a morbific agent, entering the system, and attacking first one part and then another, and continuing thus until the whole body is sick—as we have it in pneumonia, where the cause indicates its presence first by exciting an irritation in the lungs, next by producing a congestion, next a condition denominated spleenification, and finally hepatization. So, then, we may consider that in every disease, the specific cause or morbific agent exists in the system just as long as the disease continues to increase, and acts as an excitor of the changes that are taking place. And just as soon as that cause ceases to exist in the system, these morbid changes will likewise cease, and the morbid conditions left, called pathology, will then be subjected to the recuperative energies of the system, and be healed, if the vitality is not too far exhausted. Here, then, we must make a distinction between the cause and effect, and we must divide the treatment accordingly. Therefore the treatment must be of a two-fold nature, which is as follows: first, against the morbific agent,—and second, against the morbid condition of parts left after the agent has ceased to operate. And it should be applied in the order in which these are laid down,—we must first assail the
cause or agent, and then heal the pathological lesions; for it would be folly to attempt to heal a wounded finger, without first extracting the nail or splinter which produced the wound. And I may here remark, parenthetically, that herein seems to me to be the difference between physicians—some attempt to cure the lesions while the cause is still in operation, and consequently fail; while others pursue the more rational course of assailing the cause first, and then the lesions.

The above remarks are prefatory to what follows, and serve to introduce the practice which I shall recommend, while at the same time they give the rationale of the treatment.

In the most of the cutaneous diseases, upon the subsidence of the eruption, or during the desquamation, some one of the excretory glands, either begins to act with more energy than during the course of the disease, or has an increase in some one of the constituents of its secretion. I may mention, as instances, the occurrence of diarrhoea during the subsidence of Rubeola, which, if moderate, is generally considered favorable, and if immoderate, should be checked, but not stopped. Also, during the subsidence of Scarlatina, there is an increase of the urea excreted through the kidneys. I will take this last example to illustrate the subject. The urea is here increased: then there must have been more of it in the system during the course of the disease than natural; or to tell the whole truth, there must have been more of its elements in the blood while the disease increased, than there is wont to be naturally. These elements may have been combined—one or more of them—into some new compound, which was the materiae morbi that acted to keep up the disease; but as soon as the compound was destroyed, and its elements united into urea, they were excreted by the kidneys, and were thus prevented from keeping up any further irritation, in consequence of which, the disease abated. Or another view is, that some one of them may have been induced to assume some allotropic form, by the entrance into the system of the Scarlet-fever poison, and may thus have been the means of keeping up the irritation. Just as it is with the diarrhoea of Measles, and in this way is it beneficial. And just so is it with every other cutaneous disease, as well also as a great many other diseases, not included in that category.

Thus much in regard to the disease and its cause; and now for the treatment. What is the indication? It is evidently to find
some remedy which, when introduced into the system, will combine with, or in some other way neutralize the offending element or elements. Such a remedy will be found among the organic medicines, such as camphor, turpentine, opiates, &c. These remedies—the organic medicines—when introduced into the system, are the most of them decomposed into their ultimate elements, which, obedient to their affinities, combine with whatever other element may at the time exist in a free state in the blood. In this connection I may note an item, which is exciting considerable interest in England and France, among the medical world—and that is, that Carbonic Acid is a most excellent local anaesthetic. And I see that they are reasoning about it in this way. If carbonic acid is an anaesthetic, may not the element carbon be the element which produces anaesthesia, when chloroform, ether, and the narcotics are administered? And it is concluded that it is, and that these remedies are therefore decomposed in the system. Three years ago, I arrived at the same conclusion, and I have now an article which I prepared just three years ago to-day, (30th January,) for publication, but without publishing it, upon the "History, Effects, &c., of Chloroform," in which I took the position that the element carbon was the anaesthetic element, not only in chloroform, but also in ether and the narcotics. Another position I assumed, and which I think now was correct, was, that one invariable effect of the existence of free carbon in the blood, was local congestions in vital parts. I cannot stop now to rehearse the various steps by which I arrived at these conclusions. I only note the above to show that the organic medicines are decomposed in the system into their ultimate elements. If further proof is required, I may cite the reader to the fact, that whenever chloroform or ether, or indeed any anaesthetic or narcotic, is administered to any one, there is always an increased secretion of sugar by the liver, and, in consequence, a good deal is excreted through the kidneys, and may be detected in the urine. Whence comes this sugar? It arises from the decomposition of the anaesthetics used, and a recomposition of its elements into sugar.

I have said enough to convince the sceptical reader that at least some of the organic medicines are decomposed in the system, and, as I believe, all of them.

Now, to return to our subject:—If in the cutaneous and some other diseases, there is an offending element or agent in the sys-
tem, and if, as soon as it is gotten rid of, the disease abates; and if, also, there is an organic compound which can be decomposed into its ultimate elements in the system, is it not reasonable and proper, in view of all the chemical affinities concerned, to expect that the elements of the medicine will combine with, or in some way neutralize the offending agent? I hold that they must and will; and I cannot conceive how it can be otherwise. It may be objected, that the vital force would interfere. I don't believe in the vital force—not a word of it. All the actions of the system are carried on by elements of matter moved and moulded by chemical laws. Life itself is but a perfect aggregation of chemical effects. The operation of the mind is nothing more nor less than the effects of an oxidation of the constituent elements of the brain, and I have frequently thought that, from its origin, it might with propriety be denominated oxide of phosphorus.

The great test for such opinions as the above is experience: try them at the bed-side, and their success is another evidence of their truth. I do not recollect to have seen much among the journals that bear upon this question, but I have noticed some, and it all corresponds well with our conclusions. Several years ago, some Russian physician—I do not recollect the name, as I write from memory—published the result of his experience in the use of Camphor in Erysipelas, and according to the report, he had extraordinary success. A year or two ago, I noticed in some two or three American Journals the successful use of Camphor in cases of Scarlatina. There was published in the "Georgia Blister and Critic," a case of Erysipelas, which was very quickly and entirely relieved by camphor. The case was reported by Dr. W. T. Goldsmith, of Cartersville, Ga.

My own experience is limited, and I cannot, therefore draw upon it. One case I may introduce, which, although not cutaneous, will yet serve to illustrate the treatment. It was a case of aphthous sore mouth, in a child seven months old. I find the following account of it in my note-book:

Dec. 23. Mouth sore, no white curdy matter; lips swollen, keeps them parted. Ordered a wash—peach-tree root, alum and oak bark, boiled.

Dec. 24. Same in other respects as yesterday; sucked a little this morning; quiet. Continue decoction, and quarter grain of calomel three times a day.
Dec. 25. To-day still the same, only that the cheeks are greatly swollen—feel like an incipient or forming abscess—could feel in each a well-defined tumor, extending from the lower edge of each jaw to the lower edge of orbit—result of the aphthae in the mouth. Continue decoction; discontinue calomel, which had operated, and substitute the following: 1 dr. tinct. camph., 2 oz. aqua. Mix. Ten drops, three times a day.


Jan. 1. The above child is well and hearty.

The benefit derived from the camphor in this case was, as is at once perceived, prompt and unequivocal. I will state here, that in the majority of those diseases, in which, according to the foregoing principles, the organic medicines may be expected to be of much avail, camphor is the most eligible one of the whole group, from the fact that it does not possess, like all the others, such other strong effects as narcotism, &c. It is simple in its effects, and unobtrusive in its operation. It is therefore preferable to any other. I may now ask, if there is not a mine of wealth to the practitioner, among this class of remedies, whose value was never suspected? I think there is, and that we may find among their number, remedies which will far exceed our utmost expectations, even in some of those diseases which are considered as opprobria to the Profession. I would like to discuss this subject more at large, but the circumstances under which I write preclude the possibility of treating it as I would like. I could add demonstrative facts, which would carry conviction with them, but I cannot do more just now.

I cannot forbear adding the following condensed synopsis of the admirable explanation, offered by the great German chemist, Justus Liebig, of the modus operandi of miasms and contagions. It is, in my opinion, a master-piece, and looks so natural, and bears so much truth upon its face, that we are almost obliged per force to subscribe to its truth. It has likewise a very important bearing upon the remarks above.

There is a principle known to chemistry called catalysis, and means an action set up in one body by another, without the last one participating itself in the action which it thus excites simply by the majesty of its presence. Only by being present with another body it stimulates it to enter into some chemical change.
Now, this power, possessed by some bodies, is catalysis. Some compounds which possess this power exert it upon other compounds, in such a way that within certain limits, almost any compound may be thus generated—whilst others exert their catalytic force in such a way as to generate themselves. The former class may be denominated indifferent catalytic bodies, and the latter self-generating. Of the former class—the indifferent catalytic bodies—the following may be taken as an example: Mix a quantity of muriatic acid with a mixture of hydrocyanic acid and water: The result is, that the muriatic acid, simply by its presence, sets up an action among the elements of the hydrocyanic acid and water, by which they are decomposed, and their elements recombined into two new compounds—formic acid and ammonia. And this is accomplished without the muriatic acid itself undergoing any change.

An example of the second of the above bodies—the self-generating catalytic bodies—is found in the following example: If to a solution of oxalic acid, a quantity of oxamide be added, the oxalic acid, by its presence, sets up an action among the elements of the oxamide and the water, by which they are decomposed, and their elements recombined into oxalic acid and ammonia, the first oxalic acid itself undergoing no change. Here we see it has reproduced itself; and in this way, says Liebig, by adding more oxamide, it may be made to decompose several hundred pounds of oxamide, and one grain of oxalic acid may be made to reproduce itself in unlimited quantity.

Another example is seen in the action of the vegetable ferment yeast. If yeast be added to a solution of sugar, it sets up an action among the elements of the sugar—and if at the same time a quantity of gluten be added, the action going on in the sugar communicates itself to the elements of the gluten, and the gluten is changed into yeast; and thus the yeast reproduces itself. These examples prove the existence of catalysis.

The application of this principle of catalysis to the understanding of the operation of miasms and contagions is now evident. A contagion—that of small-pox, for example—enters the system of a healthy individual, and by its presence alone, causes some element in the blood to undergo a change, which change consists in a conversion of this element into the offending contagious principle or agent. This change continues as long as there is any of the
element in the system which is susceptible of this change. That such a change does take place no one can deny, and I am inclined to think that the element which, in the system, is thus made to alter its nature from an inert compound to a most virulent mass, will be found to belong to that class of compounds which are known to exist in the blood, and which are produced by the decomposition of the tissues, and are endeavoring to make their way out of the body through some of the excretory organs. Professor Draper would call them downward progressing bodies. And herein lies the explanation of the observed fact, that some persons are partially exempt from the ravages of some of these contagious diseases, and others are wholly insusceptible to their influence. It is because they have little or none of this convertible element in their system. Each of the contagious diseases have a contagious element peculiar to itself, the action of which, upon a healthy system, finds its explanation in the above principles. I need say no more, than merely to point to the connection between the existence of such unhealthy elements in the blood, and what has been already said in regard to the treatment of such diseases. The principles I have laid down, let those who are interested, observe.

ARTICLE X.

Case of Puerperal Convulsions. Reported by C. R. Walton, M.D., of Augusta, Georgia.

Saturday, Feb. 2nd, 1856. Called in haste to see Miss S—, aged about twenty: taken suddenly ill, with a supposed fainting fit. She was lying prostrate—head thrown back, perfectly unconscious, muscular system relaxed; pulse very slow, and full; respiration much less frequent than normal; bloated; skin livid and cold; eyes half open and staring, with tremulous lids. Sinapisms were at once applied to the spine and calves of the legs, ammonia held to the nostrils, and spts. camphor rubbed over the face and forehead. Reaction, to some extent, ensued—a quantity of bile and mucus was ejected from the stomach, but the patient continued insensible and motionless; there was no decided stupor, but the inspirations were deep and sighing. Further inquiry into the history of the case revealed the fact, that she had not menstru-
ated for six or seven months: had had morning sickness and frequent headaches, and had complained, just before the present attack, of intense headache, accompanied with dizziness and blindness. Upon examination, her abdomen was found to be considerably enlarged; feet and legs oedematosus. Suspecting pregnancy, but unwilling to make an exploration per vaginam, until the urgent symptoms were relieved, a continuance of the remedies was enjoined, while a messenger was sent for Dr. Joseph A. Eve, who had previously been called to this same patient. Previous to the arrival of the Doctor, Miss S— had had two convulsions, and was just recovering from the second. Chloroform was sent for, and advantage taken of the interval to make a vaginal examination. The condition of the os uteri, and the results of ballottement convinced us that pregnancy existed, and was advanced to nearly the seventh month; the condition of the mammae verified the diagnosis: they were turgid, the areole very dark, and milk was easily pressed from the nipple. The sonorous breathing of the patient, and some mucous râle, obscured the sounds of the fetal heart.

Miss S— had several convulsions, attended with violent jactitation, before the chloroform was obtained; there seemed to be no lucid interval. The coma was not profound, yet the convulsions were recurring with increased frequency, and their duration was greater. The pulse had now become very frequent and small, varying from 120 to 140 pulsations per minute, and it became a nice point to determine whether bloodletting ought to be practised or not—the convulsions evidently partaking more of the epileptic than of the apoplectic form, although the persistent unconsciousness of the patient indicated some degree of cerebral engorgement.

Several ineffectual attempts at venesection were made, in consequence of the violent jerking of the patient whenever the point of the lancet was applied;—these muscular contractions being altogether the result of reflex action and unattended with any sensation, as Miss S— subsequently declared. It was about half-past 11 A.M., when the chloroform was procured, the convulsions succeeding each other with fearful rapidity and violence, increasing in duration and the intervals becoming shorter. The effect of the powerful anaesthetic was at once evident, in diminishing the intensity and duration of the fit. While the patient was under th
Influence of the chloroform, venesection was easily accomplished, but very little blood flowed from the orifice, and that was thick and dark; this condition of the blood being induced by interrupted respiration, and further, by the substitution of the chloroform vapor, for atmospheric air. About 1 o'clock, we ordered an injection per anum consisting of about a pint of tepid salt water, from which the patient experienced great benefit, the uterus and pelvic viscera being relieved from the pressure of an accumulated mass of feces, and the congestion of the brain removed by revulsion. She had one or two slight convulsions afterwards, which were easily subdued by the chloroform. The vein was now re-opened, about a pint of blood taken, and the following mixture ordered every hour, in tea-spoonful doses, as an arterial and nervous sedative:

Sulph. Morphine,  } 1 gr.
Tartar Emetic, aa. } 4 ounces.
Water,  

We now left our patient for a time, and about 11 o'clock at night visited her again. Her condition was much improved; pulse regular, about 80 pulsations per minute; skin moist and soft; breathing nearly natural. After 2 o'clock there were no more symptoms of convulsions, and consciousness gradually returned; but it was not until Monday morning that her senses were completely restored. Labor pains came on regularly, and she was easily and naturally delivered of a living child on Wednesday evening—no ill consequences resulting from the act of parturition, either to mother or offspring, although the latter was evidently premature, and died within a fortnight after its birth.

ARTICLE XI.


Messrs. Editors:—An article appeared in the January number for 1846, (page 54,) of your excellent Journal, in which Dr. Blakiston's method of treatment for uncomplicated Sciatica is given, and which has been attended with considerable benefit; and the writer also mentions that some other forms of Neuralgia had been treated with some success in the same manner.
Dr. Blakiston first saw it adopted in Paris, in 1833. It consists in removing the cuticle, by placing "a blister, about the size of a crown-piece, over the chief seat of pain, which is usually the flattened part of the buttock. After it has drawn, and the cuticle has been thoroughly removed, the raw surface is sprinkled with a powder, consisting of, generally, about one grain of acetate of morphia, and a little white sugar. This dressing is repeated for six successive days, the surface of the blister being kept in a raw state, if required, by cantharides, or savine cerate, or else by Albuspeyeres' plaster. This suffices for a very mild case; but in severe cases, of long standing, the pain will now be found to have left its original seat, and to have seized on the knee of the affected side. The same treatment is then applied to the ham; and after six dressings, the pain will have generally disappeared, and the patient will rapidly recover."

Not long after the article—of which the above is an extract—appeared, I had an opportunity of witnessing the good effects of morphia, applied endermically, in Neuralgia of the Scalp.

Mrs. M. W., æt. 57, was attacked, on two successive days, with a sudden sharp pain, near the mastoid portion of the temporal bone, extending chiefly in the direction of the occipital protuberance, but it could be distinctly felt down the side of the neck also. The pain, however, did not continue long, and did not excite much uneasiness, until on the third day, when she was attacked violently—the pain continuing for several hours. Upon examination, I soon came to the conclusion that the pain complained of originated in the nerves, and entertaining some doubts in regard to its cause, I determined to try the effects of morphia, as above directed for Sciatica. I accordingly placed a small blister below, and a little posterior to, the mastoid process, and directed it to be dressed for six successive days, with near a grain of the sulphate of morphia, and a little refined sugar, well pulverized. At the time, I did not have the acetate, and substituted for it, the sulphate. After the fourth dressing, the surface of the blister became dry, and the patient refused having it kept raw, saying, that the pain was entirely removed. There was no other remedy used, and there has been no recurrence of the disease since.

The next case of Neuralgia that I met with, was in July, 1856. Mrs. J. H., æt. near one hundred years—much emaciated, and enfeebled, by age and suffering—had been laboring under the fearful
malady termed *Tic-douloureux*. Several physicians, of acknowledged skill, had failed in effecting more than giving the patient mere temporary relief. The sufferings (giving the patient's own expression) were indescribable; she could not take any nourishment, not even a sup of water, without suffering the most acute pain.

I placed a small blister immediately below the zygomatic region of the cheek, and directed it to be dressed—after the cuticle had been thoroughly removed—with the acetate of morphia, as directed by Dr. B. for Sciatica. After the fifth dressing the surface became rather dry, and it was allowed to heal up. The five dressings, however, were altogether satisfactory, although some remains of the disease could still be felt occasionally.

The patient could now eat and drink, with impunity, and said (using her own expression again) she could "only feel a slight tingling sensation, occasionally," and expressed her gratitude, for being enabled to entertain the hope, that she would not suffer any more from that disease. Unfortunately, however, about this time she received a slight scratch on the back of the hand, which began to inflame, and was soon developed into a phagadenic ulcer, and before it was arrested, the sloughing was so extensive as to produce a severe shock to the system, which it was never able to overcome. The process of healing was extremely slow, and before the wound, caused by the sloughing, was finally healed, the powers of life gave way. The patient died near five months after the application of the morphia; but without a recurrence of the neuralgic pain, except in a very slight degree.

The above cases, of themselves, are by no means sufficient to establish the practice therein recommended, but it is hoped that they, in addition to those already on record, may induce others to try the same method, and give to the Profession their results. We would recommend the practice, particularly, in cases which had undergone the ordinary plans of treatment, without being cured.

Now, it may so happen, that the cause of the disease is obvious, and the treatment plain; as was in a case that came under my notice a short time ago, in which the extraction of a carious tooth, completed a cure—but sometimes the cause is very obscure; it may depend upon some source of irritation in the spinal chord, or in the brain itself; or it may depend upon some irritation along
the trunk of the nerve, that is distributed to the parts where the
pain is felt. If, then, the preparations of morphia are sufficient to
\textit{benumb} the sensibility of the nerves so completely, it will surely
prove a blessing to those who have fallen victims to the cruel
malady.

I have observed no bad effects attending the administration of
morphia, as above directed; it is but right, however, to mention,
that an extraordinary thrilling is sometimes felt over the whole
body, particularly at the extremities, with great nausea, and a ten-
dency to faint in particular idiosyncracies.

\textit{On the Tubular Treatment of Strictures of the Urethra and other Mu-
cous Canals.} By \textit{Thomas Wakley, Esq., F.R.C.S., Surgeon to
the Royal Free Hospital.} (Read before the Medical Society of
London, Nov. 22, 1856.)

Five years have now elapsed since I had the honor of introduc-
ing to the notice of this Society a set of newly designed instru-
ments for the Treatment of Strictures of the Urethra. The justly
acquired celebrity of this Association for the encouragement given
by it to the authors and promoters of all improvements in the sci-
ence of medicine, emboldened me to take that step. The new
instruments, therefore, and the novel system of treatment which
they were intended to establish, were brought under the consider-
ation of the profession through the influential medium of the Med-
ical Society of London. To that circumstance I attribute, in great
measure, the attention that the subject at once received from prac-
titioners of distinction and acknowledged standing and ability.
The modes of treatment practised at that time were all more or
less unsatisfactory: much diversity of opinion prevailed respecting
them, and frequently all were tried without any permanent bene-
\textit{ficial results} being obtained. The forcible and frequent introduc-
tion of bougies and caustics into a delicate and sensitive canal, and
the division of the implicated structures by cutting instruments
whether used internally or externally, appeared to me to be vio-
\textit{lent modes of proceeding}, which might be entirely supplanted by
an operation of a mild description, that approximated more closely
to a scientific application of the mechanical means placed at our
disposal. All surgeons of any experience had witnessed the fail-
\textit{ure} of the systems of treatment ordinarily pursued. Besides, i
\textit{must be confessed} that it was not failure alone that was to be re-
gretted; but tedious, protracted confinement, and sometimes even
\textit{fatal} catastrophes had to be deplored. The difficulties, annoyan
Objections, and disappointments, which seemed to be frequently the most inevitable attendants of the measures adopted in the treatment of stricture, pointed significantly to the establishment of another system—to one that should place the obstructed canal more completely under the control of the surgeon—to one that would afford prompt and at the same time permanent relief, and without destroying in the slightest degree any of the natural tissues at or near to the parts implicated.

It was under the influence of these views and impressions that a plan of treatment was devised, which, after the first introduction of the smallest possible instrument into the bladder, secured to the operator the perfect command of the disordered canal, and thenceforth enabled the surgeon to introduce dilating tubes at pleasure, without the risk or the possibility of making or even entering a false passage in the urinary canal. Such were the hopes and anticipations entertained, when Mr. Williams, of the firm of Weiss and Co., kindly undertook to construct for me a set of instruments on the principle of those now placed before you, and he is but too well acquainted with the trouble and anxiety which the new undertaking occasioned; but, happily, success—the most agreeable of all rewards—has crowned our efforts.

At first, the expectations that were entertained were only supported by theory. The utility of these instruments now rests on that rock whereon is sustained all that is valuable in our profession—namely, experience. Since the instruments were first introduced to the notice of this Society, hundreds of sets of them have found their way into public institutions and private practice, and I have the best authority for stating that they have been distributed throughout numerous parts of the globe.

Objections to their employment were necessarily anticipated, but certainly not the extraordinary one that they would give the surgeon too much power over the disease which his skill is called upon to remove. A similar objection, without doubt, might be urged against almost every useful instrument employed in surgery. The possession of power is undoubtedly requisite in order to accomplish the object contemplated, but a proper exercise of the judgment of the surgeon is necessary for the due performance of all operations that he may undertake. These instruments have been used by surgeons of great eminence and ability, who have spoken of them in terms of high commendation. I may mention in this place the names of Guthrie, Keate, Fergusson, Crampton, Liddell, Solly, Coulson, and Lizards. Since the tubular treatment of stricture was first introduced to the notice of the profession, it has been adopted in hundreds of cases under my own observation, with almost invariable benefit, even where difficult complications existed, such as lesion of the urethra, from whatever causes produced, urinary fistula, false passages, and vesical calculi, and without, I believe, a single fatal event. The results of the tubular
treatment of stricture have been so satisfactory that it would be a
dereliction of duty not to endeavor to draw attention to what
these instruments have already accomplished, with a view to their
more extended operation and general adoption.

The instruments are composed of three guides of different sizes,
eleven dilating silver tubes, and the same number of flexible tubes.
The guides are numbered 1, 3, and 5.

A guide consists of a hollow silver director, thirteen inches in
length, straight, excepting near the end, which is slightly curved,
the extremity being closed and rounded, and having an aperture
at one side. A moveable handle is fitted to it, for assisting its in-
troduction into the bladder; when this has been effected the han-
dle is removed, and a steel rod of the same size, five inches in
length, is fixed into the external extremity of the director by one
turn of a screw. This now forms the urethral director, over which
the tubes are made to pass.

The silver tubes are nine inches in length, and straight; the
opening at the vesical extremity being bevelled off and exactly
adjusted to the surface of the guides. The upper end terminates
in two flanges, for being worked with the fingers and thumb.

The flexible tubes are manufactured of gum-elastic, lined with
flexible metal, and are ten and a half inches long, conical towards
their points. Like the silver tubes, they glide over the guide with
the greatest precision. Their upper end is furnished with a silver
collar and rings, to enable their being secured in the urethra.
Both the flexible and the silver tubes are numbered, and work
upon their corresponding guides.

It is my object, however, on this occasion, to refer not only to
what has already been accomplished in treating strictures of the
urethra on the tubular plan, but also to urge that the same prin-
ciples of mechanism may be beneficially applied to the treatment
of strictures of other mucous canals, as the rectum and œsophagus,
for the dilatation of the neck of the uterus, and also for the intro-
duction of a large-sized O'Beirne's tube. The various mucous
canals of the body are very similar in their structure, and are lia-
ble to similar diseases, especially contractions, resulting, in many
instances, from like causes. Indeed, the term "Diseases of the
Mucous Canals of the Body" appears very naturally to include a
set of maladies analogous in kind. The instruments usually em-
ployed in the treatment of stricture of the urethra resemble in
principle and form the bougies used for stricture of the rectum,
and also those for stricture of the œsophagus. The object to be
attained in all cases is the same—viz., the dilatation of the canal to
its normal calibre. In addition to the new instruments for dilat-
ing the urethra, others formed on the same principle for dilation of
the rectum, the œsophagus, and the uterine neck are now upon the
table, and their mode of action will be shown to you by the manu-
facturer, who is present.
It forms no part of my intention at this time to enter into any discussion on the relative merits of different and rival plans of treatment, and I disavow any desire of detracting from the scientific efforts of other surgeons who employ other systems, and who adopt other methods advocated by once eminent surgical practitioners, who have passed from the scene of our labors.

Probably it may be stated with confidence, that in forty-nine cases of stricture of the urethra out of fifty, in which any instrument can be passed into the urethra, the application of cutting instruments, or of caustics, or any other means interfering with the normal structures of the urinary canal, might be entirely avoided by the tubular system of treatment.

That the mode now recommended is consistent with the anatomy and pathology of the structures involved cannot be questioned; and the advantage of effecting a cure without causing any breaches of healthy textures is equally free from dispute. The infliction of wounds even trivial in extent, in persons having depraved or debilitated constitutions, is often attended with great danger, and is not unfrequently followed by the worst results.

The mechanical power which the guide and tubes place at the disposal of the surgeon is unquestionable. It is absurd, however, to pretend that any resemblance exists between that power and the forcible catheterism of M. Boyer, as has been stated. The difference of action in the two cases being taken into account, a striking contrast, instead of the smallest resemblance, will be rendered obvious. In the French system, the catheter is forcibly directed towards the bladder, without any guiding implement whatever, the surgeon relying simply on his knowledge of anatomy. The tubular dilators, on the contrary, are passed over a guide, and can not by any possible means diverge from the natural course of the canal,—an advantage peculiar to this system of treatment; and it would be difficult to overrate its importance as a source of safety to the patient. With the guide and tubes, it has been found that the rapid and permanent dilatation of a stricture can be accomplished in the most prompt and effectual manner, and, at the same time, the proceeding may be so cautiously regulated as to afford the patient the utmost possible protection against the application of all unnecessary force.

After the last silver tube has been passed at any sitting, an elastic one may be introduced, and left in the canal, the guide being withdrawn through it. The utility of leaving a flexible instrument in the canal has been described by Sir Benjamin Brodie, in his Lecture on Surgery, in the following terms:

"This method is particularly applicable—

"1st, Where time is of much value, and it is of great consequence to the patient to obtain a cure as soon as possible.

"2nd, Where a stricture is gristly and cartilaginous, and therefore not readily dilated by ordinary means.
"3d. Where, from the long continuance of the disease, the urethra has become irregular in shape, or where a false passage has been made by previous mismanagement.

"Now if, instead of a bougie, you use a gum-catheter, and allow it to remain, the urine flowing through the catheter, the contact of it with the urethra is prevented, and the rigor is prevented also."*

The flexible tube, therefore, will not only furnish the ready means for re-introducing the guide without the danger, or even the possibility, of making or entering a false passage, but it appears by its action to maintain the dilatation which the tubes produce, and to promote the rapid absorption of the submucous deposits, which, in many cases, caused the obstruction of the canal. In a word, the permanent cure of strictures of the urethra by the plan of the tubular treatment depends mainly on the thorough absorption of the extraneous substance usually interfering with the normal condition of the urinary canal.

When once a guide has been introduced into the bladder, the power of the operator over the stricture is all but unlimited. The late Mr. Guthrie, to whom this Society is indebted for many highly valuable communications, has stated, in his work on "Diseases of the Urinary Organs," that it is impossible to speak too highly of the invention of treating diseases of the urethra by means of the urethral guide and tubes. The same distinguished surgeon also remarked that "it is capable of rendering great service when the withdrawal of a sound or catheter cannot always be certainly followed by the re-introduction of another, and which withdrawal it renders unnecessary until a larger one is introduced over it—a very great improvement, which no surgeon should neglect; for when this can be done, no other operation is immediately necessary."†

Mr. Solly, surgeon to St. Thomas's Hospital, at a meeting of the Royal Medical and Chirurgical Society in April, 1853, whilst objecting to the use of the knife in the treatment of stricture, said that "he had found the plan of the urethral guide and tubes very useful in expediting the cure."

Mr. Coulson, in a lecture on the treatment of stricture of the urethra, delivered at St. Mary's Hospital in December, 1853, spoke of the instruments before you in strong terms of approval.‡

‡ In this lecture, published in The Lancet, Mr. Coulson said:—"Mr. Thomas Wakley has invented several ingenious instruments, the utility of which has been demonstrated by very extensive practical application. They are intended to ensure entire command over the previous urethra; and they present this additional novelty, that in their effects they combine two methods of treatment commonly employed—viz., rapid and permanent dilatation of the stricture." After describing the
Mr. Lizars, in the preface to the third edition of his work on "Stricture of the Urethra," states of the tubular instruments that "those who have witnessed their operation speak favorably of their beneficial effects. They appear to me," he says, "to be formed upon a very ingenious principle, and I have no doubt, if cautiously inserted, that they may prove a useful curative auxiliary."—(p. xxiv.)

Quotations of a similar character might be multiplied, but probably, enough have been cited to prove to this Society that the method of treating the strictured urethra, by means of the instruments now recommended, is worthy of their earnest consideration. I may also observe that the late Mr. Guthrie, who several times witnessed their action at the hospital with which I am connected, frequently remarked to me, that the objection to their use arose from the great power which they placed at the disposal of the surgeon, and that "a surgeon could really do too much with them at one operation." When, however, it is considered to whose hands the employment of these instruments is to be confided, it cannot be believed that patients will suffer from an undue exercise of power, or that a want of caution will be shown by the operator.

The removal of the stricture may be effected, either rapidly or slowly, according to the intention of the operator. Sir Benjamin Brodie has most truthfully observed that "the temper of the urethra varies as much as the temper of the mind."** The surgeon must therefore exercise his discretion as to the rapidity with which the strictured part should be dilated. If the intention be to proceed slowly, the treatment may be conducted, after the first two or three operations, by means of a silver tube, which may be allowed to remain in for an hour or so. Flexible tubes, except at two or three of the earliest sittings, need not be employed in such cases as these. But if a rapid cure be decided upon, all the means at the disposal of the operator must be employed with promptitude, caution, and watchfulness, in order to effect a safe and speedy termination of the treatment. It may be observed that strictures of many years' standing have been removed with remarkable promptitude by the tubular system of treatment.

Before using the instruments, two or three days should be occupied in preparing the patient for operation. Opportunity should be also taken of examining the urine, and obtaining a clear history of the malady. By examining the urine, of course an elaborate

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* Brodie, op. cit., p. 54.
quantitative or qualitative analysis is not meant; but the specific
gravity of the urine should be ascertained, its reaction determined,
and it should be examined for vesical mucus or pus, and the pro-
ducts of calculi. It is necessary to be the more particular with
respect to these preliminary measures in proportion to the severity
or complications of the case. Cushions, made of Hooper's prepared
India-rubber, containing hot water, should be applied to the re-
gion of the bladder above the pubes, and also against the perinæ-
um. The urethra should be carefully examined with a guide
suited to its calibre; and the necessity cannot be too strongly urged
of carrying the point of the instrument along its anterior surface.
With patience and perseverance, aided by the usual dexterity
which a surgeon should possess, the instrument will be passed
through the stricture. This step having been accomplished, the
movable handle of the guide is to be withdrawn, the index-rod
screwed on, and a corresponding silver tube passed upon the guide
through the stricture. It will be observed that the guides are
straighter than the catheters used by the late Mr. Liston, and they
are made so as to allow the urethra to be straightened as much as
possible, which is effected by making a fulcrum of the triangular
ligament, the penis being brought rather lower than at a right an-
gle to the body. By this mode of proceeding, the tubes are easily
passed to the neck of the bladder. Having sufficiently expanded
the stricture, the last used silver tube is withdrawn, and a flexible
one is then passed over the guide, which should be immediately
withdrawn through it.

This is commonly a very easy proceeding, and requires no
further manipulation than a rotatory motion of the instrument,
given to it by means of its flanges. The tubes, which are lined
with flexible metal covered with elastic fabric, glide easily. The
urine is then discharged, and the tube, at the discretion of the
operator, is gently withdrawn to such an extent as to allow only
a small portion of the point to project beyond the neck into the
bladder. By retaining it in that position its point is prevented
from irritating the mucous membrane of the bladder, and thus
those rigors are prevented which are so distressing to the patient
and alarming to the operator.

Many cases are on record where the point of the instrument,
tied down against the walls of the bladder, has caused their ulcer-
ation and perforation. I remember being present at the post-mortem examination of a gentleman who was said to have died of
stricture, but the inspection disclosed an ulcerated perforation of
the bladder, just at the place where the point of a small silver ca-
theter had rested. In that case the catheter had been tied in for
three days. The gentleman was reported to have a stricture for
thirty years, and a hard, gristly tumour was found, nearly en-
circling the urethra, which could be easily felt externally. Upon
'slitting' open the urethra, the stricture was discovered to occupy its
membranous and bulbous portions, where the instrument had been grasped by the contracted part. The mucous membrane there was more congested than elsewhere, and covered over by a thick muco-purulent matter. (The instrument that had been used was quite blackened from this part to its point.) The contracted portion had evidently been greatly widened by the long pressure of the catheter. Upon cutting out a portion of this gristly part of the urethra, the mucous lining was found to be thin, and strongly adherent to the subjacent structure, from which it could not be torn without bringing away some of the indurated tissue. When scraping it, a very minute quantity of the same kind of viscid matter came away upon the knife. Upon dissecting back the indurated part, it was found to merge into the structure around which it had formed; no defined border to it could be ascertained. The hardened structure was of a reddish-white colour and fibrous, and was deposited by the inflammation which had at some time or other been set up. A false passage existed, which left the urethra half an inch in front of the thickening, and passed between the urethra and the subjacent structures, entering the surrounding callosity.

This case appears to assist greatly in the solution of that most difficult problem,—How is it that the pressure of an instrument on the urethra relieves or opens a stricture? The rationale in the case of this man seems to be, that upon the introduction of the catheter the mucous lining of the urethra became inflamed, and secreted a muco-purulent matter; and that the pressure produced softening and absorption of the hard callus external to the mucous membrane. Although the pressure was exerted upon the hardening through the elastic mucous lining, the latter was neither absorbed nor ulcerated by this pressure, but only irritated and excited to the extent of secreting and discharging the muco-purulent matter. A similar action is manifested in the absorption of a tumour from pressure made upon it over and through the skin. My belief is, that in rapid dilatation the constant or frequent presence of an instrument induces absorption of the adventitious sub-mucous formation producing the stricture, but that in slow dilatation the action is only a mechanical distension of the contracted canal, the interstitial structures losing in length what they gain in circumference, and soon again relapsing into their previous form. Opportunities such as were afforded by this case—the man dying whilst actually under treatment—are very rare. A catheter had been kept in the bladder until a very short time before the death, for no symptoms were noticed by his surgeon, a very able practitioner, indicating the accident that had taken place. The patient evinced merely excessive prostration; he did not complain of pain until a few hours previous to his decease.

In resuming the subject of the treatment, I may state that the urine having been discharged, the external surface of the tube should be plugged, and the instrument secured with its point still
only just projecting within the bladder, by means of tapes passed through its flanges and tied around a broad piece of India-rubber, which should encircle the penis. The knees of the patient should be raised and supported by pillows placed underneath them, and the India-rubber bags containing hot water used as before stated.

If the flexible tube be retained without exciting disturbance it may be removed at the expiration of twelve hours after the guide has been reintroduced through it; and then, the appropriate metallic tubes having been first passed over the guide, a larger flexible tube may be introduced and retained, as in the prior instance. By this mode of proceeding, in seven days a hard cartilaginous stricture has been so far dilated that a common No. 12 sound or catheter could be easily passed; but as a rule the safety of the patient would be best consulted by not endeavoring to obtain such a result in less than a fortnight, or from the commencement of the treatment, the more extended term allowing to the urethra a more protracted repose between the different operations. The strictly medical treatment accompanying these proceedings is too plainly indicated to require description.

In illustration of the action and utility of the tubular treatment of strictures of the urethra, I could furnish the Society with the details of numerous cases, including almost every variety and complication, but the time already occupied precludes me from doing more than reading abstracts from some interesting cases which have lately been under this system of treatment.

Case 1.—A gentleman from the country, aged about forty-five years, married, but without children, was sent to me by his medical attendant. For many years past he had suffered from a most distressing stricture of the urethra. A small-sized instrument could occasionally be introduced into the bladder, but severe rigors, lasting for hours, generally supervened upon the manipulation. Latterly attacks of complete retention of urine had become frequent. Instrumental relief was impossible; and the general local and medical treatment on each occasion became less efficacious. The urine only dribbled away, accompanied by a constant desire to micturate, the discharge of it never satisfying the desire of the patient, or giving him a sense of relief, so large a quantity continually remaining in the bladder, after all the efforts made for its expulsion. Indeed the capacity of the bladder, from its incessant distension, had become enormous.

When first seen by me, this patient presented the appearance usually indicated after the long continuance of a wearing and fatiguing disease. On examination, I found the perineum swollen and indurated, and the prostate painful to the touch. Upon the introduction of a small common catheter, I could do little more than discover a hard stricture, existing in all probability throughout the length of the indurated tumour. Believing, from the contents of the note which this gentleman brought to me from his
surgeon, that I had to contend with a very severe and intractable case, I advised that he should take up his abode at the Sanatorium. The progress of his case was carefully and minutely narrated by Mr. T. Gill, the resident medical officer.

After the preliminary treatment, the patient was placed in bed, and the small-sized guide was, after very considerable trouble and difficulty, passed into the bladder. The handle of the guide was screwed in, and a No. 4 silver tube was carefully passed over it, through the strictured portion of the urethra, into the bladder, and then an elastic tube No. 4. The guide was then withdrawn. The tube was drawn out to the prostatic portion of the urethra. During the examination, I had discovered the urethra, anterior to the stricture, to be somewhat more contracted than natural; and there was a false passage to the right side, into which the point of the instrument always slipped, unless held well towards the other side. The contraction extended along at least two inches of the urethra. The patient was greatly fatigued; but was comforted by hot cushions placed over the bladder and the peritoneum. The tube was kept in for several hours.

On the following day the small guide was passed. The point again hitched at the commencement of the false passage, but it was safely introduced into the bladder. The urethra was, however, tender throughout. The handle of the guide was screwed on, and a No. 6 silver tube was glided on the guide through the stricture by a rotatory motion, conducted by means of the flanges of the tube. A No. 6 elastic tube was then passed into the bladder, and the guide was withdrawn through it. The bladder was washed out with a very weak solution of dilute nitric acid. The peg was inserted and the tube withdrawn just to the opening of the bladder, and fixed there. To remain in for twelve hours.

In short, in fourteen days, this distressing case proved perfectly amenable to treatment with the urethral guide and tubes, the instruments being employed, as already detailed, upon alternate days, and the flexible tubes being retained in the stricture so long as was consistent with the condition of the patient.

Case 2.—In proof of what may be effected, even when a stricture of the urethra is accompanied by the most serious complications, I will cite an instance in which I was consulted by a London practitioner, where a stricture of very long standing was successfully treated, although complicated with a false passage, urinary fistula, extensive disease of the bladder, and a vesical calculus. The gentleman was well known to many surgeons, under whose care, at different times, he had placed himself, but never, by the adoption of any plan of treatment had so large an instrument been passed, followed by an ability to expel so copious a stream of urine, as when the urethral guide and tubes were employed. The urine, when voided, smelt strongly ammoniacal, and after standing a short time deposited an immense sediment, consisting of
mucus and pus. The patient was reported to suffer from long
continued rigors after any attempt to pass an instrument, and he
told me that a difficulty, experienced even in the hands of eminent
surgeons, had been the impossibility of introducing a larger in-
strument into the bladder, even when a small-sized bougie had
been passed into it with comparative ease. Under the use of the
tubes, in less than three weeks, a complete command of the urethra
was obtained, without the occurrence of rigors, or any other symp-
tom arising to delay the proceedings. At the expiration of that
period, a common No, 12 sound could be introduced. The pe-
rineal fistula had quite healed. I lay claim to no manual dexteri-
ty as contributing to this fortunate result: the guide and tubes, in
other hands, would doubtless have proved equally efficacious.

Case 3.—A gentleman, forty-one years of age, first complained
of stricture eighteen years since, but it was not then so severe as
to induce him to procure surgical aid. Twelve years ago, the late
Dr. Lynch, of Farringdon-street, first introduced instruments into
this patient's urethra. Two years afterwards he suffered greatly
from stricture; and afterwards he went to Australia, where, he
said, a false passage was made. He returned to England, and
consulted a medical practitioner; but his condition progressively
became worse, and at length a No. 1 catheter could not be passed.
By the advice of his medical attendant, he now placed himself
under my care, and he was recommended to take up his tempo-
rary residence at the Sanatorium. On examination, the seat of the
stricture proved to be about the membranous portion of the ure-
thra. A No. 1 guide was, after considerable manipulation, intro-
duced. The subsequent treatment was pursued rather more slow-
ly in this case in consequence of the extreme emaciation and
debility of the patient. He left the Sanatorium, not only relieved
as regards the stricture, but much improved in general health, in
three weeks from the day of his arrival.

Finally, the advantages which experience justifies me in stating
are obtainable from the employment of the new instrument may
be thus enumerated;

The rapidity,
The safety, and
The certainty of the removal of strictures of the urethra.
The permanency of the relief arises from the absorption of the
submucous deposit.
The certainty of the tubes not making or extending any false
passage.
The complete control over the urinary canal after the first intro-
duction of the guide.
The relief afforded, often almost without pain.
The obliteration of false passages and fistulæ.
The freedom of the urinal flow after the first introduction of the
guide.
The facility afforded for washing out or clearing the bladder at any period of the treatment.

The accomplishment of immediate and lasting relief without producing any breach of substance by means of caustics, or the employment of any cutting instruments.

Non-malignant strictures of the rectum and the oesophagus may be treated effectually with instruments constructed upon the same principles with those employed for the dilatation of contractions of the urethra. This assertion could be illustrated by the histories of several very interesting cases, fully justifying its truth. I must, however, defer the details of these cases, and content myself, for the present, with merely describing and exhibiting the instruments in question, and leaving the subject for the consideration of the Society.

The rectum instruments consist of a flexible guide of soft metal or elastic gum-fabric, and four dilating-tubes, composed of the same materials, ten inches in length, shaped at the discretion of the surgeon, and of different sizes, numbered 2, 4, 6 and 8, corresponding to those sizes on the gauge of common rectum bougies. One end of the tube is made upon the same principles as those employed in the construction of those for the urethra, whilst the other end terminates in a broad, everted, cup-shaped rim.

By the means of a long flexible guide, an O'Beirne's tube of a much larger size can be also used. The one on the table is a full quarter of an inch in diameter internally. It is believed that this will prove of great service when the treatment by means of O'Beirne's tube is indicated.

The oesophageal instruments consists of a long flexible guide, and dilating-tubes of elastic gum, twenty inches in length, of different sizes, and manufactured so as to glide over the guide with the same ease as the urethral instruments. I may here advert to the fact of Mr. Erichsen, in his work entitled "Surgery," having mentioned a case of oesophageal sirdructure, in which he used, with considerable advantage, instruments of a similar construction to the urethral tubes.

The instruments for the dilation of the cervix uteri consist of a guide, eleven inches in length, with a movable handle, to facilitate its introduction, and of silver and flexible dilating-tubes which glide over the guide in the same manner as those for the urethra, and are made of various sizes, corresponding, in some respects, with those of Professor Simpson, but very considerably lighter. These tubes, at their internal extremity, have the same formation as those for the urethra. The other end is furnished with an inverted, cup-shaped rim, intended to fit the os uteri.—[Lon. Lancet.
On the Early Performance of Tracheotomy in Croup. By G. M. Jones, Esq., Surgeon to the Jersey Hospital.

The successful result of an operation leads us naturally to recommend its adoption in other cases in which identity of character exists. To propose an operation is one thing, but to induce others to follow in our footsteps requires something more; we must be able to show its utility, probably its absolute necessity, and that the well-being, oftentimes the very existence, of our patient depends on its performance. To hear some speak of tracheotomy in croup would almost lead us to imagine that the operation is a new one, a mere experiment and the offspring of some enthusiastic innovator.* It would be foreign to my purpose to prove the contrary, my present object being to endeavor to persuade itscontemporaries that they may be in error, and to show that if resorted to in time, it may be the means, the only means left us to preserve the life of a fellow-creature, the greatest and the most heartfelt wish a medical man can experience.

It is not the favorable result just given the history of,† which leads me to speak highly of the operation. I have long been impressed with its propriety, and only waited an opportunity to judge for myself—but even had my views at any time been different, or had my case terminated fatally, the success which has attended M. Trosseau’s endeavors, and which deservedly entitle him to be looked upon as the first French authority on this subject, and the unwearied exertions of my friend Mr. Henry Smith, of London, which place him on the same level as his Parisian competitor, would certainly have shaken, or altered altogether my views, even had they before been opposed to operative interference.

It may reasonably be asked—Why is tracheotomy in croup so little resorted to in England? Why, to make use of a homely phrase, is it at such a discount? The reason is easily explained—we have the prejudices of parents to overcome—the opinion of

* Although croup, as a distinct disease, and tracheotomy, as one of the means employed for its cure, have only been brought conspicuously into notice within the last years, both are undoubtedly of ancient date. The quinsy described by Hippocrates as existing “without any evident tumor in the neck or fauces, but attended with violent strangulation or difficult respiration, and which proves fatal either in the first or third day,” and the cyananthe of the Greeks, stated to be “a contraction of the orifice of the asperia arterin, by which not only the voice is suppressed, but respiration is performed with difficulty, and sometimes wholly stopped, often in short a time as to kill the patient in twenty-four hours, or the third day,” is the same affection which we now designate as “croup,” and the following passage, so to be met with in one of the earlier writers, unquestionably proves that tracheotomy was then one of the established methods of cure in cases of “cyananthe trachealis.” But if, in a quinsy, after the use of proper medicines and repeated evacuations of blood from different veins, there is still a necessity for making an incision in the trachea, in order to prevent suffocation, the operation may be performed in three different manners,” etc.

† Vide Medical Times and Gazette, Oct. 4.
some of the highest authorities to oppose—and the ill success which has almost invariably attended its performance to account for in such a manner, as to show that death has possibly arisen, more from neglect or inattention to other important points, than to the operation itself, or to any effect it may have produced on the human economy.

It is by no means surprising, that parents, particularly in the low grades of life, object to submit their child to an operation, the nature of which they will naturally make inquiries about, and which when explained, conveys a degree of horror to their minds, only surpassed by the reply given to their second question—its probable result in the present instance, and the amount of success which has attended it in others. The conscientious Surgeon cannot promise a certain cure, a circumstance not to be overcome by the ignorant—precious time is lost, till at last a tardy acquiescence, at times an earnest entreaty to do any thing which may offer a chance of saving the sufferer is given; but then the last stage of the disease has already set in, the operation is performed, and is almost immediately, or in a few hours, followed by death. As a natural consequence the operator has all the odium, and the disease for which it was performed, and which Dr. West very justly says, “is unquestionably one of the most dangerous to which childhood is liable,” is forgotten. But if we have this to contend with among the lower orders, the surgeon has equal difficulties, equally unfavorable chances of success among the superior classes of society; he has “the opinion of some of the highest authorities to oppose;” and if called in by them, or by those who adhere to their views, he comes as the “forlorn hope,” oftentimes as the “last witness to expiring life;” this brings me to the most important point of my subject, “the endeavor to persuade its contemners that they may be in error.”

Many authors of indisputably high reputation, whose works are constantly consulted, and whose views and treatment respecting the nature and cure of disease are the beacons by which thousands are guided in their line of practice, speak of tracheotomy in croup in a manner which, to say the least, offers but little encouragement to its performance. I shall quote the words of a few of the most eminent on the subject: “When signs of approaching death have come on, lividity of the lips, coldness of the skin, and a tendency to stupor, the question will obtrude itself, whether there may not still be a chance of saving the patient by tracheotomy. In the first place, the operation is much more difficult to execute upon children, than upon adults, and is attended with more perplexing hemorrhage; but a greater objection is the existence of the preternatural membrane, which precludes air being admitted into the lungs. Tracheotomy has again and again been practised in this complaint to no purpose, and I should be inclined to look upon it as absolutely hopeless, but for two instances recorded in
the Medico-Chirurgical Transactions."* "Whenever tracheotomy is performed, it should be after every other remedy has failed, and not before any other has been attempted, as the exudation extends through the ramifications of the trachea, and probably through the lungs, there is but little hope, after all, of any benefit from such an operation."† "There does not appear to be a chance of success from this operation in any case wherein the treatment developed above has failed. * * * I perfectly agree with Goelis, Cheyne and many others, in concluding that it should seldom or never be attempted in this disease."‡ "In England the result of almost every instance of the performance of tracheotomy in croup has been so unfavorable that the operation is scarcely looked upon as a justifiable proceeding."§ Such, then, are the opinions pronounced by some of the most weighty of English authorities.

Under such circumstances, can it be a matter of astonishment that few general practitioners are willing to attempt an operation, the result of which is likely to bring discredit on themselves? Now let me ask, from what cause or causes combined is this operation so generally followed by fatal consequences? I have no hesitation in stating that a contrary result might, in all probability, ensue, if the trachea were opened, not "when signs of approaching death have come on," nor "when every other remedy had failed," but at a much earlier stage of the disease—in a word, before all hope of the efficacy of medicine had ceased altogether. Better to expunge the operation of tracheotomy in croup from all works on practical surgery, than perform it under circumstances which, from the weakened and exhausted state of the patient, must render an operation much less formidable than this one—an accelerator of death, and not the means by which death may be averted. Why are the statistical returns in case of strangulated hernia more favorable now than formerly?—is it not from operative measures being resorted to before symptoms of approaching dissolution manifest themselves? and in what light would the advice of a surgeon be looked on now, were he to recommend us to wait till repeated vomiting of faecal matter took place before subjecting his patient to herniotomy? Whateve theories may have been broached—whatever views medical men may have taken of the causes and other circumstances connected with croup, there exists, I believe, among the most experienced almost, if not altogether, unanimity of opinion that blood-letting antimony, calomel and warm baths, are the means we are called upon, first of all, to employ in this dangerous disease. I have to often had recourse to them, and others as their adjuncts, not add my humble testimony to their efficacy; and, happily, man

* Dr. Watson's Lectures on the Practice of Physic.
† Dr. Mason Good's Study of Medicine.
‡ Dr. Copland's Dictionary of Practical Medicine.
§ Dr. West on the Diseases of Infancy and Childhood.
cases will yield to their judicious employment, but that all the remedies recommended are to be carried out *seriatim*, and some tried a second and even a third time, as a matter of course, before resorting to tracheotomy, appears to me the point which high authorities ought to employ their pen in condemning, rather than dwell on the fatality of an operation, possibly occasioned, in very many instances, from too systematically following out the plan recommended by writers.

Are there not diseases in which we can safely pronounce our patients better, although the symptoms continue stationary for a time? This is exemplified in several forms of fever; and, on the other hand, we meet with complaints in which a stationary state must be regarded as most unfavorable, and croup can be brought forward as an illustration. For instance, we are called on at an early hour to attend a child laboring under a severe form of this disease; in the evening we find our patient possibly not worse, but in no respect better. Are we, then, to rest satisfied in imagining that, although we have not gained, still we have not lost ground? If we think so, we deceive ourselves; for a whole day we have been unwearied in our exertions, we have exhausted all the means medical science has placed at our disposal, and with no better result than having been able to keep symptoms stationary, and that in an affection which not unfrequently runs its fatal course in eighteen, twenty-four, or thirty-six hours. Can a repetition of already tried remedies bring on an improved condition? I do not mean to state this can never happen, but I feel confident practical men will bear me out when I say that, in a vast majority of cases, the absence of any improvement after steadily pursuing for twelve or sixteen hours the medical course most approved of, leaves but very slender hopes that a continuation in a similar line of practice will be crowned with success.

I have already spoken of the improved statistical returns in cases of strangulated hernia, and the probable reason why they are so satisfactory. Those who have attentively watched the progress of surgery, must admit that it yearly makes rapid strides towards perfection; and it appears to me that there is, in many respects, a striking resemblance between hernia and croup, not only as far as regards symptoms, but also with respect to the indications of cure. In hernia, we have strangulation of the bowels to overcome; in croup, obstruction to the passage of air to remove; both diseases may come on suddenly, and without premonitory symptoms; in each the most prompt and energetic treatment is required; both are fraught with the greatest danger to life; each runs its course rapidly; the same delay which may prove fatal in one case becomes equally so in the other; and the discriminating judgment which tells the surgeon when it might be hazardous to delay operative interference, guides, or ought to guide, the physician in recommending surgical means to super-
sede, for a time, those he has zealously, though unsuccessfully, employed.

Is the operation a dangerous one? This is a question not easily solved: some authorities say that it is, others are of a contrary opinion,* and when this is the case, I know of no better rule to follow than this: not allow ourselves to operate solely under the latter impression, or be intimidated by the former; to hope the one, and be at the same time fully prepared for any casualty which may supervene. But that which must ever make tracheotomy in croup dangerous, is, the performing it when symptoms of dissolution are at hand. Blood lost then is assuredly "life's blood," and if this operation is at any time attended with "perplexing hemorrhage," what effect must even the loss of the most trifling quantity produce on the dying; almost as well may we operate on the dead subject in the hope of seeing returning life, as on the expiring, with the expectation of witnessing recovery.

In recommending an earlier performance of tracheotomy in croup than is practised in England or advocated by British writers, I am far from advising it to supersede other measures (compatible with existing symptoms). It is said that in France there are many instances in which this operation has been performed on patients whose disease would probably have been amenable to other treatment, and cases are mentioned in which none of any description had been tried before. This practice is not advisable, for there is no operation, however trivial it may appear, which can be positively pronounced as free of ulterior danger, and consequently none ought ever to be performed unless really necessary; thus it appears that in France, surgeons often operate earlier than is required, while in England they almost invariably do so too late. The observations I have made are intended to induce practitioners to adopt a middle course, that is to be neither too hasty nor tardy, but to be guided in a case of croup as they would in a case of strangulated hernia.

The success this operation has been attended with in France, is most encouraging; but there is another reason, besides operating earlier than we do, which undoubtedly gives our continental brethren an immense vantage ground over us. There croup presents a different character to that which it exhibits in England; with it is certainly a much more dangerous complaint. This difference arises, in a great measure, if not altogether, from the parts most materially implicated. "In France, croupal symptoms are induced in the majority of cases, by the extension to the larynx of false membrane, originally deposited on the faucæ and left palate, whilst the wind-pipe itself is comparatively seldom in a state of active

* Casserius pronounces, "those men unskilful, cowardly, and even cruel, who foolishly neglect this operation, which is often safe in itself, and attended with most speedy and salutary effects, and who suffer their patients to die for want of proper and seasonable assistance."
flammmation, often altogether unaffected; and the bronchitis and pneumonia, which in this country so often, and so seriously complicate the disease, are of less common occurrence."** But it appears to me, that it is this very difference in type which ought to lead us to effect an exchange of treatment. In England, the symptoms brought on by croup are not unfrequently more dangerous than the original disease, to wit, bronchitis and lung affections will follow, but not often precede cyananche trachealis. Both these formidable affections are in a greater measure, if not altogether dependent on an obstruction to the passage of air; so that, in overcoming this as quickly as possible, we prevent congestion, and thus have to grapple with one, instead of three separate diseases.

My views are so much in harmony with those expressed by Mr. Smith, in his valuable paper in the Medical Times and Gazette, of the 26th January, 1856;† that I feel more confidence in stating my conviction that—notwithstanding the difference both in the nature and the type of croup in this country, and the more formidable character it puts on than is generally met with in France—our earlier introduction of air would not only give us a larger percentage of recoveries, but would place this operation in the same favorable light in which it is now regarded in Paris and other parts of France.† Success would enable us to speak with more confidence as to a favorable result in those cases to which we are called early, so that the prejudices of the ignorant would be more easily overcome, and the surgeon be found at the bedside of the opulent, not as at present, when all other remedies have failed, and when death is at hand, but at a time when there is still strength enough and hope enough left, to lead to as reasonable prospect of recovery from tracheotomy, as was before held out by each of the remedies which had already preceded its performance.—[N. Orleans Med. News and Hosp. Gaz.

Cathartics in Dysentery. By O. C. Gibbs, M. D., Frewsbury, N. Y.

At the meeting of the Buffalo Medical Association, Sept. 2d, 1856, as per report of proceedings in the October number of the Buffalo Medical Journal, a discussion took place in regard to the propriety of using cathartics in dysentery; also the kind of cathartics best calculated to fulfill the indications in that disease. As

* Dr. West on the Diseases of Infancy and Childhood.
† I cannot too strongly recommend the perusal of this valuable paper to those who are interested in the treatment of this dangerous disease. Mr. Smith, with that characteristic candor which speaks volumes in his favor, is not backward in acknowledging his own failures, while he points out the success of another in proof the desirableness of his operation.
‡ In certain European countries, and in England particularly, tracheotomy in cases of croup is still so isolated an operation, that in all Great Britain it is not so much practised as in Paris alone.—Lectures on Tracheotomy in Croup, by Professor Roussou.
this question is fairly before the readers of the Journal above mentioned, we suppose it is open for the expression of opinion or experience, by any of its many readers. Hence, we give expression to a few thoughts, based partially upon our individual experience, and partially upon the generally received opinions in regard to the nature of the affection under consideration. A knowledge of the nature or pathology of any disease, is, perhaps, the surest guide to the appropriate indications of treatment. The public generally, are apt to look upon all diseases accompanied with frequent evacuations from the bowels, as similar at least, if not identical in character. Physicians themselves are not always free from this vagueness of nomenclature. In mucous enteritis, as well as milder forms of mucous irritation, each case is accompanied with a diarrhoea or frequent alvine evacuations, and the public generally do not discriminate between such cases and dysentery, and we have seen physicians not unfrequently, if not guilty of the same error in diagnosis, at least of the same vagueness of nomenclature. Dysentery consists in an inflammation of the mucous membrane of the colon and rectum, and, though the evacuations may be over in ten minutes, yet, except it may be in the incipiency of the disease, they are not foecal, but consist almost wholly of mucus and blood. Hence, though the gripping pains in the abdomen and the tenesmus may be never so great, though the characteristic mucous-sanguineous evacuations may be never so frequent, or the straining at stool never so persistent, the case may be accompanied with obstinate constipation. The public generally look upon the frequent bloody evacuations as constituting the whole of the disease, and, consequently, urge the importance of powerful astringents, which, if unadvisedly by the attending physician, they sometimes clandestinely and injuriously bring to bear upon the disease. But the physician who resorts to them, to the exclusion of evacuants, will certainly have no reason to boast of success.

Permit us to say, that we do not propose to discuss the nature cause, or symptoms of dysentery, nor to enter into full details of treatment. We propose only to make a brief expression of our opinion, upon the question under discussion, viz., the propriety of cathartics in dysentery.

Some authorities have condemned the use of evacuants in dysentery, on the ground of their supposed irritating influence upon the inflamed mucous membrane. But we feel confident that, when the evacuant is judiciously selected, and repeated with due discrimination, and with proper adjuncts, its irritating influence more fancied than real. The object of the cathartic seems, at first to be to free the bowels from irritating secretions, and the object of their repetition is, conjoined with the above, to prevent constipation, which is the inevitable sequence of the inflammation at consequent fever. A second, and not less important object to be secured by the evacuant, is to unload the portal veins, thus dimi
ishing congestion in that important circulatory system, and to stimulate the capillary circulation in the liver, which is often sluggish, resulting in a deficient biliary secretion.

In regard to the choice of a cathartic there has been and is a great discrepancy of opinion. Some have advised calomel at first, to be succeeded by castor oil; others have advised castor oil from the first. Rhubarb, compound powder of jalap, cream tartar, epsom salts, rochelle salts, &c., have all had their advocates.

We were formerly in the habit of giving, at first, calomel intimately commingled with rhubarb and a little pulverized opium, and afterwards, whenever an evacuant seemed demanded, gave castor oil with a few drops of laudanum. But recently we have made choice of a different evacuant, and, so far, have been much pleased with the change. In the June number of the Western Lancet, for 1855, Dr. D. B. Dorsey communicated the result of twenty years' experience with a cathartic mixture, first proposed to him by Dr. Lemoyné, of Washington, Pa. Summing up his results he said "in a practice, not very limited, in the cities of Wheeling, Va., and Steubenville, O., in the latter of which dysentery prevailed as an epidemic twice or thrice during my residence there, I had the high gratification of seeing all recover who were treated with this remedy from the commencement of the attack." With this high encomium before us, we made trial of the combination in the next case that came under our observation, and with such happy results that, except in young children, we have used it in all dysenteric cases since, with success in all cases.

We quote Dr. Dorsey's formula and directions from the paper above referred to. "Take of saturated solution sulph. magnesia, seven fluid ounces; aromatic sulphuric acid, one fluid ounce—mix.

"The saturated solution is prepared by dissolving epsom salts in an equal quantity of water, by weight, at 60 deg. Fahrenheit. It will be ready for use in eight or ten hours. During that time it should be shaken occasionatly.

"The medium dose of this medicine for an adult, is one tablespoonful, delivered with two or three ounces of water, every four to six hours, until it gently moves the bowels. It should be given regularly, and perseveringly, until the bowels are manifestly under its influence, which will be evinced by feculant discharges, abatement of tenesmus, and general feeling of relief. The size of the dose and times of repeating it, must be varied by the practitioner's judgment, according to many circumstances of age, violence and stage of disease, &c. Sometimes it will require two tablespoonfuls of the medicine, every three or four hours; at others a teaspoonful every six or eight hours will be sufficient.

"Accompanying each dose, when the pain and tenesmus are great, one-sixth of a grain of sulph. morph. may be given. But this remedy, also, must be varied, both in quantity and frequency of repetition, according to circumstances.
We have seldom or never exceeded tablespoonful doses, and of-
tener fallen below that. But instead of giving once in four or six
hours throughout the twenty-four, we have usually commenced
with it in the morning, to be repeated every three hours until it
operates, always combined with a small quantity of morphine.
This course we repeat every day so long as the indications demand.
During the remainder of the twenty-four hours, we give ipecacuanha with morphine, or such other remedies as the circumstances
of the case seem to require. It may not be amiss to say here that
mercurials are incompatible with the mixture.

The acid doubtless stimulates the capillary circulation in the
liver, promoting bilious secretion, while the sulphate of magnesia
relieves the portal congestion and frees the bowels from irritating
secretions. From the relief which speedily follows its action, to
the torrmina and tenesmus, greater than that following any other
evacuant, we cannot help thinking the acid has a direct sanitary
influence upon the inflamed mucous membrane.

With young children, where smallness of dose and pleasantness
of taste are always considerations of much importance, the above
mixture is decidedly objectionable. The taste is rather disagreea-
ble, and the necessity for diluting the mixture, renders the bulk
such as no child will readily take. In such cases we have been in
the habit of scorching rhubarb, adding boiling water and extract
of hyoscamus, the dose of such proportioned to the age and con-
dition of the patient, sweetening the mixture and flavoring with
nitre.

This is to be given in repeated doses in the morning, sufficient
to produce a laxative effect, and during the balance of the day we
give hydrargyrum cum creta, in small doses, with Dover's powders
or such other medicines as the circumstances of the case may
indicate.—[Buffalo Medical Journal.

On the Use of Ice in Uterine Hemorrhage. By E. A. Hildreth,
M. D., Wheeling, Va.

Every physician has experienced the uncertainty, or to say the
least, the want of promptness in the effect of the "usual" rem-
edies for this difficulty. The remedy we propose is the introduc-
tion of ice into the uterus. It is not proposed as an "experiment,"
for it is now about ten years since we first used it, and have a
sufficient number of recorded cases to prove its utility.

The safety of passing a quantity of ice into the cavity of the
uterus after the expulsion of the child or placenta, has been ques-
tioned by some, as we believe, on purely theoretical grounds. The
effect in every case we have used it, has been to contract the uterus
quickly, energetically and permanently; and as a matter of course
stop the uterine flow. We have yet to see any unpleasant result,
directly or indirectly arising therefrom, on the contrary, the relief afforded is prompt and permanent.

We do not wish to theorize on the subject at this time; allow me to subjoin a few facts as observed and noticed when they occurred.

**Case I.** June 16th, 1846, Mrs. McC., aged 40, in labor with her fourth child. Describes her previous labors as “lingering.” On examination “per toucher” found the os uteri thick, firm, opened as large as a half dollar—membranes entire—breech presenting, pains slight. Prescribed Pulv. Ipp. Comp. grs. xi, and left requesting them to call on me when the pains became more active. Called back in 6 hours, found her pains strong and expulsive, and half an hour after, the child was expelled. Upon introducing my hand along the umbilical cord, it was ascertained that hour-glass contraction was present; the placenta remaining at the fundus of the uterus. An attempt was made slowly to pass the hand through the contracted portion, but failed. Gave her Morphia Sulph. grs. ss. and permitted her to rest. Says she has felt no pain since the birth of her child. In about half an hour she had some pain with profuse hemorrhage. Used effusion of cold water over abdomen with pressure and gave her B. Morphia Acet. grs. ½. Acet. Lead, grs. iii. Flooding is checked. Endeavored to extract placenta but failed. In about fifteen minutes flooding returned to an alarming degree—placed pounded ice over hypogastrium, and introduced several pieces of ice into the vagina as high as os uteri—flooding restrained and hour-glass contraction relaxed so that the hand could be introduced and placenta extracted. Five minutes after the flooding returned. Passed my hand into the uterus in hope of provoking contractions, but without effect—it feels like a wet leather bag. Pulse very small and frequent, face and lips pallid, complains of faintness and dizziness. Fearing now her rapid dissolution unless a more successful treatment was pursued, I seized a lump of ice as large as a lemon, and carrying it through the os uteri slipped it from my hand. The effect was immediate and powerful, expelling a quantity of coagula, and contracting the uterus to its usual size and firmness; a graduated compress and bandage were then applied—pulse 120, small, weak, complains of giddiness—M. M., perfect rest in horizontal posture—pulverized opii. grs. iii immediately after rest—Panada with Brandy. Saw her four hours after—has slept some—no return of “wasting”—feels comfortable—pulse 100, soft, full—womb well contracted—no pain on pressure.

17th. Feels well—slept well last night—pulse 90, weak—likes her Panada—no pain or tenderness over abdomen—lochia not more free than usual—M. M. let her rest.

18th. doing well—22d thinks she can sit up—forbid it and discharged her, well.

**Case II.** Nov. 7th, 1847. Called in haste to see Mrs. B.; found a German woman attending her as midwife—the child has been
born about an hour—placenta not delivered, but she is flooding profusely, which alarmed the midwife—removed the placenta and gave Morphia gr. ss.—friction with pressure over uterus—sent for ice—hemorrhage somewhat less—her face is blanched and anxious—pulse very frequent—passed a lump of ice as large as a walnut into the uterus which was followed by expulsion of coagula and firm contraction—repeated Morphia gr. $\frac{1}{4}$ and left her in care of midwife. She had no return of hemorrhage and subsequently did well.

Case III. Called in consultation with Dr. W. of M., to see Mrs. M., a large, fleshy woman, who has had miscarriages at the third month of utero-gestation. The fetus has been thrown off for several hours, but placenta retained—frightful hemorrhage supervened, during which she has twice fainted while in the horizontal posture—the placenta can be felt through the os uteri with the point of the fore-finger—sent for ice, and during the absence of the messenger, endeavored to extract the placenta with Dewees' Placental Hook, but failed. Dr. W. had previously used Morphia, Acetate Lead, cold applications, etc., but the flooding continued, though in a more moderate degree. From her general appearance, coldness of surface, feeble pulse, etc., she must soon sink, if not quickly relieved. At this juncture the ice came, and we prepared a crystal about the size of the index finger, and passed it through the os into the cavity of the uterus, as far as possible, and allowed it to melt; the flooding ceased and did not return again, although the placenta was not thrown off for 30 hours afterward. She recovered.

Case IV. April 22d, 1849. Mrs. O., after a natural and easy labor was delivered of a second child—placenta followed in 15 minutes, bandaged her and left her doing well.

May 30th, called to her in haste—says she was taken "unwell" yesterday,—the discharge growing more profuse ever since—(there is a case of cholera in the next room and she is badly frightened)—her bed is now saturated with blood, and she is flooding rapidly—the os uteri easily admits the fore-finger, and is soft and dilatable. Gave her Acet. and Opium, applied douche of cold water, ordered ice and used the plug—hemorrhage still profuse—complains of giddiness and singing in the ear, pulse very frequent and feeble—face blanched—re-applied cold douche but without effect—her husband, after considerable delay brought the ice—removed the plug which was followed by a considerable gush of blood—introduced into the uterus several pieces of ice the size of a chestnut—the effect of stopping the flooding was instantaneous. May 31st. Has had no occurrence of hemorrhage since the use of the ice. June 1st. The discharge from the uterus scarcely stains her cloth. She recovered.

We hope the above detail is sufficient to give an idea of its application; we have never tried it in a case of Placenta Prævia. As
to being "something new" we do not know nor care: if by making
the practice more generally known through the pages of your val-
uable journal, we are instrumental in saving one poor woman from
death by Uterine Hemorrhage, we are fully compensated.—[Cin-
cinnati Medical Observer.

1. Convulsions in Children considered in an Ätiological Point of
View. 2. Whooping-Cough. Translated from the French, by
M. Morton Dowler, M. D., New Orleans. (L’Union Médicale,
July 22, 1856. Journal für Kinderkrankheiten, 1856, et Annales
Médicales de Flandre occid., Juillet, 1856.

I. Convulsions, it is known, are amongst the most frequent
symptoms of the morbid affections of infancy. M. Tilner, of St.
Petersburg, has made the different conditions by which convul-
sions are produced, a subject of special study, the chief of which
he has found to be the following:
1. Convulsions proceeding from a morbid condition of the ner-
vous system. In this category must be included all of the organic
modifications of the brain—as congestion, inflammation and its
consequences, softening, foreign bodies, exostoses, etc. These are
the most frequent causes of the convulsive affections of infancy,
and have little that is favorable in the prognosis. Most of these
affections, it is true, can only be considered as secondary, and as
proceeding from a dyscrasia originating in derangements of the
digestive organs, or from functional anomalies presenting them-
"elves under the form hyperaemia, and serous effusions. The con-
"ulsive phenomena which these causes provoke, carry with them
the character of legitimate cerebral convulsions, are either tonic or
clonic in their character; but always accompanied with a loss of
consciousness more or less marked, and in these diseases present
themselves as a precursor of death—and they come on quickly,
and sometimes periodically. The cerebral affection may extend
itself to the spinal marrow, and then tetanic convulsions show
themselves.

2. Convulsions which proceed from a pathological condition of
the blood. The causes are: a, by toxicosis, from medicines and
poisons, such as narcotics, directly producing cerebral convulsions,
nux vomica, and strychnia, giving rise to tetanic symptoms, which
have their starting point in the spinal marrow; b, by toxicosis,
from the maternal milk, vitiated by the use of spirituous liquors,
or by violent mental emotions; c, by modification of the blood in
acute exanthemata. This cause often produces convulsions before
the eruption of the exanthem, and convulsions may also occur be-
fore the accession of fever in intermittents; d, by sanguineous
modification in phlebitis, and especially in suppurative inflamma-
tion of the umbilical vessels, which, as is well known, may cause
tetanic convulsive symptoms.

3. Convulsions take their origin in a morbid condition of the
digestive organs. These are the most common kind of convul-
sions—and this we might readily anticipate, from the improper
alimentation which we witness amongst both the rich and the poor.
This cause becomes especially powerful at certain periods of infan-
cy, such as those of dentition and weaning, and in the presence of
worms in the intestinal canal.

4. Convulsions arise from certain conditions of the organs of
respiration; such as those which supervene in the latter stage of
bronchitis and pneumonia, and they are, as is well known, often
the result of whooping-cough and laryngismus stridulus.

5. Convulsions accompany diseases of the urinary organs, and
we may here specially note the eclamptic symptoms which mani-
fest themselves in children attacked with albuminuria.

6. Convulsions proceed from a morbid condition of the genital
organs. The writer recalls to mind a case of convulsions, in a
boy four years old, in consequence of the retention of a testicle in
the inguinal canal.

7. Convulsions arise from diseases of the osseous system.
Amongst these may be named rachitic malformation of the cra-
nium.

In view of this aetiological tableau of the convulsions of infancy,
we may offer the following reflections: The convulsions called
cerebral, are amongst the most frequent of the affections of infan-
cy. Nevertheless, the primitive cerebral affections are very rare
in children. The convulsive manifestations are more often the
consequence of the extension of other acute and chronic diseases
which manifest themselves symptomatically, producing ultimately
convulsions at the precise period when the brain begins to parti-
cipate in the morbid condition.

Next in the order of frequency, come convulsions from reflex
action, which have their starting point in the intestinal canal, ma-
nifesting themselves ordinarily after the prolonged existence of in-
tractable abdominal disease. Notwithstanding, the diseases of the
digestive apparatus may also accompany secondary cerebral affec-
tions, which are in a condition to produce cerebral convulsions.
The convulsions arising from a morbid condition of the spinal
marrow, are rare, especially in the pure form; for they appear
more often as subsequent phenomena to cerebral spasms, than as
an affection of the brain, propagated to the spinal marrow. It is
to a morbid alteration of the blood that we are to look for the
most frequent cause of tetanic spasms, though the latter may have
their origin under certain climatic circumstances.
On the Seat and Nature of Whooping-Cough. (Gazette Hebdomadaire de Médecine et de Chirurgie, of August 22, 1856. Academy of Sciences.)

M. Beau has satisfied himself, by numerous anatomical investigations, that whooping-cough is an inflammation of the mucous membrane which covers the supra-glottidian region of the larynx; that is to say, the narrow zone which is situated between the superior orifice of the organ, and the superior vocal chord. When the muco-purulent product, secreted by the inflamed membrane, comes in contact with the glottis, it determines the production of suffocative symptoms, similar to those which are experienced when any one has, as is said in popular language, swallowed the wrong way. All at once the glottis is closed, and there results, from this, an acute crowing inspiration, which is followed by the violent paroxysmal and jerking cough, which constitutes expiration; and this cough causes the expulsion of a considerable quantity of pituitous liquid to be cotemporaneously secreted. The muco-purulent matter which has come in contact with the glottis is the cause of these symptoms, and its tenacity and adhesiveness causes it to be with difficulty expelled.

The phlegmasial nature of the disease is perfectly evinced to M. Beau, from the following considerations: 1, the march of the disease, which exhibits a catarrhal period, or a state of acute supra-glottidian laryngitis, and a nervous period or chronic state, in which the suffocative symptoms are at once more intense and more frequent, from the fact that the secretion of muco-pus is also more free and abundant; 2, from the influence of moral causes on the paroxysms of cough provoked by the inflammatory secretion, which emotion has rendered more active; 3, from the special sensation of constriction about the throat; 4, from its contagion—for the contained, and in some sort volatile, corpuscles of the inflammatory matter, may very readily, after having been expelled in expiration, be inspired by other individuals, and deposit itself in the healthy larynx, which thus becomes inflamed by the contagious influence.—New Orleans Med. & Surg. Journal.


[We are constantly consulted by patients who tell us that they hardly ever have their bowels moved without taking medicine. They have generally tried every kind which we can recommend, and the only consolation we can give them is, that they must ring the changes and increase the doses. The effect of this is often only to aggravate the mischief and hasten on some of the thousand and one ill consequences which we may expect from such a state of affairs. As the result of much experience, Mr. Houghton says]
that in nux vomica we have a remedy capable of relieving many cases of this nature, of which he gives the following:—]

Case 1. December 4th. Emma Gibbs, aged 29, came under my care at the Dispensary on October 3rd, suffering from an attack of congestion of the uterus and vagina, which yielded to local depletion, rest, baths, &c. She is naturally of a delicate frame and constitution, and was left very much debilitated by the attack. She got relief to her debility by taking quinine and iron; but during the whole of the time her bowels were unmanageable and obstinately costive. To relieve this, she has taken, and had given to her, castor oil, senna mixture, pills, and, last of all, pills containing two parts of colocynth and one of henbane. Of these, at first, she took two with relief; then three became necessary, and then four; she then took four at night, and followed it by castor oil in the morning, and thus obtained a motion once in two or three days, with much pain and trouble. On the 13th of November I gave her twelve pills, consisting of 3 ss of henbane, 9j of compound extract of colocynth, and gr. iii of extract of nux vomica, and desired her to take one every night, and to continue her tonics as usual. From that time to the present (three weeks) she has taken one pill every night, and had one comfortable motion every morning, without the aid of any other aperient, and her health has much improved.

Case 2. Sarah Silvester, aged 85, applied to the Dispensary on December 16th, suffering from a severe attack of gastrodynia, attended by some derangement of the uterus. I extract the following from my notes:—Tongue furred, yellow, indented by the teeth, moist. Appetite bad; violent pain after eating, worse at times; frequent regurgitation of food, sometimes vomiting; sometimes she is compelled to produce vomiting before she can get relief after eating. Bowels habitually costive, and very unmanageable. Her habit is to take medicine twice a week, after which she has two or three stools, and then the bowels do not act again till she again takes medicine. She says she has taken "all sorts of medicine," including many quack pills, for the relief of her bowels, but only with temporary benefit, the bowels returning to their inactive state. She had bismuth three times a day, and the pill before named every night.

December 19th. One motion daily, with perfect comfort; she has not been so comfortable in her bowels for years. Gastrodynia and vomiting much relieved.

January 16th (thirty-two days). She has taken one pill every night, and had one motion every day with comfort. The pills have never missed. Her stomach symptoms are relieved.

February 13th. She was at the Dispensary to-day. She has taken one pill every night, now two months, and it has never failed. Authorities are very silent on the peculiar property of the nux vomica which I am now discussing. The last edition of "The
Pharmacopoeia Londinensis" dismisses the whole matter in these laconic words: "Use—in some cases of paralysis."

Pereira does not allude to it, though he speaks of the efficacy of the drug in "dyspepsia, pyrosis, and some forms of dysentery."

Dr. Copland, whose mind seems to have embraced almost everything in medical science, says, "In cases apparently depending on deficient tone of the muscular coat of the large bowels, and imperfect propelling power of the upper part of the rectum, I have seen benefit from combining the extract of nux vomica with the pilula aloes c. myrrha or compound extract of colocynth."

Dr. Neligan, in his excellent treatise 'On the Uses and Modes of Administration of Medicines,' observes: "I have used the extract of nux vomica with much advantage, as an addition to purgatives in constipation depending on want of tone in the muscular coat of the large intestines, one of the most frequent causes of this state in females, and one which is distinctly characterised by great secretion of flatus, and colicky pains which accompany it."

So far as I have been able to learn, we are indebted to Magendie for the first suggestions on the powers of nux vomica. In 1845, Dr. Tessier, of Lyons, published a paper which was quoted in 'The Lancet,' and in which he says that "he considers it particularly indicated in cases where there is reason to suspect general want of tone in the bowels, as in paralytic and old persons, or where we suspect want of tone of the muscular coat, in consequence of great and long-continued distension; or, in short, where the constipation can be referred to an undue secretion of gas, which in itself, by causing distension of the bowels, diminishes their contractile power."

In the Journal of this association for May, 1848, is an article by Mr. Boult, of Bath, on the employment of nux vomica in habitual constipation, in which he observes: I first tried the extract alone, in half grain doses, two or three times a day, and was disappointed with the result. I was then lead to use the extract in combination with aloes, rhubarb and scammony, and was surprised at the result." Mr. Boult seems to think that it has the power of increasing the action of other purgatives; and he says: "Generally speaking, a pill containing three quarters of a grain of Barbadoes aloes, three-quarters of a grain of extract of rhubarb, and half a grain of extract of nux vomica, taken at bed time, will produce one or two evacuations the next morning." And he continues: "I have prescribed the pill already mentioned for months together, and at the end of that time the effect has been produced as certainly as at first, and no bad consequence has arisen: on the contrary, I think it will be found that, when the medicine is discontinued, the tendency to costiveness will be found to be diminished."

The correspondent of 'The Medical Gazette,' November 10th, 1855, in his Notes on Hospital Therapeutics, has the following admirable remarks on the subject: "Among the conditions over
which nux vomica, and its active principle, strychnia, possess most useful powers, is that of habitual constipation from muscular atony of the intestinal tube. At the City Hospital for Diseases of the Chest, we observe that Dr. Peacock and Dr. Andrew Clark are both in the habit of frequently resorting to it for this purpose. It is generally given in combination with the compound rhubarb pill, and in doses of the extract of from one-sixth to one-half a grain. Of itself it can scarcely be deemed an aperient; that is, it does not so much excite peristaltic action as supply tone to the weakened muscular coat, by which it is enabled to reply efficiently to other irritants. Hence the need of combination with aloes, rhubarb, or some similar drug."

Dr. Peacock has mentioned to us a case in which a man of feeble intellect and torpid nervous system generally, had derived great benefit from its employment. At first, the bowels were obstinately costive, and lavements produced no action; but since the use of nux vomica they have so far increased in power and susceptibility that simple injections are quite sufficient to procure all the action that is necessary.

With the observations quoted I generally concur, but specially with those of Mr. Boult and of the correspondent of the "Medical Gazette."

From the facts and opinions adduced I think we may safely infer—

1. That in the nux vomica we have a new agent in the treatment of constipation: not a purgative or aperient, but a substance which, added to very minute doses of various purgatives and aperients, forms a kind of tertium quid, which combines the advantages of purgatives without the disadvantages, which does not leave the bowels debilitated and indisposed to act after its operation, but which, on the contrary, imparts tone, rendering their action more certain.

2. That the agent does not lose its power by continued use.

3. That it is a perfectly safe remedy when used in the mode suggested.


[In a clinical lecture on this subject, Dr. Burrows first noticed the symptoms which most commonly attend these cases. They may be briefly mentioned, as, a swollen prominent abdomen, distinct fluctuation, sallow complexion, slightly jaundiced conjunctiva, pain and tenderness in the right hypochondrium, hard mass projecting below the ribs towards the umbilicus, high-coloured, scanty urine, slight fever. Most frequently these symptoms wil
have been produced by intemperate habits, which generally bring on cirrhosis of the liver.

The treatment of dropsy is, at all times, confessedly difficult; but according to my experience, these cases of hepatic dropsy are not so intractable as they are represented to be, in some modern treatises on diseases of the liver.

The first measure to be adopted will depend greatly upon the duration of the complaint. If the patient complain of pain in the right hypochondrium, or if there be tenderness there on pressure, together with febrile excitement, and the strength of the pulse will permit, I recommend you to resort to local depletion. A few ounces of blood may be taken by the cupping glasses or by leeches, from the region of the liver, and this depletion should soon be followed by the application of one or more blisters in the same region. In many cases the symptoms hardly call for vascular depletion, and we commence the local treatment by the application of a blister.

2ndly. Evacuate the intestines by a freely acting purgative, and repeat this once or twice in the week; this evacuation affords relief, and, I think, is less distressing to the patient, and less irritating to the alimentary canal, than the daily use of less active aperients.

3rdly. Having premised these measures, I advise you to lose no further time in resorting to the internal and external use of mercury, not in such doses as to affect the system rapidly, and as would be proper in cases of acute hepatitis, but very gradually.

I usually prescribe the pil. hydrarg. gr. iv., cum pulv. scilleæ gr. j., nocte maneque, and find this quite sufficient for the purpose. But then, as soon as the blistered surfaces will permit, I order mercurial friction over the abdomen twice in twenty-four hours, and here I prefer the stimulating effects of the lin. hydrarg. to the simple inunction with the ung. hydrarg. According to my experience, there is no remedy so powerful in exciting the absorption of the products of inflammation within the abdomen or of fluid from the peritoneum, or of stimulating the liver to increased secretion, or the intestines to more energetic peristaltic action, as mercurial frictions over the abdomen. This remedy is not only, in my hands, most efficacious in the treatment of ascites arising from chronic hepatitis, but also of inflammatory effusions within the abdomen; and likewise in obstinate constipation, sometimes erroneously supposed to depend upon mechanical obstruction of the bowels. I advise you to place confidence in these means in the treatment of ascites depending on cirrhosis; but remember it will be necessary to sustain the mercurial action for several weeks. It may be necessary to suspend the mercurial friction occasionally; and then, if any tenderness be detected in the epigastrium or hypochondrium, a blister may be applied there.

4thly. Simultaneously with this use of mercurials, you may
employ diuretics freely, if careful analysis assures you the urine is free from albumen. Some writers of high repute upon diseases of the liver speak disparagingly or doubtingly of the efficacy of diuretics in this form of dropsy, or of the ability to reduce ascites by the use of diuretics. This latter class of remedies are notoriously uncertain in their operation, but nevertheless, I have found them far from useless in the treatment of ascites, especially where they have been combined with the remedies already enumerated. The diuretics I prefer are the salts of potash combined with sp. æth. nit. and sp. juniperi comp. I generally combine two or more of the following salts of potash in varying proportions—the potash bi-carb., potassæ acetas, potassæ tartras, potassæ nitræ, and potassæ iodid. When this plan of treatment has not a sensible effect in diminishing the ascites in the course of three weeks or a month, I should recommend you to resort to paracentesis abdominis at once, and not wait until abdominal distension has become enormous and the different internal organs almost paralysed in their functions by the long-continued pressure of the effused fluid.

Many advantages may be derived from one operation of tapping, which will not follow upon its repetition; indeed, the frequent withdrawal of the fluid by tapping causes much exhaustion, and may be followed by fatal peritonitis. The first removal of the fluid generally affords great temporary relief to the patient, but other advantages may be expected from the operation. If the operator's hand be carefully passed over the right side of the abdomen, when it is emptied of the fluid, he may ascertain with more exactness the real condition of the liver, whether it be enlarged or small, or retracted; whether its upper surface be smooth or nodulated by deposits in its substance. Such information may encourage a persistence in former treatment, or may dissuade from the use of all further exhausting remedies. Moreover, it not uncommonly happens that, while the abdomen is enormously distended, diuretics and purgatives have little or no effect; but that, when the internal pressure is removed, the kidneys and bowels begin to evince their susceptibility to the influence of remedies previously administered with no success.

Lastly, I may warn you, that patients laboring under this form of dropsy have generally been accustomed to intemperate habits and will not bear a very low diet. A moderate quantity of nutritious food is better digested than slops, and you will find the nervous system and the flatulent stomach require a small amount of some stimulant daily.—[Med. Times and Gazette:]

Displacements of the Womb.

It is our impression that there is not a sufficient recognizance of the uterus as a "floating" body, or rather as a body whose mechanical conditions of equilibrium make its support more near
analogous to that than to any other mode of support. The most considerable solid support of the uterus is the vagina. These two conditions lead to an easy understanding of many phenomena of the minor motions of the uterus, called mis- or displacement. The destruction of the vaginal support by relaxation (sometimes a sort of paralysis) of the tube, often accompanied by a similar condition of the rectum, leads to the most complete displacements of the womb itself healthy,—leads also to all the ordinary symptoms of uterine ailment in the most aggravated form, and curable only on condition of curing the vagina. Again, enlargement, and consequently increased weight, of any part of the uterus, leads to sinking of it. Enlargement of the cervix leads to depression of the organ. Enlargement of the body, causing top-heaviness, leads to retro- or ante-version, or flexion. It is almost certain, that the ligaments of the uterus have almost no function as ligaments, but quite the reverse, and that in those cases of displacement, where symptoms are ascribed to dragging on them, there is no such dragging at all, the uterus having free motions afforded to it by these ligaments, which are not to be put on the stretch by any ordinary misplacement. It must also be remembered, in regard to uterine flexions, that the organ is sometimes so softened, as not to be capable of bearing its own weight—a circumstance sometimes connected with leucorrhoea and painful symptoms. These considerations we could with pleasure follow out to much greater length. We shall only say, that their comprehension is a great object to all obstetricians, for as surely as they attain to a correct appreciation of them, so will they acquire confidence and skill in prescribing for or advising the sufferers from them.—[Edinburgh Med. Jour.

On the Ligation of Arteries. By T. P. Gibbons, M. D.

The danger of secondary hemorrhage is well known to be one of the great drawbacks to the ligation of the large and deep-seated arteries. This is particularly true with regard to the femoral artery, owing to the number of its collateral branches. Indeed, so many unfortunate results, from this cause, have occurred in the ligation of this vessel, that some surgeons prefer, rather than resort to it, in certain cases, to amputate the limb.

The method usually recommended for the performance of ligation, is to cut down upon the vessel and open the sheath, without disturbing the tissues more than just sufficient to carry the aneurisinal needle, armed with the ligature, around it. By this plan of procedure, it is contended, that the danger of extensive sloughing is avoided. This is unquestionably true. But how is the danger consequent upon the application of the ligature immediately below a large collateral branch, to be obviated by such a process?

Of all the animal tissues, that of arteries is least liable to slough;
therefore, taking this fact in consideration, it appears a fair inference that by exposing the artery as much as may be necessary in the method for applying the ligature, presently to be described, the danger of secondary hemorrhage is, to a considerable extent, lessened.

Some two years ago, I witnessed the operation of the ligature of the femoral artery, for an extensive osseous aneurism in the head of the fibula. The case progressed favorably, the ligature came away at the end of six weeks, and the wound closed. The operation, so far as the cure of the aneurism is concerned, was successful. The man subsequently died from an attack of delirium tremens, and an opportunity was afforded of examining the parts. The ligature had been applied midway between two collateral branches, about an inch and a quarter apart. An organized plug, upon each side of the ligature, had produced complete obliteration of the calibre of the vessel.

The peculiar plan of the operation was as follows:—The artery was exposed in its sheath, to the extent of half an inch; a grooved director was carried obliquely under it, and raised so as to allow the ends of the instrument to rest upon the edges of the wound; the director was then brought round at right angles to the course of the vessels, and an eyed probe, armed with a ligature, carried along the groove. The artery was tied at this point.

The mechanism of the process is very simple. When the director is carried obliquely under the vessel, as the primary step, and subsequently moved round at right angles with it, it will be observed that the position which the instrument holds beneath the artery, is such as to insure the application of the ligature midway between the two nearest points of resistance, which points usually to the connection of the collateral branches. The reason for its occupying this particular position is sufficiently evident: in moving it from a branch the resistance becomes less, while in moving towards one, the resistance is of course increased; the consequence is, that the director, when placed at right angles with and under the vessel, naturally assumes a position where the two forces act equally, that is, equidistant from the two points of resistance.

That the danger of destroying the vitality of an artery, is not so great as is usually supposed, may be inferred from the following case. Some time ago, I had occasion to cut down upon, and tie the radial artery for secondary hemorrhage, which occurred from a wound at the wrist. The artery was exposed and separated from its sheath for the distance of an inch, and the ligature applied at the distal extremity of the wound. Everything progressed favorably, the ligature came away about the usual time the wound healed kindly, and there was no cause to regret having isolated the vessel from its cellular attachments. We see the same indisposition to slough on the part of the arteries frequently man
fested when they are exposed in deep ulcerating wounds, where the process of destruction has involved almost every structure in the neighborhood, including the cellular tissue immediately around them; and yet, under such adverse circumstances, their integrity is perfectly preserved. If then, nature has endowed these vessels with such remarkable powers of resistance, why should surgeons hesitate to act on the suggestion so plainly thrown out, and reap the obvious advantage which isolation of the artery, and separation from its vascular conduits, will afford them in the operation of ligation for aneurism?—[N. A. Medico-Chirurg. Rev.

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On Irregular Contraction of the Uterus. By Dr. Channing.

Dr. Channing observes, that he never now meets with the hourglass contractions he supposed to occur in his earlier practice. The following is his account of the nature and cause of these irregular contractions. "In these cases referred to, the following facts have been observed: They have most generally occurred in first labors. Everything has proceeded naturally, it may be, through all its stages. The after-birth has been expelled, and the patient may have been arranged in her bed. Sometimes, however, before this, pain may have been complained of. This increases until it amounts to agony, with expulsive efforts. The abdomen is examined externally. In about its middle, or higher, a hard ball-like tumor is felt, very sensitive, and easily distinguished from everything about it. Below this the abdomen feels soft, and bears pressure without any complaint. Not a sign of hemorrhage is present. We think of after-pains and of their accidental exaggerations. But it is a first labor—a perfectly natural one—and after-pains are rare under such circumstances. We examine per vaginam. Severe suffering is complained of. We have scarcely entered it when a firm obstruction is encountered. We proceed along one of its sides, and discover a very large coagulum. We go on, and at length feel the firm, contracted portion of the womb above. The open hand is now passed above the coagulum, and slowly presses it downwards and out. Relief is instantaneous. Slowly the hard tumor descends, under regular but insensible contraction, and gets its natural place above the symphysis. Rarely is relief expressed so completely as after this operation; not even when the head is passing the external organs. These cases strikingly resemble each other, and when once seen, they will always afterwards be easily recognized."

This condition may be confounded with retained placenta, inverted uterus, severe after-pains, and internal hemorrhage. Of the first of these the author gives instances, and the characters of inversion of the uterus are sufficiently obvious to prevent error. After-pains do not usually follow first labors, and when present
in severity, they probably depend on irregular contraction, with retention of coagula in the uncontracted portion; while, in other cases, when retention of urine has been present, the uterus takes on pseudo-expulsive action. The internal hemorrhage met with in this case differs from that usually so designated. Thus there is sudden and severe pain, and faintness is very rare, and rather due to prior exhaustion than to the loss of blood, which is much less than in ordinary hemorrhage. There is not the enlargement of the abdomen, and it has not the same firmness, except at the spots, where the contraction exists, where, indeed, it is much firmer. Elsewhere it is soft and is not tumid. The flow is slight at first, and the blood coagulates as it takes place. It is forced down into a solid mass through the dilated os into the vagina, becoming firmer and firmer, until at last it gives rise to strong painful contractions, for the purpose of obtaining its expulsion. The diagnosis is still further aided by the perfect relief that follows the removal of the coagulum. In none of the cases has secondary hemorrhage, so common in ordinary hemorrhage, been met with; and there is here a feeling of safety which does not attach to ordinary cases.

[Boston Journal, and Med. Times and Gaz.]

On a Singular Species of Neuropathy, the Barking Mania. By M. Bosredon.

This singular affection, the history of which is lost in the darkness of the middle ages, appears to have originated in Brittany. Dax, a town of Landes, also furnishes some examples. The phenomenon, which is tolerably rare, and the nature of which is little known to the medical world, reappears at more or less distant intervals: it is characterized by a piercing, convulsive cry, occasionally musical, imitating at one time the crowing of a cock or the cry of a peafowl, at another the bleating of sheep, the mewing of a cat, or the yelping of dogs. It is this character which has caused the name of barker to be given to women labouring under this affection. As medicine has always been unable to combat this extraordinary ailment, the church has had recourse to exorcisms and pilgrimages, but these various expedients have rarely been crowned with success. Chance has just brought under my notice a case of this kind, which, under medical treatment, has resulted in recovery.

Jean Roux, aged 11 years, of a nervous and sanguine temperament, youngest son of a vine-dresser, who died of phthisis three years before his son’s illness, living with his mother at Sainte-Croix-du-Mont, (Gironde) was attacked, without any known cause, on the 1st February, 1846, with an apyrexial cough, tolerably severe during the day, accompanied with a slight mucous expectoration and headache: he was undisturbed during the night.

These symptoms had yielded to suitable treatment, when, on
the 15th of the same month, he began to give utterance to a cry like that of a fowl whose oesophagus was obstructed, and which lasted for seven or eight seconds. These attacks, which were accompanied with a painful and jerking respiration, were repeated eight or ten times during the day. On the approach of night they ceased until seven o’clock in the morning, when they were renewed. Sulphate of quina, chloroform internally and externally, various purgatives, cold baths, and cold immersions, were tried in vain.

These attacks always following the same course, intermitting at night, became more intense during the day, and fatigued the patient more, without, however, proving very injurious to his health. Despairing of success by the means above enumerated, I employed a mixture of lime-water, four ounces; acid valerianate of atropine, half a milligramme [.007716 of a grain!!]; simple syrup one ounce. To be taken in spoonfuls during the twenty-four hours.

This mixture produced strong dilatation of the pupils, hallucination, incoherence of ideas; in a word, a decided effect on the whole nervous system, especially its cerebral portion. In the course of the following twenty-four hours, the system had returned to its normal condition; the disease had completely yielded.

Eight days later, under the influence of a slight impression, this young boy uttered two cries tolerably like the above; to prevent their return I advised, on the 21st of August, the use of the same mixture; but the patient took only a few spoonfuls, on account of the supervision of nervous symptoms. He has since had no return of the affection, and his health has continued good.

What are the nature and seat of this disease? This I shall not undertake to decide. However, it is to the acid valerianate of atropine that this young patient owes his recovery. It was as a powerful modifier of the nervous system, that I determined to employ it.—[Gazette Médicale de Paris—Dublin Med. Press.

Death after Operation with the Ecraseur.—By L. E. Desmond, Honorary Surgeon to the Liverpool Dispensary.

The écraseur having first been introduced into Liverpool by the medical staff of this dispensary, it was my lot to assist at almost all the operations hitherto performed with it; and having witnessed their successful issue, I had no hesitation in employing it in this case. Five other surgeons, who were with me at the time, were satisfied as to its fitness, and its apparent safety from hemorrhage.

Cath. Egan, aged 41, presented herself at the Northern Dispensary, having suffered great pain, for a length of time, from two
hæmorrhoids just within the anus, one at each side, and a large prolapsed portion of villous mucous membrane anteriorly, from an open vessel in the centre of which she had on each occasion of her going to stool lost considerable quantities of blood; indeed, it sometimes flowed from her as she stood upright, the bleeding point often being outside the anus. She was weak, anaemic, sallow, and altogether cachectic, and was about three and a half months pregnant. I removed first the two hæmorrhoids, occupying three and a quarter and four and a half minutes respectively in their strangulation, and then the prolapsed mucous membrane, of about the size of a Spanish nut; including, of course, the bleeding point, an assistant's finger in the vagina making this part protrude. As this was the largest portion, and looked red and vascular, I spent six and a half minutes in its strangulation. No hæmorrhage followed their removal, and the wounds remained closed, with their edges pinched together, as is usual after using this instrument. She was visited in one hour and a half after the operation, when it was found that having a desire to go to stool, she had sat up and passed a clot of about four ounces. There appeared no bleeding now. A grain and a half of opium was given, the parts kept cool and strict quiet enjoined. 8, P.M. No return of the hæmorrhage, nor any further desire to empty the rectum. Another grain and a half of opium was given, and she was left for the night, which she passed without sleep, being very restless, and getting out of bed two or three times for a drink. She parted with no more blood till nine the next morning, when she passed about twenty ounces of dark clot. She was visited soon afterwards, and twenty drops of Battley's solution, with half a drachm of chloric ether, were given, and brandy and nourishment ordered at intervals. At 2, P.M., she had had no further hæmorrhage; and on examining the state of the rectum, with a finger in the vagina, it was found to be quite empty. She had had some vomiting, was restless, and the pulse 110. Stimulants and nourishment to be continued, with ten-drop doses of Battley's solution and ether, and to be watched. At 9, P.M., her condition was that of great exhaustion, with some stupor; pulse 130. She was evidently sinking, and she died without any further bleeding on the 7th, thirty-seven hours after the operation. No post-mortem was allowed.—[Association Journal.

On a Cause of Vomiting in Pregnancy. By M. Briau.

The conclusions arising from the following case are—First, that unmanageable vomittings may be caused by the confinement of the gravid uterus in the hollow of the sacrum; and secondly, that these vomittings may immediately cease upon the correction of this irregular condition. M. Briau mentions that several cases of the kind have occurred in the practice of M. Moreau.

Case.—Madame X., æt. 25, of lymphatic temperament, well formed, and
Editorial.

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healthy. Six years ago she was confined of her first child, and everything went on perfectly well. Three years afterwards she was confined again, and on this occasion also, she went on well, with the exception of some feelings of malaise and vomiting during the first months. A few weeks afterwards, however, she was gently startled by an accident, and from this time she suffered more or less from leucorrhoeal symptoms. Madame X. again became pregnant in March, 1856. About the middle of the month following, she began to vomit, and these vomitings progressively became more and more unmanageable until nothing would remain on the stomach. Throughout the whole month of May she was affected with severe gastralgia, with constipation and continual thirst. Then she began to suffer from frequent cramps and convulsive movements, with sleeplessness and great depression of spirits.

M. Briau was called to the case on the 2d of May, and all the usual means were tried without success. Then an experiment in homeopathy was tried, and with the same result. M. Briau was recalled on the 2d of June, and on this occasion he suspected that the vomiting might depend upon some uterine displacement. He did this partly on account of the continuance of the leucorrhoeal symptoms, and partly from the fact that the uterus could not be felt in the proper position. Two days later, M. Moreau was called in consultation, and an examination made, when it was found that the uterus was in a state of incomplete retroversion, as well as in a state of incarceration in the hollow of the sacrum. This malposition was corrected without causing any pain to the patient, and immediately her former sufferings began to subside. On the same day the vomitings ceased, and some food remained on the stomach. On the night following she slept comfortably. In less than forty-eight hours the belly acquired the usual development belonging to the third month of pregnancy; and, in a word, the patient recovered rapidly, without another bad symptom.

[Gaz. de Hebdom. et Méd. et Chir.—Ranking’s Abstract.

EDITORIAL AND MISCELLANEOUS.

MEDICAL SOCIETY OF THE STATE OF GEORGIA.—"At a late hour, on motion, the Society adjourned to meet again at 11 o’clock, A.M., on the second Wednesday in April, 1857, in the City of Augusta."

"F. C. ELLISON, Recording Secretary pro tem,

"MACON, April 12th, 1856."

We again call the attention of our readers to the approaching meeting of this Society. Every physician in the State should consider himself a member of this body, and we hope, for the interests of the Profession, that all will make an effort to attend. The Society, wishing to remove all obstacle, however trivial, to full attendance, have judiciously arranged to have its affairs managed without the expenditure of money, [their transactions are published in this journal] and, therefore, even the initiation fee
has been abolished, leaving no let or hindrance (except such as pertain to character,) to the co-operation of all, in the advancement of medical science in our State.

The approaching meeting is one which should be fully attended, from the fact, that the American Medical Association—the National Medical Congress of our Country—will, at its next meeting, in May, convene at a point (Nashville, Tenn.) accessible to all who desire to attend. It may be many years before the same opportunity will again offer. We hope, therefore, to see a large attendance at the next meeting of our State Society, that this body may be entitled to a large delegation to the National meeting.

This august assemblage, made up of elements from every portion of our vast country, even now, exercises an influence in the medical world at large, compared with which, none other, in the same time, has, elsewhere, acquired. We, of the Profession in Georgia, are expected by our Northern brethren, to be well represented in our own South: they will have come far to meet us, crossing many States, let us not fail to cross the line between two States to meet them.

"CALESCIMUS."—The following lines, evidently from the pen of one, who has burned with "Promethean fire," as well as with the calor mordax of fever, are hardly out of place, anywhere; certainly not, in a Southern Medical Journal. They strongly remind us of a production, of that most genial, and yet most touching and melancholy, of all modern poets, Thomas Hood, viz., "The Song of the Shirt;" the rhythm suits the description of the heart's fevered action, even better than the wearied movements of the shirtmaker's fingers. We consider the words, the measure, the intentionally monotonous repetitions, and the sentiment, most singularly expressive and appropriate. They come to us anonymously, but we more than half suspect the gifted source from which they emanate. If our suspicions are correct, we will here fondly express the wish, that this heart may henceforth, only "throb" in that gentleness and benevolence which have ever guided that same pen, and moved to deeds of christian love and charity, that same kind hand.

NERVOUS FEVER.—PULSE 135.

Burn, burn, burn;
Fever all the day,
Chasing my sleep at the midnight hour,
 Burning my life away.

Beat, beat, beat;
My pulse will beat away,
Forcing the work of a season's length
In its flying path to-day.

SAND HILLS, NOV. 1856.

| Drink, drink, drink;                      | Throb, throb, throb;                      |
| Dream of a mountain rill,                 | Bind ye my temples fast,                 |
| Starting to grasp at the cooling draught;| And press the weary eye-lids down        |
| Ah! I am parching still.                  | 'Till the storm of fire has past.        |
An Address on the Life and Character of Robert M. Porter, M.D., late Professor of Anatomy in the University of Nashville. By John Berrien Lindsley, Chancellor of the University.

"I think," says a living Christian writer,* "that Mr. Carlyle has demonstrated, that a biography can be given in the compass of a review-article;" we can, with equal truth respond, that the writer of the above address has fully demonstrated the same possibility, in the smaller compass of a single lecture.

This excellent address, breathing the incense of an affectionate and bereaved heart, over the departure of a beloved and honored colleague, has been kindly forwarded to us by our friend, the author, and though our space will not allow us to give it that extended notice, which its merits richly deserve, and which our pleasure in reading it, would incline us, we can, at least, recommend it to our readers—as the portrayal of the highest style of professional character, manifested in the life of the lamented subject of the address.

In the early period of youth, in riper manhood, as the devoted and untiring student, the enthusiastic laborer in the noble cause of science, at last sacrificing, even his valuable life, upon her too cherished altar;† in every relation of life in which he is here described, we can but be warmed with admiration in contemplating a character so approximating the ideal of the true Man, the true Christian, and the true Physician.

"As a physician, the character of Dr. Porter will furnish a subject for profitable and instructive study. He combined in a high degree, those qualities and attainments which give dignity and grace to the profession, which from the remotest periods of history have procured it great honor among men, and which, so long as humanity continues subject to physical ailments, will continue to secure it a first place in the esteem and respect of society.

"He had exalted views of his profession, as to its dignity, responsibility and utility. He did not undertake either the study or the practice of medicine merely because it furnished the means of gaining a comfortable or easy livelihood, but because it gave opportunities for making extensive progress in knowledge, and doing good continually and disinterestedly to his fellow-men. It was with him as it is with all men who truly succeed in the professions called liberal. He loved his profession for its own sake, he studied it for its own sake, and practised from the same motive."

† "On July 1st, 1856, he ceased to live, after an illness of six weeks, and with a perplexing complication of symptoms. The case was doubtless rendered fatal by the imbibition of a blood-poison taken into the system, May 27th, from dissecting an offensive subject, while lecturing to the summer class then assembled."—Address, page 18.
The Physician's Prescription Book: Containing a list of terms, phrases, contractions and abbreviations used in Prescriptions, with explanatory notes, also, the grammatical construction of Prescriptions, etc.; to which is added a Key, containing the Prescriptions in an unabbreviated form, with a literal translation, intended for the use of Medical and Pharmaceutical Students. By Jonathan Pereira, M.D., F.R.S. 2d American, from the 12th London edition. Pp. 282. 18mo. Philadelphia: Lindsay & Blakiston. 1857.

This useful little work has been before the Profession for over thirty years, and has reached its twelfth edition. That it should have continued its existence, "nans in gurgite vasto," and not been overwhelmed in the ocean of medical literature, during all that time, is enough to substantiate its merit, and render it unnecessary, for us, to do more than simply express our acquiescence in the general commendation accorded to this second American edition, of Messrs. Lindsay & Blakiston. Every body knows what the work is, and every body will find in it something useful in his emergencies.


The above work, embodying the experience and thought of one, well entitled to be styled, "a master in our Profession," consists of a number of Philosophic and Practical Essays, published at various periods of the distinguished author's career; now collected and revised, they are submitted to the profession in a permanent form. It is not a systematic work on the practice of medicine; and when we say this, we think, we add to it, a great recommendation; it is a series of monographs, so arranged, as that the discussion of one subject will, as far as is practicable, be made to illustrate the others. The plan of collecting published treatises, from the journals, into a volume, and giving them careful revision, after they have been subjected to the test of several years' experience, meets with our full approbation, and we would respectfully recommend it to our cis-Atlantic friends. Most of the American scientific literature is scattered, disjecta membra, throughout journals. Published in a fugitive and desultory manner, they, for a time, and only for a time, retain a hold upon the medical mind, but are soon appropriated, and to use a quaint expression of the Rev. Sydney Smith,* the illustrious father-in-law† of our author, "these few strong ideas are diluted through an octavo volume," by some book-maker across the water, and we, the very originators of these ideas, with mouths, eyes and

* Elementary Sketches of Moral Philosophy.
† Vide "Memoirs of Rev. Sydney Smith, by his daughter, Lady Holland."
ears open, wonder at the cleverness of our European brethren, and deplore the dronv inefficiency of American physicians—"It is not in stars, but in ourselves, that we are underlings."—If we are too proud to dilute, let us at least make a combination, however heterogeneous it may be, of strong ideas, and collect together our scattered thoughts, before time and the superior energy of others, cause them to pass out of our possession.

Sir Henry Holland's work is no dilution, but a compound of strong ideas, and his determination to brave, and not yield to, the general tendency of the day, to write a system of practice, speaks well for his judgment, and this, added to other acknowledged merits in his excellent work, must secure it a prominent place in the consideration of every thoughtful reader, in or out of the profession.

The History, Diagnosis, and Treatment of the Fevers of the United States. By Elisha Bartlett, M.D., late Professor of Materia Medica and Medical Jurisprudence in the College of Physicians and Surgeons of the University of the State of New York, etc., etc. 4th edit., revised. By A. Clark, M.D., Professor of Pathology and Practical Medicine in the College of Physicians and Surgeons of the University of the State of New York. Pp. 610, 8vo., muslin. Philadelphia: Blanchard & Lea. 1856.

This excellent monograph, on febrile diseases, has stood deservedly high since its first publication. It will be seen that it has now reached its fourth edition, under the supervision of Professor A. Clark, a gentleman, who, from the nature of his studies and pursuits, is well calculated to appreciate and discuss the many intricate and difficult questions in pathology. His annotations add much to the interest of the work, and have brought it well up to the condition of the science, as it exists, at the present day, in regard to this class of diseases. It is unnecessary to make an extended review of this work, it has already been accepted by the profession, and placed among the standard volumes of every complete medical library.

Our List of Payments.—We feel disposed to congratulate ourselves, on the exhibit made by our receipt-list for the two past months. It will compare favorably with that of any similar work in the country, and affords us much encouragement in our labors. We are not pecuniarily interested, it is true, in this list, but it is indeed pleasing to see, that such an evidence is given, that our labors are appreciated. We have been characterized "the oldest Medical Journal in the South," by one of our valued exchanges (The Nashville Journal);—in the spirit of laudable emulation, our ambition is to be at least one of the best and most useful in the South. Our Subscription list is large, our Contributors are many, and able too, and our Publishers are liberal, and we assure our Readers, that we will not be backward in drawing upon this liberality, whenever opportunity offers, to add to the interest and value of the work. A long list of this
kind looks respectable; we only ask our subscribers to keep up our respectability in this way, throughout the year, and we promise our most earnest endeavors to do our part in sustaining it.

Death from Dissections.—The statement made, in regard to the cause and nature of Dr. Porter's last illness, is based on an opinion expressed by the undersigned, who was Dr. P.'s attending physician. Its correctness is proved by the history and the symptoms of the disorder. Dr. P., on the 27th of May last, when the heat of the weather was and had been for some days extreme for the season, opened, in presence of his class of pupils, a body far advanced in putrefaction, and made it the subject of anatomical demonstration during a period of two hours. The odor emitted was so offensive that some of his audience were driven to the windows, and others without the room. On the succeeding day he was seized with a chill, followed by a fever, the malignant character of which clearly attested its extraordinary origin. One of the most remarkable of his symptoms, as most indicative of the source of his disease, was the presence, without intermission, as he himself described it, of the odor of his nostrils, and the taste in his mouth, of the effluvia of the dissecting-room, in their most offensive forms.

Thos. R. Jennings.

[Prof. Lindsley's Address on the Life, &c., of Dr. Porter.

On the differences in the composition of Milk at different times of the day. By Professor Bödeker.—The very careful analyses of Dr. Bödeker lead to the following results:

1. The quantity of fatty matter increases continually from morning until evening, and in the evening it is nearly doubled. In sixteen ounces of milk drawn in the morning the infant received three-eighths of an ounce of butter, while in the same quantity of milk drawn in the evening it received from five-eighths to three-fourths of an ounce of the same substance.

2. This augmentation in the quantity of fatty matter is accompanied by a trifling augmentation in the quantity of casein. In sixteen ounces of milk drawn in the morning, there were three-eighths of an ounce of dry casein; and in the same quantity drawn in the evening, about nine-twentieths of an ounce.

3. As the casein increases in quantity the albumen diminishes, and almost in the same proportion.

4. The sugar of milk undergoes little variation. It is, however, somewhat more abundant in the morning than in the afternoon.

5. The quantity of the saline constituents of the milk remains constant.


Electricity in Amenorrhœa.—Dr. Sanders says, in his article on Physiological Electricity, that in those cases of amenorrhœa, where no congenital malformation exists, the application of the electric current will always be attended with success, even after the usual remedies have been tried in vain; but that it is important to combine with the electrical treatment, or to precede it by certain tonic medicines and invigorating diet and regimen. He quotes Dr. Bird as observing that, in electricity we possess the only real direct emmenagogue with which the experience of our Profession has furnished us. He has never known it fail to excite menstruation, when the
uterus was capable of performing this function. But this capability is always an important consideration. Nothing can be more absurd than to undertake the excitation of this, or any other secretion, while the state of the general health, or of the particular organ to be excited, is such as to forbid secretory action. The electric current may be sent through the uterus either from side to side through the hips, or from the sacrum to the pubes. Perhaps it would be still more effectual in cases of extreme torpor, to bring one of the wires into direct contact with the uteri.—[Memphis Med. Recorder.

Tincture of Iodine in the Vomiting of Pregnancy. By Dr. Eulenberg, of Koblenz.—Dr. Eulenberg, of Koblenz, says that this remedy, even in very small doses, is a most efficacious agent in arresting the troublesome vomiting which so often occurs in pregnant women. He orders the tincture in a very dilute form, (Tinct. Iodin., 3; Spir. Vini. Rect., 3ij; M.) and in small doses, three drops several times a day in water. The cardialgia which accompanies this morbid condition is also relieved by it. Dr. Eulenberg alleges that other sympathetic irritations, and neuroses of the nerves of the stomach, are alleviated by similar treatment. The author has not found iodide of potassium equally serviceable in the affections alluded to.—[Preuss. Ver. Zeitung; Edinburgh Med. Jour.; Ranking's Ab.

On the Treatment of Cracked Nipple. By M. Legroux, Physician to the Hotel Dieu, Paris.—M. Legroux proposes to cover the affected nipple with an artificial epidermis, and he thinks that the "baudruche" will answer this purpose very conveniently. This "baudruche," first pricked with a few pin-holes to allow the milk to pass through, is drawn over the nipple, and then fixed to the skin of the breast by a varnish consisting of colloidan, 30 grammes; castor oil, 50 centigrames; and turpentine, 1 gramme 50 centigrames. In applying this varnish, it is necessary to avoid the nipple itself, or much inconvenience and pain may be caused by the subsequent contraction of the drying film. When the infant is applied to the breast the "baudruche" is first made soft and supple by the application of a little sugar and water. With care one of these sacs may last for several days—until, in fact, the cracks may have healed.—[Gaz. de Hebdom. de Méd. et Chirurg. Ranking's Abstract.

Solution of Phosphoric Acid in Typhus. By Professor Magnus Huss, of Stockholm.—Solution of phosphoric acid, two and a quarter ounces; decoction of marsh mallow, five ounces; syrup of marsh mallow, four ounces; mix—dose, from ten to fifteen drops every two hours. M. Huss recommends this solution in the first stage of typhus, whether it appear under the abdominal or petechial form, or under any form intermediate between these. The state of the tongue by no means contraindicates the use of this remedy, which always renders the course of the disease more favorable. The solution contains 25 per cent. of phosphoric acid.—[Presse Médicale Belge, and Dublin Med. Press.

Remarkable Fecundity.—In a commune near Lille, a young woman, who had on each previous occasion had twins, gave birth in her third confinement to five children, three boys and two girls. Her labor lasted forty
hours. All the children were perfectly formed but small, and two days after the birth of the last, were likely to live. Towards the end of her pregnancy the mother was affected with double vision, but since her accouchement her sight has returned to its normal state.—[Ibid.

A Child Crying in the Uterus.—Dr. Huter of Morburg, has published a case of twin births, where the first ovum was expelled intact with the placenta. The child was noticed to breathe distinctly within the sac, and it soon cried when the membranes was a little pinched. The latter swelled up, and Dr. Huter, after hearing five or six sobs, tore the membranes. The second child presented with the vertex and the right hand; it looked dead when born, but finally breathed and cried. They were both of the male sex, and very small. In spite of the warm bath, the first child died four hours, and the second five hours, after birth.—[Dublin Med. Press.

New Ecraseurs.—Two new forms of ecraseur are now using in London; one of a curved form, so as to reach cavities; the second, in place of the intermittent motion and unpleasant “click,” is furnished with a continuous action of a very slow kind, like the spring of a common watch.—[Ibid.

Vaccination.—J. F. Marston, Esq., Surgeon to the London Smallpox Hospital, says that he has never seen any evil results traceable to vaccination, with the exception of a single instance, in which measles occurred at the same time, and four or five examples of rather severe sore arms, arising from lymph recently taken from the cow.—[Boston Med. & Surg. Jour.

Dr. Carpenter, of London.—This distinguished author has resigned the Chair of Physiology, which he has so long adorned. Physiological science has sustained a severe loss in his retirement.—[St. Louis Med. and Surg. Jour.

Rationale of Muscular Rigidity and Contraction in Paralysed Limbs.—As the process of contraction shews itself, in general, most in the upper extremity, so also it generally commences there; but now and then it will begin in the lower extremity: not unfrequently it will be met with in the upper extremity only.

The view which I have always taken (and which many of you have heard me express in passing through the wards), of the manner in which this contraction is produced, is this; at the seat of the original lesion, whether it be simply a white softening, or an apoplectic clot, or a red softening, with more or less destruction of the brain-substance, there takes place an attempt at ciatratization, more or less perfect. Attendant on this, there is a gradual shrinking or contraction of the cerebral matter, which acting on the neighboring healthy tissue, keeps up a slow and lingering irritation, which is propagated to the muscles, and excites in them a corresponding gradual contraction; while at the same time their nutrition becomes seriously impaired by the want of proper exercise and the general depressing influence of the lesion—[Todd’s Clinical Lectures on Nervous System, p. 171.

* The Italics are all ours.—Edrs. S. M. & S. Jour.