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"Je prends le bien ou je le trouve."

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As Pneumonia is an important disease, and seems to occupy but little space in your valuable Journal, I will, with your indulgence, offer a few suggestions in regard to its progress and treatment, more particularly as it occurs in the adult, for the consideration, if not the benefit, of your readers. While I feel no disposition whatever to arrogate to myself any claim to originality in the opinions I may advance, yet if, by disseminating more widely what is already known to some of our profession, I succeed in strengthening the hands of a younger brother, or enlightening the mind of some tyro in medicine, I shall feel that I have accomplished my task, and will feel some degree of remunerative consolation for the effort made.

Without reference to the prescribed classification of authors, Pneumonia, as met with in Georgia, will very generally be found under one of the following forms—viz: Acute, Secondary, or Typhoid. It is not proposed to give any account of the latter form in the following article, since it occurs usually as an epidemic, and is liable to be very much modified by the influences operating in its development and affecting, in varying degrees, its subsequent progress.
Acute Pneumonia is commonly so fully formed and clearly manifest as to render minute description entirely unnecessary. The medical novice seldom fails to recognize its presence; and its ordinary symptoms are often so apparent to the eye as to enable non-professional persons in charge of families and having occasional observation of disease, to diagnose its existence with great accuracy. The pain in the side; the difficult, hurried, and, sometimes, laborious breathing; the cough often suppressed or muffled, and the high fever, at once direct the attention to the condition of the pulmonary organs. If any doubt arises in the mind of the physician as to the real nature of the disease with which he is called to contend, he has but to call into requisition the aid of acoustics, and explore the entire cavity of the chest. By the assistance of physical diagnosis he may ascertain with considerable precision the healthy or diseased condition of the several organs located within the cavity of the thorax; and by combining this species of knowledge with that derived from a study of the general symptoms, he may arrive at a conclusion so clear and convincing as to suffer no fear of mistaken diagnosis to lead his wary mind into error in regard to the course of therapeutics best suited to the case under investigation.

Early in the attack, usually within the first day or two, when the patient is in, what writers denominate, the first stage, or that of congestion, auscultation will reveal a slight alteration from health in the respiratory sounds emanating from the diseased lung. This, in the books, is generally termed "rude respiration," in consequence of the imperfection of sounds given off by the distressed organ, they being, as yet, in an undeveloped and transition state. The breathing is harsh and varying, and the crepitant rhonchus may be discerned by a well educated ear applied either mediatelty or immediately over that portion of the exterior of the thorax corresponding with the inflamed pulmonary parenchyma beneath. This rhonchus, wherever distinctly ascertained to exist, is justly regarded as characteristic of the first stage of Pneumonia. But to the general practitioner, it does not possess so much importance as other physical signs with which it is associated in the second stage, in which the patient is more frequently found when he is first called upon to visit him.

In the second stage, or that of hepatization, in addition to the foregoing rhonchus heard more or less distinctly over different
portions of the affected side, bronchial respiration and broncho-
phony may likewise be easily distinguished. At this period of the
attack, also, which supervenes in the course of the second, third,
or fourth day, percussion, previously hollow and resonant, now
becomes dull, and often more or less flat, in consequence of the
consolidation of the vesicular structure and the partial or complete
closure and obliteration of the minute ramifications of the bron-
chial tubes. Most deaths occasioned by Pneumonia occur in this
stage.

The third stage, or that of suppuration, beyond a very limited
extent, is not often encountered in country practice, and for that
reason need not detain us here.

Another stage of acute Pneumonia, the typhoid, might, by way
of supplement, be added to the three foregoing. It is character-
ized, as far as I have seen it, by a general diminution and decay
of the vital powers, while the local phlogosis continues to perpe-
trate its ravages. In the course of an ordinary attack, somewhat
protracted, the patient grows dull and listless, complains but little
of pain in any part of the system, and seems almost wholly indif-
f erent to his personal safety. The pulse grows feeble and increases
in frequency; the extremities become more or less cold; the cough
abates much of its severity; alarming prostration ensues in the
course of a few days; and death speedily closes the scene, unless
by great vigilance, skill and energy, the medical attendant suc-
cceeds in warding off the catastrophe.

Secondary Pneumonia is not materially different from the or-
dinary acute variety, except in the circumstances of its origin and
the extreme uncertainty of its duration and result. All are aware
that the changes of weather, cold, and exposure at certain favora-
ble seasons of the year, are liable to produce a variety of inflam-
atory affections of the pulmonary, more than of other organs.
Secondary Pneumonia is that form produced in the usual way,
but following close upon the heels of some other disease—frequent-
ly measles—which has already enfeebled the system and engrafted
upon the organism a strong proclivity to pulmonary disorder.—
Hence the extreme danger often attending such cases.

The symptoms of this variety differ very immaterially from
those belonging to the acute form, except in being generally more
severe and more frequently alarmingly perilous, with, at the same
time, a greater tendency to assume the typhoid form, and that too
at a somewhat earlier period of its progress.
The reader will perceive from the foregoing sketch, that I have not entered into minute detail, or systematic arrangement, in the account given of the disease under consideration. My object in this communication is to be brief, and at the same time practical, as I shall devote more attention to the subject of Treatment.

In regard to the Prognosis, which may be studied with more benefit in the books, I would only remark, that ordinary uncomplicated attacks involve but little danger; while in severer cases, attended with great difficulty and rapidity of breathing, and a pulse running much above 120 beats in the minute, the peril is extreme, and the vigilance and skill of the physician severely taxed. In secondary attacks also, seizing upon susceptible and already debilitated frames, the prognosis is generally doubtful and often gives gloomy premonitions, too plain to be misunderstood, of the most fearful result.

The treatment of Pneumonia most successful in my hands, and not stereotyped by authors, is quite simple, but founded, I think, upon the best established rules of medical philosophy. We have to deal with a disease which is essentially a phlogosis. The parenchyma of the lung is highly inflamed; an organ indispensable to the proper discharge of the functions of health is involved in serious disorder; the constitution sympathizes—the heart first sounding the alarm, which is then echoed along the whole vascular circulatory system. The sound lung, or portions of lung, have now imposed upon them the performance of a double duty, in arterializing the largely increased currents of the circulating fluid. The velocity with which the oxygenated blood courses along the various channels of the body to disgorge itself into the cavity of the heart, again to be hurried on to the pulmonary vascular structure, stimulates the great central organ to a still higher pitch of excitement, the life-sustaining fluid in consequence being driven with still greater impulse into the inflamed lung, increasing the difficulties under which it already labors, and to the same extent lessening the probabilities of recovery. Under these urgent circumstances, what are the indications to be met by the enlight ened physician in the conscientious discharge of professional duty? By the operations of the disease, fuel is constantly added to the spreading flame. The important and responsible duty devolving upon him here is too evident to be mistaken. He must invoke to his aid the resources of a well disciplined mind, and by the help
of the best system of therapeutics known to the profession, give
his patient the greatest chances of recovery in his power. He who
dallies here (I try to speak respectfully), is a professional fool.
The life of a human being, perhance, depends upon decisive and
energetic action. The practitioner may, if he chooses, administer
an emetic. This will often be necessary, for the purpose of clearing
the stomach of any acrid secretions or offensive ingesta, and
will be of service so far as it goes. If, however, the patient has
previously enjoyed good health, and his attack be recent, and
marked by symptoms of severity, by all means, bleed him at once.
If his pulse be feeble, and doubt be entertained of the propriety of
tumesion, the lancet should be tried experimentally; should it
not only be borne well, but the pulse grow fuller and less frequent
under the operation, there is every encouragement to push it well
nigh to the extent of producing syncope, always taking the blood,
when possible, from the patient in a sitting posture. From 12 to
20 ounces may be safely abstracted at any time within the fourth
or fifth day. And the operation should be repeated, if found ne-
necessary, during that period, taking reduced quantities, of course,
at each subsequent repetition. This done, a far better course for
the patient may be adopted than the long since hackneyed custom
of keeping him on the periodical exhibition of some nauseating
drug or compound, until his stomach is driven into rebellious dis-
order, and the attendant compelled to desist, at the peril of super-
adding to the original disease a modified form of gastro-enteritis,
much to the embarrassment of his case and to the detriment of his
professional reputation. All praise to Dr. Norwood, of Cokesbu-
ry, S. C., for the invaluable boon conferred upon Southern Medi-
cine, by the publication of his experiments with, and remedial
applications of, the Veratrum Viride, or American Hellebore. The
tincture, prepared according to his formula, and properly adminis-
tered, is, in some cases, a complete substitute for the lancet, while
in others, it displays the full powers of a most efficient adjuvant.
The stormy excitement of the heart and arteries is speedily calmed,
as if under the influence of some magical spell, and all their
former furor seems at once forgotten. The oppressed breathing
soon becomes gentle, easy and natural; and the drought hitherto
prevailing throughout the vesicular structure and smaller ramifi-
cations of the bronchial tubes is quickly followed by a copious
expectoration, which gradually relieves the lung of the inflamma-
tory product, and restores its healthy organization. This remedy, urged to the proper extent, where the patient is seen in time, and before the inflammation has advanced too far to terminate in resolution, may be relied upon, when judiciously administered, as a specific in the treatment of Pneumonia. In many cases, I am in the habit of trusting to its virtue alone; in others, to a compound of which it is the leading and by far the more powerful ingredient. In from six to twelve, and sometimes not earlier than from eighteen to twenty-four hours, the action of the heart is almost uniformly brought fully under its control, the pulse subsiding from 120, 130, 140, 150, and sometimes a 160 beats in the minute in the adult, to 60, 70, 80, or 90. The breathing, to which I have already referred, now becomes gentler, easier, and greatly reduced in frequency, and the general symptoms altogether more agreeable and favorable. If the low standard of the pulse be maintained by continuing the use of the veratrum, the patient will rapidly improve, the cough become loose and painless, and free expectoration set in, quickly followed by all the evidences of commencing convalescence.

The dose and manner of giving this remedy, which seems to combine such valuable properties in so great perfection, should vary with the age, condition, and peculiarities of each individual. From one to two drops may be given to a child from 3 to 10 years of age, every three hours; from three to four drops to a youth from 12 to 16 years old; and from five to eight drops to the adult. It should be diluted with water, or given combined with some anodyne diaphoretic mixture, if the amount of pain and degree of fever render it necessary; and as a general rule, the dose should be repeated every three hours, unless when contra-indicated by the supervision of much and distressing nausea, or its specific effect is produced to a sufficient extent. In the event of nausea, it may be discontinued, as the remedy is equally potent without its production, until some aromatic or grateful cordial is administered, and a quietus put to the complaints of the stomach, when it should be resumed and steadily persevered in, if found to agree better with this important organ. I have generally found a little strong ginger tea to answer this purpose admirably well, and its efficiency may sometimes be increased by the addition of a very slight portion—say from a half to one drachm—of brandy; the tea to be repeated if necessary. Should the stomach still prove
refractory and continue to reject the veratrum, a sinapism, or even blister, should be applied to the epigastrium and the unruly organ coerced into submission. Where the specific effect of the Hellebore is produced upon the circulation, its use may be continued at lengthened intervals, or entirely suspended for a time, to be resumed again when required by the necessities of any individual case: indeed, it should be given very much according to circumstances, and may be repeated much oftener than every three hours in cases of great urgency. Should too much depression follow its use, stimulants will promptly restore the circulation and obviate any threatened evil from that quarter.

The efficacy of Cathartics should not be overlooked in the treatment of this disease. Their value depends mainly on the depletion they effect. They are highly useful adjuvants to the lancet, and when its employment is of doubtful propriety, they, to some extent, fill its place by draining off the watery constituents of the blood, and in this way relieving, in some measure, any existing plethora, and to the same degree moderating the violence of the inflammation. As a general rule, the saline are preferable, in consequence of the aqueous discharges they produce, and likewise their refrigerating and diaphoretic tendency. They should be administered chiefly during the early periods of the disease, and to the extent of producing one, two, or three free evacuations every twenty-four hours, as the grade of inflammation and amount of plethora present may seem to demand.

In some protracted and obstinate attacks of Pneumonia, it will often be profitable to try the effect of a cautious mercurial course. An occasional dose of calomel, or some other preparation of mercury, may be safely and sometimes advantageously administered in all cases of recent invasion. But when the disease continues to advance, having successfully resisted the antidotal powers of all other well selected remedies, then a slight ptyalism, carefully produced, will sometimes penetrate to its utmost ramifications, and dislodge it entirely from the system. The antiphlogistic powers of this remedy are too well known to require notice here; yet, where it can be dispensed with, its employment in prolonged courses cannot be regarded as being otherwise than highly injudicious.

Expectorants that are direct in their tendency are serviceable only in the latter stages of inflammation of the lungs, when all
inflammatory excitement has nearly subsided, and the weakened organ needs a stimulant to enable it to expel the humid secretions discharged into the air vesicles and bronchial tubes. I have not, however, had occasion to attach much importance to their use in the treatment of the disease under consideration. The veratrum, given for another purpose during the acute stages, when successful in controlling the circulation, I have found likewise highly effective in promoting the secretion and discharge of the mucus and phlegm, calling for the exhibition of an expectorant; so much so, in fact, as to render any other remedy of this class entirely unnecessary.

Blisters are highly important remedies in their influence upon the course and progress of this disease; and from my own experience and observation, I think it, to a great extent, an erroneous notion, entertained by many pathologists, that their application early in the attack excites the pulmonary inflammation, instead of deriving therefrom. Under the well established principle of pathology that *ubi irritatio ibi fluxus*, the external irritant uniformly acts as a powerful revulsive, diverting the circulating currents from the inflamed organ beneath, to the inflammation artificially excited on the surface of the thorax. The vascular connection between the lungs and the exterior of the chest, is by no means so intimate as to render it an inevitable consequence that the afflux of blood, invited by the external irritant, will necessarily propagate its exciting and engorging influences to the inflamed structures within, even at the onset of an attack of pneumonitis. The opposite of this I believe to be generally true, and have accordingly been so governed in practice, without having any occasion to regret the course pursued. The truth of experiment is higher in its nature, and should always be ranked higher, than that of theory; however beautiful its teachings or logical its deductions. Blisters, when venesection has not, as well as when it has been practiced, co-operate harmoniously in their effects with the sovereign remedy, so often a specific, of which I have already spoken—the Veratrum Viride. They possess one advantage also over all other remedial agents in the disease of which we have been treating—viz: their applicability at all stages and in every condition, whether during the furor of the onset, the abating severity of the decline, or the alarming prostration sometimes ensuing when typhoid symptoms become fully developed. They are highly useful
as revellants applied to the surface of the chest in conditions of aggravated inflammatory excitement; and as excitants, applied to the extremities and over various portions of the trunk, when the vital energies are fast failing and death is well-nigh ready to claim its victim.

When the Typhoid stage arrives, it should be treated upon general principles, without much regard to the pulmonary affection. It is in this stage, when at all obstinate or protracted, that much benefit may sometimes be derived from mercury. Should its progress be marked by much prostration, stimulants become indispensable. The sinking energies must be supported by external as well as internal agents; by the application of artificial heat, and by rubefacients and blisters over a large amount of surface when necessary, and repeated in quick succession; and by the prompt and bountiful administration of wine, brandy, and even sulphuric ether, when others fail. This course, energetically pursued and persevered in as long as the patient continues to breathe, will often induce his languishing powers to rally, and ultimately restore him to his grateful family and delighted friends, when to all human appearances the last ray of hope was obscured behind the lengthening shadows of death, and the discomfited physician could see nothing but winding-sheets and burial cases, the reward of his toil and skill, as the objects of his professional care are in all probability soon to be borne away to the silence of the tomb.

The Treatment of Secondary Pneumonia should be conducted upon the same principles as that of the primary or acute variety; the attendant always remembering that, in consequence of having been preceded by other disease, it will not often bear bleeding so well, and in all probability before its close will require a greater amount of stimulation, being more subject to assume the typhoid character.

In conclusion, I will add, that my success with the foregoing practice has been highly flattering, very much surpassing that derived from the course usually commended by authors. It is for this reason I submit these views to the consideration of my generous professional brethren.
ARTICLE XVI.

Vesico-Vaginal Fistula.—A Report read before the Medical Society of
the State of Georgia, at their Annual Meeting, at Augusta, April
8th, 1857. By P. M. Kollock, M. D., Professor of Obstetrics
and Diseases of Women and Children, in the Savannah Medi-
cal College.

In order to secure completeness and systematic arrangement, in
the Report which I now present to the Society, on the subject
which was assigned to me at its last annual meeting in Macon, it
will be necessary for me to go over ground which has been before
trodden by other Reporters, and to recapitulate historical facts and
statements, which are familiar to many of my hearers, and which,
to them, may be wanting in that degree of novelty and freedom
from triteness, which are requisite to secure a patient and willing
attention.

The immense importance of the subject, however—the difficul-
ties by which it has been hitherto surrounded, and the very meagre
manner in which it has been treated of in text-books, will, I feel
assured, be received as a sufficient excuse for this unavoidable
repetition.

Whenever an abnormal communication is established by dis-
ease or accident, between the urinary and genital organs of a
female, so that the renal secretion, after arriving in its vesical re-
ceptacle, instead of being expelled at will through its natural canal,
the urethra, passes directly and involuntarily, into the vagina or
uterus—it is called a fistula, the character of which will vary, as
regards its curability and the inconvenience and suffering which
it induces, according to the point at which the unnatural route
occurs. And in order to distinguish these several varieties of the
affection, titles have been conferred upon them derived from their
locality: hence we have the urethro-vaginal, Vesico-vaginal, and
Vesico-uterine varieties, according as the communication is between
the urethra and vagina, the bladder and vagina, and the bladder
and uterus. In the first, the perforation occurs in the muco-
fibrous septum, which separates the canal of the urethra from that
of the vagina; in the second, it occurs at the point where the
“bas fond,” or lower fundus of the bladder rests upon the front
wall of the vagina; in the third, the rent occurs at the point of contact of the vesical fundus, with the anterior part of the cervix uteri.

The gravity of the affection is increased according to the distance of the fistulous opening from the external orifice of the urethra. There is no disease, concerning which we learn less from the writings of ancient authors than the one which we are now considering. There is no reason to doubt that it did sometimes occur, even in the most primitive stages of human existence, for one of the chief causes of it (difficult parturition) had its origin in the primæval cause—and even the brute creation are not wholly exempt from it.

Notwithstanding the sad and disgusting picture which is presented by the victims of this fearful malady, it attracted little or no attention from surgeons until the commencement of the present century, and the most recent surgical works alone contain anything like an intelligible account of it.

We cannot restrain our astonishment at this circumstance, when we contemplate the misery and ruin which is wrought in the existence of that portion of the human family, which Shakspeare styles "the cunningest pattern of excelling nature"—which, when robed in charms dependant upon a healthy performance of all the animal functions, challenges the admiration of the most insensible, and warms into adoration and love the icy soul of the Stoic.

The causes which usually operate to the production of a condition so deplorable, are such as are connected with the performance of a function, than which, there is none more important, none more necessary to the existence and continuance of animal life: the function of procreation. Nature—all powerful as she is—sometimes fails in the performance of this, her grandest work; and Art, is either summoned too late to her assistance, or proves itself utterly incompetent.

Whenever, during a protracted or difficult parturition, the presenting part of the child (generally the cephalic extremity) is forced down into the pelvic excavation, and there becomes arrested and impacted from any cause, the soft parts of the mother receive a severe nip between the child's head and the osseous circle by which they are enclosed, as if they were placed between the jaws of a vice.

When this severe pressure is allowed to continue for many
hours, occasioned by strong uterine contraction acting on the child's pelvic extremity, and a continuance of the obstruction to the advance of the cephalic extremity, the most prominent point of the vaginal surface, which is generally in front, behind the symphisis pubis, and where the urethra passes out under the pelvic arch, has to bear the brunt of the greatest amount of the acting force; the circulation is arrested at that point; a slough ensues and a loss of a portion of the soft maternal tissue; which results in the production of a fistulous opening, through which urine flows into the vagina, either directly, or, if the slough occurs at a sufficient distance from the external orifice, the urine passes first into the uterine cavity, and then into the vagina.

Although this is the usual manner in which these fistulae are produced, there are other causes equally competent, and which play an important part in their creation.

Among these, are clumsy manipulations with instruments, in the hands of unskilful operators, for the purpose of effecting delivery; the introduction of the blades of the forceps into the maternal organs with undue force—slipping of the same instrument during traction—slipping of the perforating scissors, or unguarded crochets—sharp spiculae or fragments of the foetal cranial bones, carelessly extracted, may lacerate and tear the soft parts of the mother, so as to terminate in the formation of urinary fistulae. The long continuance of a foul pessary in the vagina, has been known to produce ulceration and perforation of the vesico-vaginal septum; as well as ulcerations of a specific character, both syphilitic and cancerous. Colombat states, that an example is cited by Fabricius Hildanus where the fistula was caused by the long retention of a calculus in the bladder. By whichever of the causes which have been detailed, the malady under consideration is originated, it is soon manifested, by a group of symptoms sufficiently characteristic to render the diagnosis both easy and certain.

When it has followed a tedious labour, accompanied with long impaction of the child's head in the pelvic excavation, a retention of urine is the first link in the chain of morbid phenomena, necessitating catheterism for the relief of the bladder; and this circumstance should arouse the suspicions of the attendant accoucher, and put him on the alert. The retention may continue for several days—from seven to twelve—and then be converted into complete incontinence, the sloughs of greater or
less extent having fallen, and a continued, involuntary stillicidium will be established.

Such a train of symptoms might possibly be caused by paralysis of the sphincter vesica; but the vaginal examination with the finger will generally detect the abnormal rent, and a probe or catheter passed into the urethra will come in contact with the end of the finger. The introduction of the speculum exhibits most satisfactorily, in the majority of cases, to the eyesight, the lesion which the soft tissues have sustained, and confirms the diagnosis.

The poor woman is now reduced to a condition of the most piteous description, compared with which, most of the other physical evils of life sink into utter insignificance. The urine passing into the vagina as soon as it is secreted, inflames and excoriates its mucous lining, covering it with calcareous depositions, and causing great suffering. It trickles constantly down her thighs, irritates the integument with its acid qualities, keeps her clothing constantly soaked, and exhales without cessation its peculiar odour, insupportable to herself and all around her. In cases where the sloughing has been extensive, and the loss of substance of the tissues great, and where neither palliative nor curable means have availed for the relief of the sufferer, she has been compelled to sit constantly on a chair, or stool, with a hole in the seat, through which the urine descends in a vessel beneath.

As has been stated, the gravity of the case is increased, in proportion to the distance of the perforation from the external orifice of the urethra. When it occurs in the urethra rather more power is retained over the discharge, which may not occur involuntarily; but when the bas pond of the bladder is the seat of the fistula, all command over the discharge is lost, and it flows away constantly; unless the orifice is small, and capable of being closed by the gravitation of the uterus upon it, while the patient is in a sitting or standing position; even then, the urine is liable to be expelled by the expiratory efforts of coughing, sneezing, laughing, &c., the contraction of the diaphragm then forcing down the abdominal viscera upon the pelvic.

As fistulae vary in position, so do they in shape or figure, size and number. They may be longitudinal or transverse, round or oval, or angular; there may be one or more. I have never seen more than one in any one case. Dr. N. Bozeman, of Montgomery, Ala., records cases where there was a plurality.
According to my experience, the transverse are more common than the longitudinal. Where the sloughing has been great, and extensive losses of substance sustained, the vagina after cicatrisation is contracted, its walls rigid and cartilaginous, and its canal obstructed by adhesions and bridles. The size of the opening may vary from that into which the tip of the index finger may be inserted, to one which is capable of receiving several fingers.

Dr. Bozeman, in a letter to me, in reference to cases of this description, says: "In some of them nearly the whole of the septum had sloughed out, thus allowing the whole of the superior fundus of the bladder to protrude through, and appear at the vulva, in the form of a large fleshy tumour. In one case, both ureters were to be seen upon the surface of this tumour, thus allowing the urine to dribble away without even reaching the cavity of the bladder or vagina. Nor was this all: in two instances a portion of the beginning of the urethra had also been carried away in the sloughing process, and the anterior border of the fistula was found finally adherent to the pubic arch."

The Prognosis, in cases of this affection, has been hitherto unfavorable, even in such as might appear most within the reach of curative means, regarding their position, size, &c., so that in the majority of instances, little more than palliative measures have been thought of; and, as was once recommended to me by a distinguished surgeon, whom I consulted in a case of this kind, "a masterly inactivity" has been deemed most advisable. The ingenuity of surgeons has been taxed to the utmost in devising means for alleviating the sufferings of those who laboured under this dreadful calamity. Various means were resorted to for protecting the parts which were exposed to the irritating action of the urine, and for rendering the woman as comfortable as circumstances would permit. Emollient baths and unguents were prescribed for the promotion of cleanliness and allaying inflammation; and urinals of different shapes and materials were contrived for the purpose of receiving the urine as it was secreted. Tamponnement, or plugging the vagina, was resorted to as a palliative and curative measure combined, the catheter being retained in the bladder for the purpose of conducting off the urine from the fistulous opening. Dessault was among the advocates for this treatment; and some cures are recorded as having been effected after a very long and tedious perseverance in the course. Such fortunate re-
sults, however, only occurred in cases where the fistula was situated at some point in the course of the urethra; where it was situated above, tamponnement was of no service.

Whether urinary fistula in the female are of more frequent occurrence now than formerly, or whether they were overlooked, by reason of the imperfection of the means of investigating female complaints, it is certain that modern surgeons have not rested satisfied with merely palliative measures; and those designed for effecting a radical cure have been essayed with more or less success.

The treatment for the radical cure of the disease may be divided into that by Cauterization, and that by Suturization. The former may be sub-divided into cauterization by chemical caustics, and that by the actual cautery, or heated iron, or the galvanic spark.

The method by suturization, is susceptible of a subdivision into that which includes autoplasty, or the transplantation of a flap from a neighboring part, and securing it by sutures in the fistulous opening, (the edges of which have been previously freshened with the knife,) and into that, where the edges of the fistula, after having been pared with the knife, are drawn together and maintained in contact by suture.

Another method of cure is mentioned as having resulted favorably—viz: laying open the fistula into the urethra, and healing it as in cases of rectal fistula.

Cauterization, as a curative measure, has had its advocates among modern surgeons, the most distinguished of whom are Dupuytren and Liston. When chemical caustics are employed the Nitrate of Silver is preferable. This is only adapted to small fistulae; it is used for the purpose of promoting granulations on the edges of the fistulous opening, and gradually closing it. Pancoast states that he has, “in this manner, succeeded in occluding a fistula of the size of a large goose quill.” For larger fistulae the actual cautery must be used; its effect is to produce contraction, as is usual with the cicatrices from burns.

When the cauterizing iron is used, it is advised that it be applied at a white heat, for an instant, around the edge of the opening for some distance on the vaginal surface; when the orifice is large, at long intervals; when small, once in three or four days. A late writer advises that the interval should not be less than two or three months, in order to allow time for the contraction of the cicatrix.
Within a short time Galvanism has been employed for the purpose of cauterization in this, as well as other surgical cases, by means of an ingenious portable apparatus.

My note-book contains the following account of the first case of Vesico-vaginal Fistula which it has been my fortune to encounter:—

CASE. August 23rd, 1856, I was called upon to examine a negro girl, the property of Mr. Wm. Gibbons, a large rice planter on the Savannah river. I received the following account of her case:—That she had been delivered a short time previous, after a very severe and protracted labour, of a large dead child. A short time after this, her urine began to flow from her involuntarily; there was a constant stillicidium, which caused much troublesome excoriation of the parts externally.

This history of the case led me to suspect, immediately, urinary fistula, caused either by rupture of vesico-vaginal septum during labour, or by a succeeding slough. As the incontinence did not occur instanter, the latter conjecture seemed more probable. In confirmation of my suspicions, the finger introduced into the vagina, detected a rent in the septum, which seemed to extend through the os tinnæ and cervix uteri. A probe introduced into the urethra passed readily into the vagina, and came in contact with the finger in the vagina. The speculum revealed to the eyesight what the touch had foretold.

The treatment of the case was commenced by placing the woman in bed, and introducing a silver female catheter. The difficulty of retaining this instrument in situ, and the insufficiency of its length, allowing the urine to trickle over and bathe the vulva, induced me to substitute a gum-elastic male catheter of the usual length, passed through a small cork as a shoulder, to prevent its slipping too far inwards; a belt, made of saddle-girth webbing, was buckled round the abdomen; a piece of sole-leather, of sufficient length and breadth, was attached to the belt in front, passing down in front of the vulva, and the end of the catheter external to the cork, was passed through a small hole in the leather. A bowl was placed at the end of the catheter, which was allowed to remain open, to receive the urine as it flowed out from the bladder. This rude apparatus was found to answer pretty well the purpose for which it was designed. As, however, the gum-elastic catheter was soon rendered unfit for use by the action of the urine,
and the substitution of a new one every day or two involved a good deal of expense, I obtained a flexible metallic catheter, which I cut of the proper length, and substituted it for the gum-elastic. The patient soon was enabled to wear this instrument, without much inconvenience, it being removed every other day for the purpose of cleaning it. The flow of urine through the fistula having been thus very effectually cut off, the orifice began to contract, and its progress was quite satisfactory until the contraction reduced it to one or two lines in diameter. It then assumed a most tedious and provoking indolence. Nitrate of silver was frequently and repeatedly applied without any visible service. On the 10th of December, (more than three months from the commencement of the treatment,) caustic potosh was applied—a part of the vagina, near the fistula, became accidentally touched—a slough \frac{1}{4}\ inch in diameter ensued. This ulcer was healed by the application of a solution of sulph. cupri. The effect of the vegetable caustic on the fistulous opening was very slight. After this, the actual cautery was substituted for the chemical. In the course of some weeks, the fistula was reduced to a point, and finally closed—no urine appearing to pass through.

The whole treatment of this case occupied the greater portion of a year, during which time, the woman was kept constantly in bed, and the catheter retained permanently in the bladder. The tediousness and uncertainty of the treatment by cauterization, are insurmountable objections to it, and it will certainly never be employed by those who are acquainted with the more satisfactory and reliable processes which will be detailed in this report.

The merit of having introduced the method of treating this description of case by suturization, has been attributed to Rooerhuysen. Dieffenbach, Jobert, Velpeau, Leroy d'Etoilles, Lallemand, have figured most extensively in this department, and have claimed for themselves a great share of success. Their different methods are very fully detailed in the works on Operative Surgery. The principle common to each method is to freshen the edges of the fistula either by the knife, or cautery, before the sutures are introduced. The idea of applying Plastic Surgery to the cure of the disease originated with Jobert de Lamballe. Leroy and Velpeau have adopted the same plan, with some variations in the manner of executing it. A variety of suturization has been invented by Lallemand, of Montpellier, which consists in draw-
ing the edges of the opening together by means of a species of
hooked forceps, and retaining them in contact by means of the
same instrument. Finally, in very bad cases, where these differ-
ent plans have failed, or cannot be executed, Vidal has recom-
mended that the mucous membrane of the orifice of the vagina
should be dissected off and the opening be closed by sutures,
making a pouch or cloaca of the vagina, for retaining the urine,
and with a small orifice for its passage outwards.

The several methods which have been alluded to—the result of
the ingenuity and perseverance of European surgeons—are so dif-
ficult of execution, and so uncertain in their results, even in the
hands of their accomplished authors, that they hold out small
inducement for their imitation, and we turn with disappointment
and dissatisfaction from their contemplation. Their statistical
records contain so large an amount of incurable subjects, that, if
we embrace the popular creed in the infallibility of European au-
thority—of hopelessness of success elsewhere, when failure attends
on the efforts of those eminent surgeons, whose names have been
mentioned, it would seem as if the condition of woman, in a world
where her portion of trial has been dealt out with no niggard
hand, wanted but this last drop to fill to overflowing, the bitter
chalice, which it is her lot frequently to quaff; and that death is the
only friend, under such circumstances, to whom she can appeal
for relief.

Turning, however, from this gloomy picture, which the records
of European Surgery present, in regard to the treatment of this
class of affections, and casting our eyes Westward, we see, in that
direction, a brighter prospect opening.

America, the land of progress in Science and in Art, has not
been behind-hand in this instance, and the superiority of Ameri-
can ingenuity and originality are, as usual, prominent. As
Americans—as citizens of the Southern section of our confedera-
cy, we can assert, with truth, and with an honest pride, that in no
part of the world, has as much been done in the way of really
practical improvement in this branch of Operative Surgery, as by
the American surgeons of the South. The records of American
Surgery of the last thirty years, contain a comparatively small
number of reported cases. As it is probable that cases successful-
ly treated are almost the only ones reported, it cannot be doubted,
that a considerably larger number have occurred, which have been
abandoned as incurable, of which the medical public have heard nothing.

The treatment of the reported cases has varied according to the genius and surgical skill of those into whose hands they have fallen. The names which have been most prominently associated with operations for the cure of this disease, are those of Pancoast, of Philadelphia; Hayward, of Boston; Mettauer, of Virginia; Sims, of New York, formerly of Alabama, and Bozeman, of Montgomery, Alabama. All these surgeons have adopted the treatment by suture—the edges of the fistula having been first freshened with the knife. The method of each varies in some particulars from that of the others.

The peculiarity of Dr. Pancoast’s method consists in shaping the lips of the fistula in such a manner that one is dovetailed into the other, and secured by sutures of silk.

Dr. Hayward, after introducing into the urethra a large whalebone bougie, in order to bring the fistula more within reach, removes with a knife the edges of the opening all around to the distance of one line, then dissects up the mucous membrane of the vagina to the distance of three lines, in order to present a larger surface for union, and “to prevent the necessity of carrying the needles through the bladder.” The needles were then introduced “about one-third of an inch from the edge of the wound, through the membrane of the vagina and the cellular membrane beneath, and brought out at the same distance on the other side.” The threads were then “tightly tied,” and left about three inches in length. The catheter was introduced and the patient placed in bed on her side, and directed to live on thin arrowroot, milk and water, and solution of gum arabic.

Dr. Hayward reports, in the Boston Medical and Surgical Journal, for 1851, that he has “operated twenty-six times on nine patients—on one six times, another five, two twice, and five once.” In three cases the operation was entirely successful; in five, great relief was obtained, so that the urine could be retained for a number of hours; and in the remaining, no benefit was obtained. Since the discovery of the anesthetic powers of Ether, he places his patient under its influence. The position of the patient is, on the back, as in the operation of lithotomy.

Dr. John P. Mettauer reported in the number of the Virginia Medical and Surgical Journal for June, 1855, that twenty-five
years previous to that period, he had first operated for vesico-
vaginal fistula, during which period he had met with many
extremely interesting cases, most of which he had treated success-
fully; that he had expressed the opinion, in a publication on this
subject, "that every example of the disease could be cured;" but
that since that time, he had met with cases which had defied all his
attempts, and induced him to modify his opinion; but that he still
believed a large proportion could be cured. His plan of operating
is as follows:—The patient is "placed on her back, as for the
operation of lithotomy, on a high bed, with folded blankets and
sheets under her to protect the bed, the parts being exposed to
the strong light of a window immediately opposite to, and on a
level with the perineum—care being taken that the nates rest
fairly on the edge of the bedstead, so as to render the parts to be
operated on, easy of access. A two-bladed speculum is employed
for the purpose of dilating the os externum and vagina—the han-
dle of the instrument being held by the patient herself. The free
borders of the fistula are next denuded of their mucous membrane,
by the use of delicate hooks to take hold of it, and scissor curved
on their flat surfaces, or delicate knives curved in like manner, or
of the ordinary form, to excise it beneath the hook." The mucous
membrane is next to be removed to the extent of half an inch
beyond the border, in a continuous strip. For arresting hemor-
rhage, cold water is to be injected with a syringe. Metallic threads
of pure lead, five or six inches long, are then introduced by means
of curved needles, held in Physic's artery forceps, and conveying
silk ligatures, to which the leaden are attached. The needles are
passed from the vesical cavity into the vaginal, one inch from the
denuded margin, so as to transfix both vesical and vaginal wall.
After as many sutures are introduced in this manner, as are requi-
site, the edges are closely approximated, and secured in that posi-
tion, by twisting the wires by means of forceps, adapted to the
purpose. Much care and judgment is required, to graduate the
compressing force which is applied by the twisting, so that while
the edges of the wound are kept in close apposition, the circula-
tion is not arrested, so as to endanger sloughing or ulceration.

The rule by which the surgeon is to be guided in determining
the proper amount of force to be applied, is, "the fixed and erected
state of the twisted extremities of the wires, and their bristle-like
spring when touched with the probe." The wires having beer
secured in this manner, "the twisted extremities are to be cut off transversely, so as to project a few lines beyond the range of the vulva." A short silver catheter is now to be introduced, and the patient to be directed to lie on her left side. The bowels are to be constipated by opium. On the third day the ligatures are to be moderately tightened by twisting. The sutures are to be removed about the eighth or tenth day.

Dr. Mettauer remarks that "it is the depth of this suture that secures its reparative efficacy—that is the point on which success turns; and if the denudations are effectually executed, a failure will seldom follow. This suture can be safely passed through the vesical wall, and I decidedly prefer it, because it secures more effectual suturization; and it is entirely free from all liability to induce inflammation of the bladder, as my experience fully testifies."

"The possibility of small fistulous openings following suturizing through the walls of the bladder, is the only danger of importance to be feared; and if the threads are not permitted to remain longer than eight or ten days, this accident can hardly take place. I have often suffered them to remain ten or twelve days, without such an occurrence. In a few hours the ligature openings close,—I have rarely known them discharge urine after a day."

The American Journal of the Medical Sciences for January, 1851, contains a communication from Dr. J. Marion Sims, at that time a resident of Montgomery, Ala., detailing a method of treatment of the cases which we are considering, originated by and peculiar to himself, exhibiting a degree of persevering industry and ingenuity in the invention and perfection of instruments and curative apparatus, deserving of the highest commendation, and entitled to the admiration of every surgeon who feels the amount of interest in this subject which it deserves.

Dr. Sims employs a suture resembling that known to surgeons as the quilled suture—using leaden clamps, in place of quills, and silver wire in place of silk thread. Instead of the dorsal position, which is preferred by most surgeons, that on the knees, the body bent forward, head and shoulders depressed, nates elevated, knees separated six or eight inches, is preferred by this surgeon.

The table, on which the patient rests, is placed in front of an open window—the sun’s rays are concentrated on the vulva by means of a mirror. The vagina is dilated by a speculum of pecu-
Kollock, on Vesico-Vaginal Fistula. [May,

liar form—the part which enters the vagina is made of polished German silver, and shaped like a duck's beak, and is bent at right angles with the handle. This speculum is introduced at the perineal commissure of the vagina, which is above, in this position of the woman; the perineum is forcibly elevated by an assistant holding the speculum by its handle with one hand, and drawing, with the fingers of his other hand, the labium of the side on which he stands—while the other labium is drawn in a contrary direction by the fingers of another assistant standing on the other side. In this manner the whole vagina is perfectly displayed, and a fair view obtained of the fistulous orifice.

With a delicate tenaculum fixed in a handle five or six inches in length, the mucous membrane of the vagina near the edge of the fistula is raised, and with a small sharp-pointed scalpel fixed in a handle of the same length with that of the tenaculum, a strip of vaginal mucous membrane, from \( \frac{1}{2} \) to \( \frac{3}{4} \) of an inch in breadth, is dissected off all around the opening. The lining membrane of the bladder is not removed, unless it is very much altered in character, and projects through the opening so as to interfere with the operation.

The circumference of the opening having been thus thoroughly denuded, a spear-pointed needle, fixed on a shaft about six inches in length, armed with silk thread, is introduced at the distance of \( \frac{1}{2} \) inch from the incised edge of the mucous membrane, only penetrating through the thickness of that membraene, and not entering the cavity of the bladder, and brought out at the same distance from the freshened edge of the posterior or upper lip of the fistulous orifice. The farther end of the silk is withdrawn from the eye of the needle, and afterwards the needle; the proximal end of the silk is then attached to the end of the silver wire, bent into a loop, and by means of the silk, the silver wire is lodged in the proper place. A sufficient number of sutures are introduced, according to the extent of the opening, and both ends of the wires are brought out at the vulva. The distal ends of the wires are now passed through the openings in a leaden clamp of sufficient length, and secured by being wrapped round the clamp; and this last is lodged in its place above the upper lip of the fistula, by making traction on the proximal ends of the wires.

Another clamp of the same length, as the one which has been applied, is now threaded with the ends of the wires, which remain
at the vulvar orifice, and pushed up by means of a species of fork contrived for this purpose. By making traction on the wires, and pushing up the lower clamp at the same time, the edges of the fistula are brought into close apposition. Small bird-shot, perforated with holes, are now run on the wires, and pushed up to the lower clamp, where they are secured by compression with a pair of strong forceps. The wires are then cut off about $\frac{1}{2}$ or $\frac{1}{4}$ of an inch below the shot. A catheter is now introduced into the urethra, and removed once or twice a day for cleansing. The woman is confined to bed—diet, crackers and tea; the bowels are kept entirely locked up by the free exhibition of opium. The sutures are examined about the third day, and removed on the tenth or twelfth.

Several very ingenious instruments have been invented by Dr. Sims for facilitating the performance of the operation. A blunt hook furnishes a point of support to the movable mucous membrane, in thrusting the needle through the upper lip of the fistula. A small fork can be used as a pulley for drawing down the upper end of the silk thread and preventing its cutting out; and a wider fork answers for pushing up the clamps and adjusting them.

The catheter, which is peculiar to Dr. Sims, and which he perfected, after many experiments, is shorter than those in general use—merely long enough to measure the length of the female urethra; curved at each extremity, so as to resemble the Italic letter $S$; the end which is in the bladder, curves upwards, and rests behind the symphisis pubis; the external end curves downwards, and rests in front of the meatus urinarius. It acts on the principle of the syphon, and is self-retaining.

[to be concluded in the June No.]

The Rationale of the Fatal Tendency of the Warm Bath in Asphyxia.

By Marshall Hall, M. D., F. R. S., etc.

To the Editor of The Lancet:

Sir,—There is a physiological relation between the circulation and the respiration, any deviation from which, in either direction, is of a fatal tendency.

During the systematic (not the pulmonic) circulation, carbonic acid is formed; in respiration, the oxygen necessary for the formation of this carbonic acid is supplied, and the carbonic acid so formed is evolved from the system.
The immediate baneful effects of the suspension of respiration arise from the privation of oxygen, and from the retention of the carbonic acid previously formed, which becomes a blood-poison.

An animal placed in perfectly pure nitrogen or hydrogen gas dies in violent convulsions instantly. And this is doubtless owing to the privation of oxygen, for carbonic acid might be exhaled into nitrogen or hydrogen gas.

But an animal dies also in air consisting of such a proportion of carbonic acid with oxygen, as to prevent the evolution of carbonic acid from the blood, although the quantity of oxygen might be so great that a taper blown out, and burning only as a spark, would be instantly kindled into flame.

If without producing effects so sudden as those described, we change the relative proportion of the respiration and the circulation, morbid phenomena are produced special to each case. If the circulation be disproportionately augmented, carbonic acid is formed, and being morbidly retained, slighter convulsion and slower death ensue. If the respiration is unduly and disproportionately augmented, the animal is cooled; for mere pulmonary respiration is a cooling process, by the difference of temperature of this inspired and expired air, and in this case also the animal dies, but now from loss of temperature.

This latter is the case in the asphyxiated patient, if the respiratory movements be unduly hastened—that is, disproportionately to the rapidity of the remaining circulation.

On the other hand, if in the asphyxiated we excite the circulation, without simultaneously and proportionately inducing the respiratory movements, we destroy our patient by carbonic acid, formed in the course of that circulation, and uneliminated by respiration.

This statement leads me to the proper subject of this paper—the Rationale of the Injurious and Fatal Tendency of the Warm Bath in Asphyxia: for it is injurious, and has, I am profoundly convinced, of itself proved fatal in cases in which the patient, without it, would have spontaneously recovered.

In such a case, it is surely not less essential to the progress of science and our art to remove error than to establish truth.

Warmth is so obviously a stimulus, and a stimulus is so apparently required for a patient taken out of the cold water in a state of asphyxia, that in recommending the warm bath we seem to be addressing ourselves to the common sense of mankind, and it was a step in advance to entertain a doubt on the subject.

But when we begin to experiment—when we learn that an animal deprived of respiration by being submerged under water, lives longer in cool water than in warm water, we learn to consider whether in fact, coolness is not more favorable to life in the asphyxiated from submersion, than warmth. We recall to mind, too, that animals bear the abstraction of respiration in proportion to their coolness; the hybernant animals and the batrachian tribes will scarcely
drown at all. If a kitten be first cooled, or if it be immersed in cool water, it will not drown so soon as it would do if submerged at its ordinary temperature in water of the same temperature—facts established by Edwards, by M. Brown-Séquard, and myself, and witnessed by the Secretary of the Royal Humane Society, and by its Superintendent in Hyde-park.

Thus, experiment is made to correct preconceived ideas, however apparently consonant with common sense.

There are other facts which point to modes of treatment of the drowned, which the administration of the warm bath necessarily excludes. If a poor creature be perishing for want of food, we cautiously administer food. If a man be, in like manner, perishing for want of air, should we not administer air? Is this not simple and reasonable? And in the case of drowning, is not the want of air the first condition to which we should bring succour, and the want of temperature the second or third? And should we not administer to the first want? Then, in the case of drowning, we should administer air first and warmth in the second place. But may not the warmth administered without air, do great absolute injury? It raises the temperature, and in so doing augments the necessity of respiration to life.

In the first place, if any effect be produced by the warm bath, the circulation is accelerated. But to accelerate the circulation without inducing, at the same time, efficient respiration, is to augment the formation of carbonic acid—the blood poison—without its elimination from the system, and it induces, consequently, a fatal result;

Secondly, all excited respiration through the medium of the cutaneous excitor nerves is excluded, the uniform temperature of the warm-bath excluding the excitants of those nerves arising from the alternate application of heat and cold to the surface;

And, thirdly, imitated respiration is excluded by the very sustained position of the patient, excluding as it does, alternate pronation and rotation, and pressure applied and removed, or changes of position and compression, which induce respiratory movements.

So that the warm bath is not only positively injurious by poisoning, but negatively, by excluding the de-poisoning process.

Lastly, the warm bath excludes those frictions of the limbs upwards, with pressure, which really constitute the most effectual means of promoting the circulation and warmth.

Nor is it unimportant to save the time expended in preparing the warm bath, or in carrying the patient to it.

And it is scarcely a minor point to direct all our thoughts and energies, undiverted, to the important remedies exclusively.

In conclusion, the warm-bath is of doubly fatal tendency: it is so in itself positively; and it is so negatively, by excluding every real remedy.

All have heard of the Grotto del Cane. The poor dog is put into
the carbonic acid, and taken out asphyxiated. It is plunged—not into a warm-bath—but into the water of the adjoining lago Aguano, and taken out—restored!

I am, sir, your obedient servant,

December 15th, 1856.

MARSHALL HALL.

The Treatment of Asphyxiated Newly-Born Children.

To the Editor of the Lancet:

SIR,—I think it may be well to add the subjoined interesting case to those you have been recording. Already four cases of the restoration of the still-born, and two of drowned persons, in a state of hopeless asphyxia—asphyxiated persons, whether by drowning or otherwise—have occurred within a few months!

I am, sir, your obedient servant,

December, 1856.

MARSHALL HALL.

Southport, Dec. 15th, 1856.

Dear Sir,—Every one having a just appreciation of scientific research, ought to make known the results of his experience bearing direct evidence upon the truthfulness of new discoveries.

I feel sure that no one will dispute that Science and Humanity owe much to you for the discovery of the new mode of treating asphyxiated persons, whether by drowning or otherwise. With this idea, I beg to forward the subjoined case to you, not only to bear testimony to the general truthfulness of the theory, but to give you well-merited satisfaction.

I was called to see Mrs. H,—in labor of her first child, on the evening of the 12th instant. The pains continued through the night, and about 8 o'clock the following morning I found it necessary to administer chloroform, the pains were so agonizing. A large child was born by natural efforts at half-past nine, A.M., in a state of complete asphyxia, and the head greatly compressed. After dividing the cord, I proceeded to try your method of establishing respiratory action. I turned the child gently over on the face, rolled it over on the side, and a little beyond, using gradual pressure on the lateral aspect of the chest, back again to a prone position, and so on, about twenty times in the minute. I did it thus frequently because infantile respiratory acts are more rapid than those of the adult. I dashed cold water on the face and chest, slapped the region of the diaphragm with the hand, etc.

After some time the child began to show signs of respiratory power, feeble enough at first, but gradually becoming strong.

I am persuaded this will soon supersede the other method, which I have always considered most unscientific and clumsy; but which, for want of a better one, I have hitherto adopted.

Your method is most easily and readily performed; no time is lost in preparing a hot bath, etc., or in poking the stem of a tobacco-
HydropJiohia—

following the Bite of a Dog.

Hydropobia, it is true, is a rare disease, but it is a most fearful one, and as the following short article contains a few practical suggestions, and also illustrates the course of the malady very well, we venture to select it for the present number:

A Case of Hydrophobia, following the bite of a Dog—Death—Autopsy. By James B. Reynolds, M. D., House Physician to Bellevue Hospital.

James Hutchinson, æt. 16; admitted into Bellevue Hospital, December 13, 1856. (Service of Dr. Elliott.) The patient was a healthy, robust lad, of nervous temperament. During the latter part of August, 1856, while attempting to catch a dog, he was bitten in the left hand, between the index finger and thumb. The dog was not considered rabid, but was immediately killed by the patient
and the wounds, in the course of half an hour, was burned out by nitrate of silver. A man was bitten on the same day, by the same dog, but up to the present time is healthy. The cicatrix has since been the seat of an uneasy sensation; but, with this exception, all went on well until Wednesday, December 16, when his parents noticed that he was dull, and had an undefined fear, not being willing to go out at night, or to be left alone in a room by himself. The morning of Friday, the 12th, he did not eat his breakfast with his accustomed relish, complaining of a general feeling of malaise; he partook of but little dinner. Up to this time, he had complained of no difficulty about the throat; but during the afternoon he began to have some pain over epigastric or lower sternal region, which gradually rose up to the throat, assuming there a choking character. A dose of senna and salts was, during the evening, given to him, which he, by several attempts, managed to swallow; it operated freely; he did no sleep at all during the night, for fear of suffocating. Saturday morning the 13th, a doctor was called in, and pronounced it a case of hydrophobia, and advised removal to Bellevue Hospital. When brought in at a quarter after three P. M., he was very much excited, having considerable difficulty in breathing, the spasms of choking being very frequent and severe; at first, he assumed an upright position upon his knees, with his head thrown back, face and lips, during a paroxysm, becoming of a dusky hue, hardly livid, eyes projecting with a wild-frightened stare and slight external strabismus; considerable jactitation or restlessness; extremities cool and moist, with feeble circulation; respiration was very irregular—a long deep sigh, followed by a succession of short, catchy inspirations—nearly sobbing; together averaging thirty-six per minute; pulse 96, of natural fullness, but very irregular, varying sometimes fifteen beats in a quarter of a minute; he soon became comparatively quiet, when he was able to lie down, with head and shoulders raised. Pulse fell to 86, and paroxysm much less frequent. When first admitted, water was given him to drink, when he became convulsed, but by clutching it with both hands, and making several trials, he at last got it to his mouth, but not more than a tea-spoonful could have been swallowed; the remainder was forcibly ejected. Another attempt was again made after a few minutes, but he was unable to get it to his mouth; his eyes being most of the time turned from it. Upon the entrance of a number of students, he became very much excited, which excitement was much increased, or rather aggravated into a paroxysm, by a draught of air from a window suddenly raised. The convulsion was again brought on by using a fan near him; water was handed to him, and after some persuasion, he forcibly grasped the glass, and gradually bringing it to his mouth, gulped down an ounce or two. A small and imperfect looking glass was then brought near and opposite to him, but with little effect at first, though at last it excited a convulsion. After the withdrawal of the class of students, he became comparatively quiet,
but the spasms were gradually, but perceptibly, increasing in frequency and force.

At five P. M., he was seen by Dr. Elliot, the attending physician. Twenty-four dry cups had just been applied to spine, laudanum 5ij, but with the addition (through a mistake of the nurse,) of gr. vj of the aqueous extract of opium, and powder of assafetida 3ss, was given per rectum; he drank some water and also some wine.

Seven P. M.—Another enema of extract of opium and assafetida, but with only 3i of laudanum, was again given; he now became drowsy, sleeping at intervals, but waking with a convulsion, and much frightened.

Eight P. M.—Becoming slightly delirious, wishing to rise and dress, as he thought it time to go to school; but upon all other subjects, as far as could be ascertained, he was perfectly rational; his mind was morbidly acute; when asked to do anything, he would immediately control his restlessness or jactitation, and instantly obey, appearing to be very anxious to comprehend and to do what was bidden. About this time he began to have slight spasmodic actions of diaphragm, accompanying or causing the rejection of whatever the stomach contained; the vomiting or rather difficult retching gradually grew worse, until at last, it became one of the most marked and distressing symptoms.

Nine P. M.—The patient was now seen by Drs. Metcalfe, Wood, Stephen-Smith, and other medical gentlemen. He became much excited by the presence of so many strangers. After becoming calm, Dr. Metcalfe asked him whether he suffered from pain any where; he answered that there was pain in his breast, placing his hand over the sternal region. Water was then poured into a bowl upon the floor, without his knowledge; but the sound caused a convulsion. A speck was then pretended to be seen upon his forehead which was gently blown upon, producing much excitement, and the continuing it brought on spasms; even the breath of the attendant would excite him. Warm milk-punch was then handed to him; as he would allow no one to hold the cup, he clutched it with both hands, and gradually, but spasmodically nearing his mouth, he gulped down the whole (about four ounces). Chloroform was then cautiously administered to him; even the vapor excited convulsions; it acted badly, causing lividity of the face, and close contraction of the pupils, which before were dilated; and nearly suspending respiration. He came out of the effects of the anaesthetic with a convulsion. When going under the effects of chloroform, he made some movements which seemed very much like attempts to bite. It was proposed by Dr. Wood to perform tracheotomy, and introduce a tube through which the patient might breathe, instead of through the irritated larynx; but one of the medical gentlemen rather opposed the operation, on the ground that patients with hydrophobia do not die with symptoms of asphyxia. During the evening he said, to use his own words, that “the doctors wished to
Hydrophobia, following the Bite of a Dog.  [May,

make him out mad; but he knew he was not, because he had killed the dog, and his father had paid the doctor fifty cents for burning out the bite. He had the "nerves." Another injection of laudanum was given, and also brandy by the mouth; he had already taken about eight ounces of wine, and three pints of milk.

Ten P. M.—Convulsions and vomiting increasing, and opisthotonos more marked. From the horizontal posture, he would suddenly spring upon his feet or knees, and stare wildly at some visionary object, and attempt to get out of its way; all the time spitting a tenacious, ropy mucus; head thrown back. About this time, he imagined that he had a pig in his mouth, which he at last, with difficulty, expectorated by the advice of the nurse; he also complained of a sensation of hairs in his mouth.

Eleven P. M.—He now became quite delirious, calling upon his parents and friends, and at times complained of headache; pulse too frequent to count, and very irregular. Injections continued.

Half-past twelve A. M.—He was now seen by Dr. Elliot. His tongue was cracked transversely, but not dry; the saliva, being very tenacious, and streaked with blood, was with great difficulty expectorated. The convulsions gradually increasing in frequency and force, were now very violent, requiring two attendants to hold him; for as soon as the paroxysms were over, he would immediately sink upon the bed exhausted. He died very suddenly at quarter-past one A. M., on Sunday December 14; living from thirty-three to thirty-six hours after the disease showed itself plainly, and ten hours after entering the hospital. His death was from exhaustion. The thoracic walls were immediately compressed: the air within being pressed out, and over the vocal cords, gave rise to a sound of very high pitch; so natural and shrill a shriek was it, as to startle all present, showing the vocal cords to be in a state of tension. Artificial respiration being continued, the same sounds resulted, but less markedly.

Post-mortem examination thirteen hours after death (dictated by Dr. Metcalfe.)—Rigor mortis well marked; body well developed; foam escaping from mouth; marks of the dog bite on the left hand at the root of thumb; tendency to ecchymosis on dependent parts; scalp congested; best marked on posterior part of left parietal bone. On making an incision along the back, about ½ iss of black fluid blood escaped; also blood between bones and membranes of cord; the spinal cord, on being removed, presented no morbid appearances; on opening the theca, there was considerable congestion of the vascular membrane, the blood being fluid. On removing the calvarium, the vessels of the dura mater were very much engorged; on removing this membrane, the pia-mater was found congested; puncta vasculosa abundant; contrast great between cortical and medullary substance; cortical darker than usual. The heart was contracted, showing what formerly would be called a marked case of concentric hypertrophy.
1857. [Treatment of Obstinate Habitual Constipation. 289

It is to be much regretted that a tube was not placed in his trachea as soon as he entered the hospital. Although patients, as a general rule, do not die by suffocation, yet it is conceded that the throat is the principal source of irritation, and from it arises many of the most aggravated symptoms; and the involvement of other parts of the system seems to be secondary, or at least to be aggravated by the spasms of the throat. Now, by the insertion of a tube in the trachea, one source of irritation, the continual passage of air over the irritated parts is removed, and they are allowed to rest; one of the most efficient of nature’s means for the restoration of a part to its normal state.

If I was so unfortunate as to be attacked by this awful disease, I would insist upon the introduction of a tube into the trachea as soon as the disease was recognized, and that all remedies should be given per rectum.—[New York Jour. of Medicine.

Treatment of Obstinate Habitual Constipation.

Habitual constipation, although honored by a distinct name, is really (says Dr. P. Phæbus of Giessen,) but a pathological symptom. Yet from its frequent occurrence and its manifold relationship in pathology, it has acquired for itself as much importance as if it were a distinct affection.

Its grave effects upon the whole organization, and also the popular knowledge and recognition of the various remedies used for its amelioration, make it difficult for a rational physician to keep from administering purgatives proper.

Dr. Phæbus gives the following as the most frequent and potent causes. 1st, Too sparing use of ingesta that have a laxative effect. Here particularly should be mentioned water. A great many persons neglect to drink water to slack thirst unless when perfectly convenient, and after a while such prompting of nature is not reproduced to a proper degree. Also from custom many exclude fruit, milk, honey and oleaginous food from their dietary. Others from poverty are unable to procure the above named sorts of food. 2d, Too little exercise. 3d, Sluggishness of the large intestines. This latter is a fruitful cause. As the sphincters of the rectum are under the control of the will, so may the large intestines: through the effect of the will in opening the sphincters and moving the abdominal muscles, be subjected to a certain extent to the same influence, as also by direct volition. We of course do not have anything like so direct a power over the large intestines, nor so ready as in the case of the sphincters, and hence the will must act longer before it produces its results. Once effected, however, it will be easier repeated. It will probably require efforts of the will to have a stool through these different means, viz: contraction of the abdominal muscles, and all rectal propulsion we may summon in moderation
for fifteen to twenty minutes. But every time the will is exercised in this way it acquires greater power. The movement of the colon is independent to some extent of the abdominal muscles, and is no doubt directly influenced by the will.

An especial sort of exercise should and may supersede all laxatives. It consists, 1st, In the repeated upward and downward movement of the rectum by the will; 2d, Rapidly repeated drawing in and out the abdominal walls. These should be practiced together, and must be commenced before the patient leaves his room with a determination to have a stool, and when once on the close stool, never to leave it until he has an evacuation. There are other kinds of movements that have a good effect, such as kneading the abdomen, rubbing it, moving the inferior extremities actively for some time; but the simplest and most effectual is the kind of exercise of the parts immediately concerned above directed. An adult ought to have one alvine evacuation every twenty-four hours, unless under special circumstances it is not desired. From costiveness many of the long list of digestive maladies and disordered nutrition occur, and much bodily and mental suffering. The sufferer should at a certain period in every twenty-four hours resort to the exercise recommended, and go to the privy. In a short time, after persevering in this sort of management, six or eight weeks for instance, a person may acquire so much control over the colon that he can expel its contests at will. This is so not only with the young, but also with persons in advanced age. With this the patient may be directed and watched over, as to his ingesta. The habit of drinking water enough may be established by using some of the waters containing carb. acid gas at first, and diluting until this is left entirely out.

A grown person ought in winter to drink in twenty-four hours at least from four to six pounds of water, and in summer nearly it not twice as much. The half should be taken before and the other half after dinner. These potations operate better on an empty stomach.* To drink much during meal time generally disagrees with most patients, and drinking should be avoided for two or three hours before bed time, as a full bladder during sleep is often the cause of semenorrhœa. Riding and foot exercise does much good in getting rid of costiveness, but is not sufficient. Dr. Phœbus had twenty-eight years experience in the above management of constipation, and thinks that it is more effectual than all other plans he has ever seen used. He has also seen all the diseases which so often depend upon, and accompany this condition, spontaneously disappear under these means pari passu with the costiveness. In cases where this procedure is not practicable, very old persons, those affected with prolapsus uteri, carcinoma recti, pregnancy, etc

*This is contrary to my experience. I have known large potations of water c a full stomach to produce an immediate desire to stool. In fact, this is a measure I frequently recommend.—Trans.
1857.]

On Phantom Tumours of the Abdomen. 291

he recommends injections of cold water. They should be preferred to laxatives internally, because they may be used for years without injury. And when necessary cathartics themselves should be administered per anum. He never recommends internal remedies of a medicinal character.—[Prager Vierteljahrsschrift. Nashville Jour. of Medicine and Surgery.

On "Phantom Tumours" of the Abdomen. By E. Headlam Greenhow, M. D., Lecturer on the Public Health at St. Thomas's Hospital, Physician to the Western General Dispensary, etc.

I desire to bring under the notice of the Society a kind of abdominal tumour, often most embarrassing to the practitioner and very alarming to the patient, but of which I have been unable to find an account in any publication with which I am acquainted. We are indebted to Dr. Addison for the elucidation of the true nature of these tumours, and, in speaking of them, I shall adopt the name "phantom tumours," which he is accustomed to use in his clinical teaching at Guy's Hospital. During an experience of many years, I only remember to have met with seven or eight cases of the kind, in each of which I was expressly consulted for the tumour, and not for the derangement of health with which it is invariably associated. Probably, as the disordered health on which they depend is of very common occurrence, I should have met with these tumours more frequently had I sought for them. The five cases the main features of which I intend briefly to detail had all but one been seen by other practitioners before I was consulted. In the investigation of this excepted case, I had, as will subsequently appear, the benefit of being assisted by a leading metropolitan physician.

The first case of the series came under my notice so long ago as fifteen or sixteen years. The subject of it, a married lady aged twenty-six, had already borne several children, was in delicate health, and suffered especially from uterine derangement. She was anaemic, unable to take active exercise, and complained much of anomalous pains, and of tenderness along the course of several large nerves. The greatest source of anxiety, however, was the presence of a tumour in the right lumbar region, apparently about the size of a cricket-ball, but less regularly round. It appeared to be movable, and if attached posteriorly, to be so only by a narrow pedicle. The impression that it conveyed on a manual examination was that of a loose body floating upon or amongst the viscera. In character, the tumour was firm and unyielding, free from tenderness, and somewhat changeable in site; for although invariably to be found on examination, its precise relative position varied a little from day to day. I have neglected to note how long the tumour had existed, but several opinions had been
taken before I was consulted, and the lady had gone safely and without inconvenience through a pregnancy since its discovery. She had been recommended to place herself in the hands of an eminent surgeon, with a view to the extirpation of the tumour—a procedure to which I most strenuously objected. I have not seen the lady since, but I know that she has subsequently borne several children, and I learnt several years ago that she was in better health, and had undergone no operation; she is, I believe, alive at the present time. The treatment I adopted—chalybeates, and other means likely to improve the general health—was just what I now believe to have been best suited to the case. It would, however, have been most satisfactory to my patient and her family and very conducive to my own reputation, if I had been able to explain the cause of the tumour respecting which they were so anxious, and to assure them that it was but a symptom, and an unimportant one, of a troublesome and tedious but not dangerous malady. Although I was unable to form any satisfactory diagnosis of the nature or connections of the tumour in this case, its history served to teach me that there is at least one kind of abdominal tumour that leads to no ill result, and requires no interference—a lesson by no means devoid of practical value.

The next case, which did not present itself until after an interval of several years, was very similar to the preceding one. It also occurred in a married lady, about thirty years of age, who had recovered imperfectly from her last confinement, suffered from profuse leucorrhoea, and was very feeble and unequal to exertion. The tongue was furred, the appetite bad, and the action of the bowels irregular, diarrhœa alternating with constipation. "Has occasional qualmishness and nausea, frequent occipital headache, and suffers much from abdominal pains unaccompanied by tenderness. She also complains of a contracted sensation across the abdomen." The tumour, which in this case was likewise on the right side, appeared a good deal larger than that already described. Although at first disposed to view it as an ovarian tumour, I abandoned this idea upon a more careful examination, being partly influenced by the circumstance that, although a tumour, apparently as large as a full-sized foetal head, very plainly existed in the right iliac region, the abdomen, on careful measurement, was found not to be really larger on that side. Another very remarkable feature in the history of the case, of which I was assured by the patient herself, but the correctness of which I confess to have doubted,—was that the tumour had entirely disappeared previous to and during the period of her last pregnancy, notwithstanding she had been under treatment for it at an anterior time. Although in a somewhat different situation, I at once referred this case to the same class as the last, and expressed a hope, based upon that experience, that, however troublesome, the tumour would not prove of any serious consequence. This lady is alive, and in the enjoy-
ment of very tolerable health. She has borne several children since the time of my attendance, but of the tumour I know nothing beyond the fact that it has, as I predicted, led to no unpleasant result.

The third case is that of an unmarried lady, aged between twenty-five and thirty, who was believed to be in a state of hopeless ill-health when she came under my care. The tumour closely resembled both those already described; was more fixed in situation, being in the right hypochondrium; was less movable under examination, and seemed about the size of a large orange. The more prominent symptoms of illness were evidently referable to spinal affection, and under treatment directed to it my patient slowly and gradually recovered. Although I did not at that time understand the connexion between these tumours and spinal disorder, yet relying upon the harmlessness of the tumour in my two previous cases, I treated it as of secondary importance.

The case to which I am now about to refer is, perhaps, the most interesting of the series, for it clearly shows the really unimportant nature of these tumours, and yet how very easily they may be mistaken for examples of serious disease. Mrs.--, aged forty-four, having borne a family, had suffered for several years from menorrhagia alternating with profuse leucorrhœa. She had also suffered from a variety of other ailments referable to spinal irritation, itself due, I do not doubt, to the disarrangement of the uterine system. I was consulted by her, somewhat more than three years ago, for a tumour in the left hypochondrium, the appearance of which had been long preceded by occasional attacks of pain in that situation, of such intensity as to make her writhe about in bed, and for the relief of which opiates, even in large doses, were of little avail. This pain was of paroxysmal character, often coming on very suddenly, and sometimes without apparent cause, although more frequently as a consequence of over-exertion. It sometimes lasted for many days without intermission, but with variable intensity. The employment of counter-irritation to the spine, and of tonic treatment calculated to improve the general health and less the uterine flux, were of essential service; and when, at a subsequent period, I sought for the tumour it was not discoverable. After an interval of many months I was again consulted for the tumour, which sure enough, had very evidently returned, and is described in my notes of the case as "an ovoid movable tumour, free from tenderness, and apparently floating loose in the left hypochondriac region; it is difficult to estimate its size, but it appears to be somewhat reniform, and at least twice the natural size of a kidney." It is further added that the patient was in all other respects in good health; that no fulness, tenderness, or pain existed in the posterior lumbar region, and that the urine was normal. Notwithstanding that I believe the tumour to be of the same character with those already related, I thought it desirable that the
patient should have the benefit of a second opinion, particularly as I had been unable to find it on a previous occasion. An eminent physician who was called to my assistance devoted much pains to its elucidation, but without arriving at any more satisfactory conclusion as to its nature than myself. We agreed that it could not be ovarian, from its position; that it was too movable for an enlarged kidney, which was also discountenanced by the absence of any unusual fulness, resistance, or tenderness posteriorly; and that it had not the character, neither had the patient the aspect, of malignant disease. Although in great doubt on the subject, we treated it on the supposition that it might eventually prove a hydatid growth. Some time afterwards other symptoms of spinal irritation manifested themselves; and although I had never seen an avowed case of Dr. Addison's "phantom tumours," I began to suspect that this would prove an example of them, as I subsequently did. The patient, very shortly after the consultation went from under my immediate observation, although she continued to act under my instructions. In the course of a few weeks, she wrote me word that the tumour had dispersed; and a few months ago, being again in town, she afforded me several opportunities of satisfying myself that the tumour really was gone.

A few weeks since, I was called in to another case of the same description, which has entirely removed any lingering doubt in my mind as to the nature of these tumours. The patient age thirty-nine, and married for many years without ever being pregnant, has suffered for sixteen or seventeen years from dysmenorrhea and from several of the various anomalous affections so frequently found in association with derangement of the uterine functions. She is very prone to attacks of what she calls spasms of the heart; but the ailsments which causes most anxiety is a tumour in the left side of the abdomen, just below the margin of the rib. The tumour is analogous to those already described; is movable, firm, and free from tenderness; but on a careful and somewhat prolonged manipulation, partly frictional, partly kneading, seems to melt away under the fingers. On examination, ver considerable tenderness was found to exist for the space of an inch and a half near the centre of the dorsal vertebra, pressure by the sides of which produced pain in the chest, and also pain extending round to the left side. Entertaining not the slightest doubt that the tumour here is really a phantom, I have turned my patient thoughts from its consideration, assuring her that it is unimportant, and am directing my treatment to the alleviation of the spinal irritation and to the improvement of the general health.

In considering the history of the the cases I have described, is noticeable that all of them were females suffering from some disturbance of the uterine function; and that whilst spinal irritation unequivocally existed in three of the patients, its presence may not unfairly be inferred in both the others. Although I have n
On Phantom Tumours of the Abdomen.

295

Myself seen any examples of these "phantom tumours" in the male subject, I can easily believe that they may occasionally occur under the influence of slight forms of spinal disease. I half suspect that a medical friend of mine, since dead, who had a tumour on the right hypochondrium, which disappeared for many months, during which he was in the enjoyment of good health, and reappeared at a subsequent time pari passu with a return of former bad health, was really the subject of one of these "phantom tumours." That such occurrences are much rarer in men, is readily explicable when we recollect the rarity in them of spinal irritation, of the multifarious symptoms of which these tumours are amongst the most important, since, if not understood, their presence may, as in several of the cases I have related, readily lead to the belief that the patient labours under some very serious disease—ovarian, malignant, or cystoid. The real nature of these tumours is spasmodic; their seat probably the abdominal muscles; for although in every instance I have seen, the tumour appeared to be in the abdominal cavity, the melting away of my last case under manipulation is inconsistent with the belief that they are very deeply seated. Their cause is spinal irritation, the irritated spinal nerves producing spasm in the muscles to which they are distributed. I need scarcely observe how entirely this explanation of their character is in keeping with the history of the tumours in the foregoing cases. If it be admitted that they are formed by the spasmodic contraction of portions of the abdominal muscles, it is no longer matter of surprise that patients suffering from their presence should pass safely through pregnancies; that the tumours should cause no actual enlargement of the abdomen; that they should sometimes disappear spontaneously; that having thus disappeared they should sometimes return; that they should be removed under the use of remedies calculated to improve the general health, and to remedy the cause of the local irritation to which they appeared referable; that they should change their relative position from day to day; or, lastly, that they should be temporarily dispersed under the manipulating hand of the physician. In confirmation of the apparent reality of their presence, and of my assertion as to the embarrassment and anxiety they cause to the practitioner who is ignorant of their true nature, I may point to the fact that the abdomen has been laid open by the surgeon at least five times for the removal of abdominal tumours which were found not to exist. Most probably all of these were really examples of these "phantom tumours;" and yet the reality of their existence must, in each of these cases, have been impressed upon the minds of the patients and their relatives, as well as upon that of the operator and his colleagues, before he would have proposed, or they consented to, so very serious an operation.

I should have been unwilling to bring this subject before the society in so incomplete a form, and probably would have left it
to an able hand, had I not learnt in conversation with several friends of wide experience, that they had likewise met with examples of these puzzling tumours, without being aware of their true character. I trust that even this imperfect sketch may lead to the clearer elucidation of the subject, by directing the attention of other observers towards its investigation, and may serve to avert some of the anxiety and doubt felt by myself when the earlier cases came under my care, as well as of the uneasiness experienced by persons suffering from a disease apparently of a serious description, but the precise character of which is unknown.—[London Lancet.

**Treatment of Tapeworm by the Oil of Male Fern.** By Dr. William Jenner, Physician to University College Hospital.

In the treatment of tapeworm, we have to keep three objects in view—viz:

1. The expulsion of the entozoon;
2. The prevention of the entrance of another scolex of taenia into the patient;
3. The improvement of the health of the patient, so that his intestines may no longer form a favorable nidus for the development of the scolex into a taenia.

The two last objects are to be attained by directing the patient to live well, but to avoid pork and imperfectly cooked meats of all kinds. Spices, onions, and garlic, should be used with the food. Spirits and wine are to be preferred to beer. Beer, especially if it contains but little hop, is thought by some most experienced German physicians, to be highly favorable to the development of tapeworm. Mild aperients, vegetable bitters, steel, and zinc, are the medicines in which most confidence is to be placed. Out-door exercise is essential. For the expulsion of the worm, various agents have been employed with success. As the animal increases in length, by the formation of new joints, at the neck, close to the head, it is no matter how many yards are removed, provided the head remains; for, in that case, the worm quickly grows to its original length. No remedy, then, is successful, which does not expel the head. But, although this is true, and tapeworm is a common enough disease, many practitioners have never seen the head of a tapeworm.

The anthelmintics chiefly employed in cases of tapeworm, in this country, are turpentine, kousso, pomegranate, and male fern. The objection to turpentine is its horribly nauseous flavor, and its very unpleasant effects on the head, and occasionally on the kidneys. It is a remedy which should be used only as a last resource. Kousso is expensive and bulky. Pomegranate is bulky and nauseous, and, as ordinarily obtained in this country, not very certain in its action. Male fern has the advantages of being inexpensive
only moderately disagreeable in flavor, so that children take it readily, of small bulk, perfectly innocuous to the patient, and more certain than the other agents in its action on the parasite. It is one of the oldest of the remedies for tapeworm, and one of the very best. The preparation I have used is the ethereal oil. An aperient was given in the morning; the patient was kept without food for sixteen or eighteen hours, and then one or two drachms of the oil of male fern were administered on a little cinnamon water.

I have noted twenty-four cases to which the oil of male fern was given. Sixteen of these cases were cured by a single dose. In three of these sixteen cases the head was found; three of the remaining thirteen were ascertained to be well two years after the administration of the oil, one a year after, one seven months, two six months, three four months, one three months; and before the other two ceased to be under observation, a second dose was given by way of precaution, as it was to all the patients when the head was not found, without any taenia coming away with the stool.

Three required two doses of the drug; in one of these three some yards of taenia were expelled by the first dose; for two months after this no joints were found in the stools, then a few appeared, and a second dose was given, and was followed by the expulsion of nine yards of taenia; the patient continued well two years after this. In the second case, three yards were expelled by the first dose, and, a month after, five feet by a second dose; at the expiration of four months and a half, the patient continued well; in the third case, five and a half yards of taenia were expelled by the first dose, and seven yards by the second, given two months after the first.

Three doses were required in two cases. The first dose of the oil, however, given to one of these cases, was not of good quality. In one of the two, three days elapsed between the first and second dose, and four hours between the second and third. In the other, two days elapsed between the first and second dose, and one between the second and third. In both cases the head was obtained.

In one case, viz., that of a child five years and six months old, between the 15th of July, and the 4th of August inclusive, five doses of castor oil, and as many of oil of male fern, were administered, without a decided effect—a few joints of taenia only being expelled. On the 17th of August, twenty grains of the extract of male fern, obtained from Duncan and Flockhart, of Edinburgh, were given without effect. On August 23d, one pint of infusion of pumpkin seeds; on September 1st, decoction of pomegranate; and, on September 5th, infusion of kousso; all produced copious evacuations, but no tapeworm. The child now left the hospital. In November he was re-admitted, and during my absence was treated with success by my friend, Dr. Ballard, with the oil of male fern. This time the child was kept for forty-eight
hours with little if any food, before the oil was given. The child was free from tapeworm some months after he left the hospital.

One man took the oil two or three times without any good effect, but then large quantities of solid faeces were discharged from its action; and before it could be administered in a more effectual manner, the patient escaped observation.

Among those cured by a single dose, and well two years afterwards, was one man who had taken kousso three times, and oil of turpentine twice. Several of the others had taken turpentine and other remedies with permanent good effect. In three cases (children) the patients rejected the oil by vomiting; with one exception, all admitted that it was much less nauseous than castor oil. In no case did it cause griping or other unpleasant symptom. The shortest time after taking the oil, in which the worm was expelled, was half an hour; the longest twelve hours; the ordinary time four hours. A large quantity of tenacious yellow mucus was usually expelled, either with or before the worm, and often, also, when no worm was present, as when the oil was given to ascertain that no worm remained, the head not having been found.

In no case was the worm alive when expelled, and in no case was it expelled entire.

The mode of administering the oil of male fern, I would recommend, after the experience I have had of it, is as follows:—

For an adult, two pills may be taken at bed-time, containing three grains of calomel and eight of compound colocynth pill—the following morning a dose of castor oil. A little broth only should be given till the bowels have been thoroughly cleared out. As soon as that object is effected, one drachm and a half of male fern is to be given on an ounce of some aromatic water; and the dose of oil of male fern is to be repeated in six hours, if the first dose has not proved effectual before the expiration of that time.

For a child, calomel and jalap may be substituted for the colocynth and calomel. The dose of the oil of male fern must be as large for the child as for the adult, seeing that its action is on the parasite, and not on the patient. I have never seen any unpleasant results follow its employment in the child.—[Assoc. Med. Jour.

Influence of Circumcision in Preventing the Spread of Syphilis.

Dr. Pasner, editor of the All. Med. Cent. Zeitung, makes the following remarks on the above subject:

Every physician who has been engaged in a large practice among the Jews knows that they are very seldom affected with syphilis in utero, and that when thus affected the ulcers heal more readily, and seldom give rise to the secondary form. In the nature of things those chancrest that occurred on the inner side of the prepuce and the covered portion of the glans, and by adhesion produ-
ced phymosis, or by constricting the anterior part of this covering hiding deeply penetrating and dangerous ulcers, cannot occur. Hence the treatment is more effective, and thus often prevents the secondary and tertiary forms. Dr. Hutchings was the first to our knowledge, who made observations to precisely ascertain the comparative frequency of syphilis in Jews and Christians, and by statistics settled this a priori supposition. He is physician to a hospital in London, to which a dispensary is also attached, and which is situated in a part of the city inhabited mostly by Jews, who resort in great numbers to those institutions for medical aid. The whole number of venereal patients treated there in 1855 was 330, of which 272 were Christians and 59 Jews. Of the former, 107 were gonorrhœa and 165 syphilis; of the latter 47 were gonorrhœa and 11 syphilis. The relative difference between syphilis and gonorrhœa was much greater in the Jews than the Christians, as may be seen by the above figures. The great number of gonorrhœal cases among the Jews treated there, shows that any shyness in applying for medical advice cannot be the cause of the comparative infrequency of venereal diseases among them.

During the same time there were admitted at the hospital 252 children under five years of age. Among them were 179 Christians, and 73 Jewish; of the last, 3 had congenital syphilis, and of the former 27. Of women with venereal diseases there were 97—92 were Christians and 5 Jewish. 61 of the Christian women had chancres. Two-thirds of the 92 were married, and appeared to have contracted it from their husbands. The favorable comparison for the Jewish women partly results no doubt from their strict principles of religion, but may also be somewhat dependent upon the supposition that they would not so readily expose themselves by acknowledging their disease. These facts confirm the wisdom of the old Mosaic rite, and should be a stand point from which the legislator should consider the subject as one of legal hygiene.—[Nashville Journal of Medicine and Surgery.

Clinical Lecture on Certain States of the Urine Symptomatic of Disease of the Kidney. By W. R. Barsham, M. D., Physician to the Westminster Hospital, and Lecturer on the Practice of Medicine.

Hæmaturia: Blood in the Urine a Symptom or otherwise?

The appearance of blood in the urine is always a source of anxiety and alarm to the patient, and if not rightly interpreted may become a source of serious error in treatment. Its importance as a symptom must depend on the part of the urinary apparatus from which it is derived. Its significance, even when coming from the kidneys, is momentous or otherwise according to the character of the accompanying symptoms. It may indicate temporary condi-
tions of disease, to be easily removed by judicious measures; or it may afford unequivocal evidence of incurable organic mischief. Several cases have of late been in the hospital, and they present the opportunity of explaining to you the force and value of the symptoms by which a correct estimate may be formed of this state of the urine. Haematuria may occur in the course of many different diseases. It may be symptomatic of various diseases of the kidney: 1. Simple inflammation or nephritis. 2. The early stage of Bright's disease. 3. Scarletinal dropsy. 4. Calculous pyelitis, including under this form gouty inflammation. 5. Tubercular pyelitis. 6. Cancer of the kidney. Or, secondly, the haemorrhage proceeding from the kidneys, may not imply any organic disease of these organs, being symptomatic only of a general haemorrhagic condition, in which the kidneys participate with other organs; such is the haematuria in purpura and scurvy. It occurs also in some febrile disorders, scarlet fever, variola, and typhus, and it is sometimes prevalent in pyæmia. Moreover, the blood may be deriv'd from the bladder, prostate, or urethra, quite independent of the kidneys. Again, haematuria has been noticed, occasionally occurring in women, as vicarious of the menstrual flux, an example of which was lately under Mr. Guthrie, in Percy ward, in a woman suffering from abscess in the mamma. In this case the catamenia had been absent during the previous three months; but for several consecutive days at the menstrual period blood was passed with the urine. There was no increased frequency of micturition, nor any pain or irritability about the urinary passages. The urine, examined under the microscope, presented blood-discs, amorphous fibrine highly stained with haematuria, and a few epithelial corpuscles, apparently from the pelvis of the kidney and ureters. Rayer mentions instances of this vicarious haematuria.

There is yet another form of haematuria, which appears to be unconnected with any of the preceding morbid conditions, and the only exciting cause which can be detected is mental agitation. If, in particular constitutions, there be this singular idiosynerasy, that mental inquietude or excitement can bring on attacks of haematuria, temporary in their duration, innocent in their sequel, and unconnected with organic mischief in the kidney, it must be manifestly of importance to ascertain if possible the symptoms by which such an unexceptionable and rare form of haematuria can be distinguished from the more serious cases arising from calculous or other organic disease.

The case of Edward B——, in Burdett ward, appears to me to illustrate this rare form of haematuria, the recurrence of the attack being invariably connected with mental disquietude. He is a shoemaker, forty-three years of age, of spare habit of body. He states that he is a tetotaller, and has been so for years; that about nine years since he first noticed his urine discolored with blood; its appearance was unaccompanied by any pain or constitutional dis-
turbance; it alarmed him, and he sought advice. He was ordered change of air, and cessation from his very sedentary employment. He states that he was relieved for the time, but that three years afterwards he suffered another attack. On this occasion he recol-
lects that it was preceded by a sense of weight and pain in the loins. He was treated at Charing-cross Hospital, and on subsequent oc-
casions at other hospitals, always with relief; the continuance of the blood in his urine seldom exceeding ten or fourteen days. Du-
ring the last twelve months the hæmaturia has become more fre-
quent, and he has had two attacks in the course of the last six months. On admission he complained of pain in the loins, and the urine was highly charged with blood. He is free from all other symptoms of disease: the chest is natural; heart sounds natural; the abdomen is flat, soft, and elastic; there is no fulness in the lum-
bar spaces, and no tenderness on deep-made pressure; the region of the liver does not exceed its natural limits. The appetite is good, the tongue clean, the bowels natural. Micturition is not more fre-
quently than natural, nor is there any difficulty or pain. The urine is of a dark-red colour, but is free from visible clots; allowed to rest, it deposits abundance of blood-discs. He was ordered to be cup-
ped to ten ounces from the loins; to take five grains of gallic acid every four hours, and half a drachm of the compound jalap powder every alternate morning, and a warm bath each alternate evening. The urine was examined by the microscope: numerous blood corpus-
cles were visible, and many fibrinous casts entangling blood dises
in their substance. These fibrinous coagula had the appearance of having been moulded in the uriniferous tubes, and washed therefrom by the escape of the urine; their size suggested their formation in the straight tubes of Bellini. Ten days after admission, the urine was quite free from all vestiges of blood to the unassisted eye; it presented a faint albuminous cloud by heat and nitric acid, and, al-
lowed to rest, it deposited a flocculent preipitate, which, by the microscope, was resolved into amorphous fibrinous masses, slightly stained with hæmatin; a few blood discs were seen, but no other microscopic objects. The patient is free from all traces of lumbar pain, and he thinks that his bodily strength is increasing. Three weeks after admission, he presents the same favorable condition: no trace of blood or albumen in the urine; the same flocculent deposit of minute amorphous coagula stained with hæmatin; but no casts of the tubes, or any blood dises. The medicines were discontinued.
On the fifth week from admission he complains of a return of the lumbar pain, but there is no alteration in the natural appearance of the urine, except that crystals of oxalate of lime were observed inter-
spersed amongst the minute amorphous coagula above noticed. He was discharged in the month of August, 1855, and you have seen him from time to time attending to report his freedom from any return of hæmaturia; but the last visit he complains of great in-
crease of pain in the left lumbar region, extending upwards to the
shoulder of the same side. In October he brings a sample of his urine, and it is again blood-red, and possesses the same characters as when we first examined it; but it is unaccompanied by any constitutional disturbance, and he states that he has no difficulty in passing his urine, nor is there any undue frequency of micturition, nor any local symptoms different from those when an in-patient. He adds an important fact: that these recurrences of bloody urine are always caused by some vexatious mental excitement. The man, it appears, is quiet, sober, and industrious, and, upon principle, totally abstains from all fermented drinks. His wife has no liking for water, but possesses the common prejudice in favor of alcohol, and whenever she can command the means, indulges to excess; her demeanour towards her husband at these times is somewhat at variance with her marriage vows, and to avoid annoyance, our patient states that he has endeavored to effect a voluntary separation; that while he is left to himself, undisturbed, his malady disappears; but the moment he is subjected to visits from an inebriate woman the hæmaturia instantly returns. He has noticed this sequence to be so uniform, that he firmly believes that the vexation and trouble to which he is occasionally exposed are the sole causes of his disease. I am inclined to think the man’s inference not so far wrong or unintelligible as it may at first be considered. It may be readily granted that neither anatomically nor physiologically is the connexion between renal hæmorrhage and mental emotion very apparent. It is true that certain mental emotions are known to excite, more or less, the renal functions; but the cases are extremely rare in which a morbid state like hæmorrhage can be traced to a similar exciting cause. The records of medicine, however, are not without such cases. Rayer, in his work on “Diseases of the Kidney,” in treating of Renal Hæmorrhage, mentions a case of hæmaturia (tom. iii. p. 359,) brought on apparently by no other cause than mental excitement: “Survenu presque immédiatement après un violent accès de colère.” The accompanying symptoms were, severe hypogastric pain, with heat and pain in the course of the ureters, and sensation of weight and aching in the region of the kidneys. He was quickly relieved by rest, warm baths, diet, and mucilaginous drinks.

I saw a gentleman last spring, seventy years of age, who suffered from occasional attacks of hæmaturia, traceable to no other cause than mental excitement. There were no gouty symptoms, or the least tendency thereto. He was a remarkably healthy, vigorous country gentleman. He had consulted the most distinguished physician of our day, and whose name is inseparably connected with renal pathology, and whose opinion, as the patient informed me, was in conformity with the views now expressed. This man, B——, has, in the course of the last summer, twice presented himself with a return of the complaint. You have seen him on several occasions. The hæmaturia, when he appeared in June, lasted only three days. On the fifth day, the urine was free from all trace of
Cases of Epilepsy.

blood or albumen. Trouble and excitement preceded the attack. In July, he had another attack; and so dependent is the haematuria on mental excitement, that on this occasion a very trivial circumstance seems to have induced it. It was a dispute with his employer as to the rate of remuneration he should receive for work done. On each of these attacks, the symptoms exhibited the same peculiarity: a sense of weight and pain about the loins, but unaccompanied by any constitutional disturbance, greater frequency of micturition, or inconvenience or difficulty in that act.

It is thus by the absence of all the usual symptoms of irritation of the kidney, such as are ever present in gouty inflammation, whether excited by the presence of calculus or not; it is the absence of constitutional disturbance, whether febrile or dropsical; it is the temporary character of the attacks, the urine in a few days returning to a clear and natural state, without any trace of albumen, or any morbid morphological element therein, that justify our excluding as the cause of haematuria all those organic diseases of the kidney in which haemorrhage occupies the position of a leading symptom, and attributing the malady exclusively to the operation of mental excitement. I confess that but for the authority of such an observer as Rayer, or the support which my present views of this case receive from the opinion expressed by the eminent physician to whom I have previously alluded, that I had great difficulty in forming a satisfactory diagnosis of the nature and cause of the haematuria in this case. It is only after a very careful observation of the sum of the symptoms exhibited by the patient over a period of more than eighteen months, and observing during that period the strictly temporary morbid condition of the urine, the constant relation of this state of haematuria to mental emotion, that I came to the conclusion that the case might fairly be classed with those that Rayer has spoken of under the name of haemorrhages renales essentielles (sporadiques), and that we might attribute its exciting cause to the rare and exceptionable agency of mental excitement. I am very desirous of keeping this patient under observation, with a view of testing the soundness of the opinion and diagnosis brought before you in this lecture.—[London Lancet.

Dr. Edward Brown-Sequard's Experimental and Clinical Researches applied to Physiology and Pathology.

Cases of Cure of Epilepsy by Cauterization and other Local Means of Modification of the Parts from which originates the Aura Epileptica.

There are a great many cases of this kind. They bear out the same conclusion as the cases of section of a nerve, in showing that the fits were caused by a peculiar influence originating from some part of the skin. Cauterization of the skin of the face and neck by the red-hot iron, in my animals, seems to cure them, as I
will show hereafter. It appears, therefore, that there is something of the same kind in the condition of the skin of the neck and face in these animals, and in the parts of the skin which are the seat of a true aura epileptica in man.

The most varied modes of cauterization have been employed with success against the aura epileptica. Blisters, moxas, potential cauteries, issues, Dippel's oil, a decoction of ruta graveolus, and various other rubefacients have been successful in cases reported by Locher, Baster, Dovinetus, Brunner, Stuerlin, Henricus ab Heer, Benzi, Portal, Recamier, &c.

It is useless to mention any of these cases particularly, because there are so many on record that every one knows some of them.

The application of a moxa or of the red-hot iron, is, I believe, the best means of cauterization—at least it is so for animals: and the many cases in which epileptics have been cured by a burn (see Portal, loco cit. pp. 160 and 172,) agree in showing the power that burning of the skin possesses. In a case by Tulpian (see Herpin, loco cit. p. 399,) the aura came from the big toe, and the patient was cured by deep burnings of this toe with the red-hot iron.

Any kind of change in the skin may be the cause of the appearance of epilepsy or of its disappearance. A man, says Esquirol (loco cit. p. 304,) had an ulcer on one of his legs; epilepsy came on after the cicatrization of the ulcer, and each fit was preceded by the sensation of a cold wind in the cicatrix; a ligature above the knee-joint stopped the fit. A young man, whose case is recorded by Pouteau (quoted by Portal, loco cit. p. 375,) had received a blow on the head, and the wound was cicatrized only a year after; he was then attacked with epilepsy, and the fits gradually became more and more frequent. After having been a year in this condition, he consulted Pouteau, who opened the cicatrix by the application of the cautery. From this day the fits disappeared; but the patient allowed the wound to be healed again, and epilepsy returned. It disappeared again, after another application of the caustic.

Perhaps various operations which had been followed by the cure of epilepsy, are to be explained in the same way as the many cases related in this paragraph. This is true, perhaps, for a case mentioned by Delasiauue (Traite de l'Epilepsie, p. 430,) and in which, after the extirpation of an encephaloid tumor in the angle of the jaw, an epileptic patient was cured. This explanation is probably good, also, for some of the cases in which trepanning of the cranium has been successful in epileptic patients. Among the cases of this kind that I know, I take four, almost at random, to show the fitness of this explanation. In one of them a circumscribed and permanent pain in the head, led Dr. James Guild to apply the trephine. The patient was cured—(Delasiauue, loco cit. p. 422.) In another case, Dr. Campbell (Annals Med-Psychols. Vol. XIII. p. 615,) applied the trephine on the cranium of a man who had received a blow, and who suffered a great deal from the wound it had produced. No
more fits took place, and four years after the operation the man was still well. In a third case, recorded by Benjamin Travers (A further Inquiry concerning Constitutional Irritation and the Pathology of the Nervous System, p. 285,) the trephine was applied in a place where the cranium was depressed and painful to the touch. The patient was cured. The fourth case I will give in full, as it has not yet been published, and also on account of its importance. I owe the history of this case to Professor Van Buren, of New York, and I give it just as it has been furnished to me by this distinguished surgeon:—

CASE IX.—'A healthy married woman, twenty-six years of age, received a blow upon the side of her head from the clenched fist of her husband, who was intoxicated. The seat of the injury remained permanently tender to the touch, and about five months afterwards she had an epileptic fit for the first time. The fits recurred from this time in gradually diminishing intervals, and when she was admitted into the New York Hospital, in March, 1856, about three years after the injury, they occurred almost every day.

'Over the centre of the parietal bone of the right side, a portion of the scalp, about the size of a half dollar, was very sensitive on pressure, but no appreciable lesion could be discovered, except perhaps, a slight puffiness of the integuments at this point. She suffered much from headache, the pain always commencing here, and seeming to radiate from this tender surface to the rest of the head. Before a seizure of epilepsy this local pain, which was always present, invariably became more intense.

'After watching the patient for some weeks, during which time the fits were evidently becoming more frequent, it was observed that she was worse at her catamenial period. In fact, upon the 5th and 6th of April she had no less than twenty-seven distinct seizures. Her memory and other intellectual faculties were observed to be decidedly impaired. In other respects her health was good. Valerianate of zinc was tried in doses of two and three grains three times a day during a fortnight, but without benefit.

'It was then decided, in consultation, to explore the condition of the scalp and cranial bone at the seat of pain, and to remove a portion of the bone, if it showed any evidences of disease. This was done on the 10th of May. The patient was etherized, and a free crucial incision made through the scalp. The periosteum was found more than naturally adherent to the bone, the surface of which was somewhat elevated and roughened over a space an inch and a half in diameter. This altered portion of the bone was removed by two applications of the trephine; its inner surface was found to be perfectly normal, but its diploe was obliterated.

'The wound was closed accurately, except at the point where the incisions crossed, and cold water dressings applied. No fit occurred until the 18th of May, when she had three during the day
and evening, followed by active febrile symptoms with nausea, and on the following day an erysipelatous blush appeared upon the forehead. On the 19th and 20th she had three fits, but they were not very severe. The attack of erysipelas lasted the usual time, and proved to be rather a severe one. The wound of the scalp healed kindly and uninterruptedly, and at the end of the erysipelas was entirely cicatrizied (May 27th). After the seizure, which occurred on the 20th, there was no return of the epilepsy. The patient was retained in the Hospital until after a menstrual period, and as this did not take place at the usual time approximate remedies were employed, but it was not until the sixth week that the catamenia returned, so that the patient was not discharged from the Hospital finally until July 10th, having had no fit meanwhile.

The epileptic fits which occurred on the 18th, 19th, and 20th of May, coincidently with the invasion of the erysipelas, seem to have taken the place of the usual chill, as her attack commenced without one; and they were the only fits which occurred after the operation of May 10th.

'I have seen the patient twice since her discharge from the Hospital, once within the past month (November), and she is in perfect health, having had no threatening whatever of an epileptic fit since those which ushered in the attack of erysipelas.'

The extirpation of two pieces of altered bone in this case has certainly not been the cause of the cure of the patient, as there have been fits after their removal. We are led, therefore, to admit that the cure was the consequence either of the influence of the erysipelas or of a change that took place in the skin while the wound was healing. There are cases on record where either erysipelas, or some other febrile disease, seems to have cured epilepsy; but this is so very rare, that it is much more probable that in the patient of Dr. Van Buren the cure has been effected by the change that the operation has produced in the skin, just where the blow which had caused the epilepsy had been received. The frequency of cures of this convulsive disease by anything that may produce a change in a part of the skin, which, being injured or the seat of a pain, has caused epilepsy, renders it very probable that in this case the cure has been obtained by the change produced by the operation.

While I think that Dr. Van Buren deserves great eulogy for this bold and successful operation, I nevertheless ought to say, that with the knowledge I have now that epilepsy originates very frequently in the skin, it would be necessary in the future, in cases like those I have just recorded, to employ various means of cautereization, and particularly the application of a red-hot iron upon the injured skin before making use of the trephine. Very likely cautereization, in a number of cases, will prove sufficient to cure.

Perhaps we are authorized to place the cases we will speak of now, among those in which the skin was a source of an aura epileptica.
J. Carrol (Journal Général de Médecine, vol. xiii., p. 242) relates the following case:—

CASE X.—A child, eleven years old, had fits of epilepsy two or three times a week, since he was two years old. A feeling of cold, coming from one of the upper extremities, preceded the fits. A ligature having been applied around the arm, and tightened at each threatening, the fits were avoided. A small tumor was then found on the first phalanx of the thumb, and to ascertain if this tumor was the cause of the fits, although it did not produce pain, the ligature was placed successively on the hand and on the thumb, and the fits were prevented. An incision was then made upon the tumor, and four very small bodies of hard sebaceous matter were taken out. The wound was excised to give much pus, and healed after thirty days. The child was completely cured, and has never had a fit since.

Portal (Anatomie Medicale vol. iv., p. 247,) gives the case of a woman whose fits began by a pain in the thumb. Leduc, a pupil of Portal, extirpated a hard portion of the skin (a bunion, very likely—un durillon), and the patient was cured.

A strange body in the ear had caused epilepsy. Fabricius Hildanus extirpated it, and the patient was cured. (Esquirol, loco cit. vol. i., p. 303.)

Esquirol says (loco cit. vol. i., p. 303): 'Donat attended a nun who felt, in the beginning of the fits, a pain in the right mamma, from which the aura ascended to the brain: if an ulceration took place in the mamma the fit was prevented.'

Although the skin is more apt to produce epilepsy than the trunks of nerves, there are many cases where an injury to the trunk of a nerve has caused this disease. Such cases have been recorded by De Haen, Henning, Larrey, Romberg (Nervenkrankheiten, 3d ed., vol. i., part 2, p. 689) and others. I will relate some cases of this kind to show that for them, as for those in which the aura epileptica originates in the skin, the same principle is true, that an interruption between the injured part and the brain is able to cure epilepsy.

Portal (Observ. sur l'Épilepsie, p. 210) gives the case of a man who had a nerve injured in the arm. Convulsions, with loss of consciousness, came on many times. A greater incision was made where the wound existed, and the patient was cured.

The same writer (loco cit., p. 156) speaks of a man who had received a pistol shot in the neck, and who had become epileptic. After some time an abscess was formed in the neck; one of the shot came out, and the patient was cured.

Dieffenbach (Die Operative Chirurgie, vol. i., p. 852) relates the case of a young girl, whose hand had been wounded by a piece of bottle-glass. Neuralgic pains, epileptic fits, and contraction of the limb, had been the results of the wound. The cicatrix was opened, and a small bit of glass was found near a nerve which had been
Belladonna in Diseases of the Eyes.

[May,

divided by it, and which was swollen and hardened. After the operation, the neuralgia, the epilepsy, and the contraction vanished, and the girl was completely cured.

Fizes, according to Portal (loco cit., p. 157), has seen a man who had become epileptic after having been wounded by a sword near the great angle of the eye, and who was cured after the extirpation of a small part of the point of the sword which had staid in the wound.

Cases, more or less resembling the preceding, have been reported by Lamotte, Van Swieten, Sauvages, De Haen, Burserius, Lamorrier, &c.

Darwin reports that he once saw a child who frequently fell down in convulsions. A wart was found on the ankle, which was cut off, and the fits never recurred.

Epilepsy caused by the irritation of the dental nerves, and cured by the extirpation of some teeth, or by the lancing of the gums, is not uncommon. Some interesting cases of this kind have been reported by Portal (loco cit., p. 205, and elsewhere).

I shall not speak here of the cases of epilepsy produced by an irritation of a mucous membrane, or of a viscus, and which have been cured by the removal of the irritation. These cases are very numerous, and they also prove that epilepsy may be cured by the suppression of the irritation of nerves, either in their peripheral ramifications or in their trunks.—[Boston Med. and Surg. Journal.

On the Use of Belladonna in Diseases of the Eyes, especially in the Medical Treatment of Cataract. Translated from the Revue de Thérapeutique, by the Editor.

"There has always been (says Scarpa) physicians who pretended to cure cataract by medical means. The assertion has often been denied, because not well understood. We have seen that the lens rendered opaque by congelation becomes clear on the application of warm water; it is, therefore, not impossible that certain forms of opacity may disappear by proper treatment. But what are the means to obtain this result in the living eye? We know nothing of them."

This short extract from a man so eminent proves that it is not impossible to cure cataract without an operation. Now to effect this end two methods present themselves; the one to restore transparency to the lens, the other to remove it from the pupil or to induce its absorption or resolution.

The first of these methods appears to us to be illusory, for we conceive it to be as difficult to restore an opaque lens as to renew a necrosed bone or tissues affected with gangrene. The annals of science do not, perhaps, present a single authentic instance of lenticular cataract cured in this way.

As to the second mode, there is more reason in it.
This, in fact, is the way that nature proceeds in her attempts to cure the disease. We should then seek to find the modes which she adopts to obtain this important result, in order to accomplish the same purpose by therapeutic agents at our disposal, that is by art, which is nothing more than imitation of nature: \textit{ars imitatio naturae.}

Cases of spontaneous cure of cataract are now rare: a great number may be found in the annals of medicine.

Doctor Ware reports several cases of traumatic cataract in which the lenses were entirely absorbed, so that the patients were afterwards obliged to use convex glasses. Percival Pott also (Surgical Works translated into French 1777, vol. ii. p. 510.) Callisen says he saw a cataract cease by absorption. Tenon reports in his memoirs that the crystalline lens had been absorbed. M. M. Rennes, P. Delmas, Manoury, Velpau, &c., also cite cases of the same kind.

This phenomenon is explained by the rupture of the anterior capsule, which permits the aqueous humor to dissolve the lens. Such is the opinion of Mackenzie, Professor Rosas, of Vienna, &c. The experiments made by Duterich, on wounds of the lens and its membrane, and the analogy which exists between this spontaneous cure, and that obtained by tearing the capsule with a needle passed through the cornea, are in favor of this opinion.

M. Sichelle also says that traumatic cataracts cured without operations had the capsule torn. But this is not all; the lens is sometimes detached from the ciliary processes and the hyaloid membrane spontaneously, and the patient recovers vision suddenly. This displacement is observed after a violent concussion, but its most common cause is softening of the vitreous body. This species of trembling of the vitreous humor is communicated to the lens; and is followed at length by rupture of the union of the lens to the ciliary zone.

The lens is depressed below the margin of the pupil as in cases where the operation had been performed.

From this short review we see that the spontaneous cure of cataract may be effected under two conditions. The question occurs whether, by the aid of belladonna, we may not produce these two conditions, and obtain by its prolonged use, analogous results. It is known that the most ordinary complications of cataract are adhesions between the posterior surface of the iris and the interior of the lens. Now, if in this particular case a dilating substance be used for a length of time the anterior capsule will be broken. The lens is then in immediate contact with the aqueous humor. This rupture of the capsule would not appear impossible when we remember its delicate character, and the facility with which it is torn, in the operation for extraction.

But the case which we proceed to examine is an exception. Let us see if in ordinary cases the Belladonna may be used with propriety. If we place, for instance, this solution in an eye affected with cataract formed or forming, the expansion of the iris will affect
the capsule through the adhesions. We may thus understand that if the movements be continued for a long time the rupture of the connections between the capsule and the ciliary zone may take place; or, indeed, if not sufficient for this, they may be sufficient to change the normal relations of the opaque lens, and place it in a condition favorable to absorption. We were led to these reflections by the following case which we published in 1855. About a year before, a man applied to us, aged about 45 years, with cataract in both eyes, of 6 months' duration. The cataract in the left eye was very distinct; the patient could see well enough to walk alone. During the last few weeks the sight was diminished daily. We directed him to put one drop of concentrated solution of belladonna in the left eye every morning. Our object was to keep up vision as long as possible before performing an operation, which we considered inevitable. The patient called upon us about a month afterwards, and much to our surprise informed us not only that he was not worse, but that the opacity was considerably diminished. The vision was so much improved that he could attend to his ordinary occupation, which was that of a miller. He had followed my directions closely, and called to know if he should continue. We did not see him afterwards. The Dr. reports another case, complicated with neuralgia, in which the cataract appeared to be dissolved and vision restored. And still another where the lens was but imperfectly depressed after an operation. After six months use of the remedy the pupil was restored and the vision very good. He mentions still another case, in which Velpeau, after an operation for depression, and the lens had risen to its place, resorted to the belladonna treatment until the lens was absorbed.

The Annales d'Oculistitique, July 1855, reports the following case of traumatic cataract cured by the application of Belladonna. In November, 1850, M. Quadri was called to see a goldsmith who had received a blow on the left eye while he was working, with a blow pipe. This was eight days before; violent pains in the head, inflammation of the cornea, of the iris and of the choroid; he was nearly blind; by the use of baths, calomel, tartar emetic, leeches, annica, collyria, and frictions of belladonna ointment on the upper lid, the pain and inflammation ceased. M. Quadri used strong belladonna ointment (equal portions of extract and of lard) which produced forced dilatation of the pupil. The cataract could thus be seen to its full extent, and the displaced lens having lost its nutrition was nearly atrophied. M. Quadri postponed the extraction of the lens to a more favorable period and recommended the use of belladonna. After some days, the lens fell into the anterior chamber, where it was rapidly absorbed: so that 22 days afterwards there remained only a slight opacity on the posterior capsule, a small cicatrix on the cornea, and a slight violet color on the sclerotic coat. Vision was rather feeble. Having occasion to see the patient sometime after, M. Quadri was surprised to find the eye restored to its
natural appearance. This case proves that the use of belladonna by causing movements of the iris may displace the lens, and place it in condition favorable to absorption. Are we not authorized from the above facts to try belladonna in all cases of cataract? Whether formed or forming, capsular or lenticular, spontaneous or traumatic, complicated, or not, with adhesions. The practice presents the following advantages:—1st. It does not injure the eye. 2d. The patient can make the application himself very easily. 3d. If persevered in regularly it will retard the progress of cataract, and in favorable cases induce its absorption. 4th. It will always prolong the vision of the patient, and sometimes give him light enough to dispense with the operation. 5th. In all cases, as we have seen, it will prevent adhesions between the lens and the iris, or destroy them when they exist. 6th and finally, resorted to sometimes before an operation, the latter is rendered easier, more prompt, and success is more constant, as is explained by Scarpa in the following extract:—“The most common obstacle to success, in any method of operation for cataract, is not the lens, but its capsule, especially the anterior capsule. It is desirable that art should possess some easy method in all cases, of separating entirely the capsule with the lens from the ciliary zone.” Now we think that this view expressed by Scarpa may be realized by belladonna. The following case appears to demonstrate it.

“I operated towards the Spring of last year on double cataract in a patient who had used belladonna for several months, which permitted him to walk alone, and attend to some slight business. I operated by depression on both eyes in the presence of his family physician who assisted me. I was struck with the facility with which the lens went down, it almost went itself at the first touch of the needle in both eyes; but slight inflammation followed, and the success was good in both eyes. I have operated in a number of double cataracts by depression, and know that the operation is not always so simple. I am led to believe that the belladonna favored the separation of the pupil from the lens.”—[Dr. Rouault. Philadelphia Med. and Surgical Journal.

Epidemic Cerebro-Spinal Meningitis, in Elmira, Steuben Co., N. Y.

By Frank H. Hamilton.

Having occasion to visit Elmira, in Steuben Co., N. Y., during the last week, I was requested by Drs. Flood and Purdy, to see a case of epidemic cerebro-spinal meningitis.

I found a lad, about eight years old, apparently dying, after an illness of four days. He was lying with his head strongly drawn back, as in opisthotonos; deglutition was difficult; the pupils of his eyes possessed their natural impressibility to light, but he was unable to speak. The functions of his mind seemed to be unimpaired. His pulse was rapid, but not so feeble as his dying appearance had
led me to think I should find it; indeed, the very intelligent gentlemen who were in attendance, said that this condition, of general appearance was sometimes present a long time before death. Upon his body were numerous petechiae, now very much faded, but which were at first quite dark.

The father of this child had died a few days before, in the same manner, after an illness of forty-eight hours.

This epidemic commenced in February, during the prevalence of the south wind, and after the disappearance of the snow. Scarlatina, in a mild form, had preceded it as an epidemic. It was, thus far, confined to the valley in which the village of Elmira is situated, and had occurred mostly among the poor, yet not entirely. The family whose house I visited, was in a comfortable dwelling, and in easy circumstances. The soil of this valley is composed chiefly, I think, of sand and gravel, and allows the surface to become easily drained. It is probable, however, that a substratum of frost has not permitted this drainage to be complete during the period of the present epidemic.

In all, twenty cases have occurred, of which only four had recovered. It was not confined to any period of life.

The usual signs which characterize the disease, are a general malaise, coldness of the extremities, and of the face, nose, chin, ears, while the head is rather warmer than natural; stupor, occasionally delirium, and sometimes no cerebral disturbance whatever. The head is gradually drawn back, and the muscles of the neck become rigid. Often, no pulsation can be felt at the wrist, when the physician is first called. The stomach and bowels are not much, if at all, disturbed. Petechiae occur at an early period.

The plan of treatment adopted has generally been stimulating: such as alone seemed to be indicated. Hot baths, medicated with cayenne pepper, mustard, brandy, &c., also hot mustard cataplasms, and frictions. Internally, the patients have taken brandy, camphor, quinine, &c.

Since I have returned home, Dr. Flood has informed me that fifteen more cases have occurred, of which four terminated fatally within from one to two hours after the accession of the disease; but that under the plan of treatment described, four others, who were seen within from twenty to thirty minutes after the attack, recovered.—[Buffalo Medical Journal.

Etherization in Convulsions.

Dr. N. J. Knight communicates to the Boston Medical Journal his experience with ether in controlling convulsions, and especially the convulsions of children, as follows:

"I think etherization in cases of convulsions in children and adults is not fully known and appreciated. To every case of teething convulsions, in my practice for the last three years, I have adminis-
On Fissure of the Anus.

[1857.]

On Fissure of the Anus, and its Radical Cure, without a Bloody Operation. By Dr. Chapelle. (Read before the Academy of Medicine, Paris. (Translated from the Gazette Hebdom.)

There is in this disease a neuralgic element which is its principal constituent. This accounts for the inefficiency of the therapeutical agents employed for the cure of the wound alone. All topical agents which do not act vigorously upon the neuralgic element, have been and cannot fail to be powerless. Among the curative means prescribed for this affection, the incision of the sphincter, used by Boyer, and since his time, adopted by most modern surgeons, has been the most successful. This operation acts in the same manner as the division of nerves in other neuralgias. Observation shows that the therapeutical result is the same whether the section is made at some distance from the muscle, or near to the fissure itself; another proof that the erosion of the mucous membrane is of but slight importance in this disease.

It was the decision as to the neuralgic character of this affection which led me to the discovery of a means for curing fissure of the anus, as simple as it is efficacious. Chloroform dissolved in alcohol is the means with which I have invariably succeeded.

I diminish or increase the proportion of chloroform according to
the degree of sensitiveness of the patients. Ordinarily, I use the following: B. Chlorolorm 1 part.

Alcohol 5 parts.

I proceed as follows: With the fingers of the left hand I separate the borders of the anus, then I introduce deeply into this opening a badgers hair brush, previously saturated in the chloroform solution, and then withdraw the fingers. The sphincter naturally presses upon the brush, expresses the liquid which it contains, which acts rapidly upon the contracted tissues, produces a severe and penetrating heat upon the contaminated surfaces, and particularly upon the points where the fissure exists. Soon after the abnormal contraction ceases, and the patient only feels the effect of the liquid applied.

This mode of treatment is quite inoffensive. It has no other inconvenience than the local and immediate pain which follows the application of the chloroform liquid, but this disagreeable sensation soon passes off. Fourteen cases of anal fissure are reported, in which this means was used with constant success. Of these fourteen cases, four were cured by a single application: six by two; in three others it was necessary to have recourse to it three times; and in one, only, four applications were necessary before a cure was obtained.—[American Medical Monthly.

On Urticaria. By Professor Budd.

Nettle-rash may be produced in various ways; but its most frequent cause, and that which especially concerns us at present, is the imperfect digestion of particular articles of food. Among the substances that have been observed to bring it on, are shell-fish, especially crabs and muscles, pork-pie, fish, when tainted or out of season; honey, mushrooms, cucumbers, almonds and oatmeal. The symptoms are too well known to require notice. The main object of treatment is to expel as soon as possible the offending matter. The stomach should first be emptied by an emetic of ipecacuanha or sulphate of zinc, and the bowels then cleared by a warm but quickly-acting purge. To allay the cutaneous irritation, Dr. Budd is in the habit of prescribing a lotion, made by mixing half a drachm of acetate of lead and half an ounce of tincture of opium with eight ounces of water.

In those cases in which the nettle-rash seems to be referable to several substances in common use, rather than to one special substance, it may sometimes be kept off by the administration (before dinner) of the rhubarb and ipecacuanha pills, or of a few grains of rhubarb. Dr. Budd gives a case which shows, very satisfactorily, the occasional efficacy of rhubarb in this disorder.

"It sometimes happens (says he,) especially in women, that the nettle-rash though depending immediately on the stomach, occurs only when digestion is weakened by over-fatigue, or by profuse monthly discharges, and that remedies of a different class are avail-
ing. In some such cases, when all the means I have before spoken of had failed, I have known the eruption to disappear under the use of carbonate of ammonia, alone or in conjunction with the tincture of gentian.”—[British and Foreign Med. Review.

Upon a Method of Treatment Preventive of Puerperal Fever. By M. Piedagnel. (From the Gaz. Médicale.)

M. Piedagnel communicated to the Academy of Sciences, Paris, in its sitting of Nov. 24, 1856, the following note upon a method of treatment preventive of puerperal fever:

During an epidemic of puerperal fever, at Paris, lying-in women were distributed through the various hospitals, and a certain number were received into the wards at Hotel Dieu, under the charge of M. Piedagnel. Conscious of the uncertainty of medication against this disease, M. Piedagnel thought it might not be impossible to prevent its occurrence, and forthwith endeavored to discover the means.

Knowing that quinine had often been employed with advantage in this disease, and that it prevented the access of pernicious intermittent fever, a disease usually more severe than puerperal fever, and recalling that during the cholera of 1853–54 he had obtained undoubted preventive results from its use; knowing also that iron, which has a positive action upon all the economy, has also been employed with advantage against puerperal fever, it seemed that by associating them, good results might accrue from their administration. But as puerperal fever ordinarily commences suddenly, and is not always preceded by any partial alteration, he thought the administration of these medicaments, which could not produce any injurious result, might be made before the appearance of the disease, when its irruption was feared.

The patients he received were well watched, and kept carefully clean. The windows of the wards were kept open almost all the time, even at night, when the weather would permit; fire was kept day and night in the stoves, so as to produce currents of air, and the treatment used was as follows:

As soon as a woman entered the wards to lie-in, or if she had been delivered, she took two pills, each containing about one and a half grains of quinine and fifteen grains of sub-carbonate of iron, and in the evening the same quantity; and as long as she remained in the hospital she took morning and evening the same dose, drinking linden-flower water and a bottle of Spa water. All the functions were watched and preserved as much as possible in their physiological integrity. This was the treatment in simple cases, but in those in whom the signs of the fever had become developed, the dose of the medicament was increased progressively each day as high as 5, 10, and 15 grains of the sulphate of quinine, and of a 3j. to a 3iss. of the iron. As soon as the symptoms became milder, the amount of the medicaments were reduced.
Of 94 women delivered under his care, only one died of puerperal fever contracted in his wards.—[American Med. Monthly.

Medicinal Substances introduced into the Large Intestine by Enemata.

By M. Briquet. (From the Gazette Hebdomadaire.)

M. Briquet read before the Academy of Medicine, Paris, Session of Dec. 30, 1856, a paper entitled "Upon the Absorption of Medicinal Substances introduced into the Large Intestine under the form of Enemata," from which he drew the following general conclusions:

1. The liquid comprising the enema can easily reach the cæcum, and consequently come in contact with a very extensive absorbing surface.

2. The mucous membrane of the large intestine and the fluids which cover its surface, have no chemical action upon the substances introduced into the large intestine, and that there is no absorption of anything which was not primitives in solution.

3. When any of the soluble salts of quinine are administered in enema in doses below fifteen grains, a little more than a third of the quantity administered is eliminated, and consequently has been absorbed.

4. When more than fifteen grains are administered it is not tolerated well, and only a fifth or a sixth of it absorbed.

5. At whatever dose the sulphate of quinine may be given, it produces ordinarily the cerebral symptoms, very slowly and very imperfectly.

6. Traces of elimination and consequently of absorption, are not observed till an hour after the administration of an enema, and then it is very slight.

7. The duration of the elimination is generally quite short, and ordinarily from two to three days at the longest.

8. The greater or less quantity of the liquid, yet limited to a certain degree, the more or less viscid nature of the liquid, and finally the addition of the salts of morphine to the alkaloids of cinchona, do not sensibly modify the absorption.

9. Young people absorb better than adults; old people of both sexes badly.

10. The alkaloids of cinchona administered in enemata in doses below fifteen grains, can produce, in this way, all the effects to be expected from the exhibition of these alkaloids in small doses, by the mouth, and can very well take their place.

11. The same is not true of those cases where a large dose is required; there is not sufficient absorption to produce the severe stupefying effects.

12. More than thirty grains of sulphate of quinine at a time cannot generally be tolerated by the large intestine.

These conclusions are applicable, more or less, exactly to the different substances employed in enemata.—[Ibid.
EDITORIAL AND MISCELLANEOUS.

STATE MEDICAL SOCIETY.

The annual meeting of the Medical Society of the State of Georgia was held in this city on Wednesday, the 8th of April. We were pleased to see so large a number of the members in attendance, and we are confident that they had no cause to regret the sacrifices they may have made to be present; for the meeting was one of very considerable interest. Several very able and instructive Essays were read, which were received with marked attention. At the next meeting, we trust that the number of Essayists will be greatly increased. The Society has many members who are in possession of rich stores of observation and reflection, the communication of which would do honor to themselves, and prove highly advantageous to the Profession, and to mankind.

After the adjournment of the Society, the members partook of an elegant entertainment which had been prepared for them by the Physicians of our city, and then parted with feelings of mutual respect and good will, to meet again at Madison on the second Wednesday in April, 1858.

The proceedings of the meeting, which have been promptly furnished us by the Secretary, we, as the organ of the Society, herewith present.

Proceedings of the Annual Meeting of the Medical Society of the State of Georgia, held in Augusta, April 8th and 9th, 1857.

The Society assembled at 10½ o'clock, in the Presbyterian Lecture room, and was called to order by the 2nd Vice-President, Dr. S. W. Burney, of Forsyth.

The Recording Secretary being absent, Dr. Eben. Hillyer, of Atlanta, was requested to act as Secretary, pro. tem.

The following regular members were present:—

Dr. Richard D. Arnold, of Savannah.  Dr. L. A. Dugas, of Augusta.
" Joseph A. Eve, " Augusta.  " Henry F. Campbell, " "
" Lewis D. Ford, " "  " R. C. Black, " "

The proceedings of the last annual meeting, held in Macon April 9th, 1856, were read and approved.

On motion, the rules were suspended, and the following gentlemen, on written application, were duly elected members of the Society:

Prof. Jesse Boring, of LaGrange; Prof. Joseph P. Logan, of Atlanta; Prof. John W. Jones, of Atlanta; Drs. Wm. S. Meiere, of Madison; John B. Hendrick, of Covington; G. L. McClesky, of Madison; N. F. Powers, of Thomson; V. H. Taliaferro, of Atlanta; Olin S. Means, of Oxford; T. C.
H. Wilson, of Atlanta; E. J. Roach, of Pulaski; W. H. Doughty, of Augusta; W. L. Fielder, of Augusta; W. T. Grant, of Columbia; R. H. Eaton, of Laurencelville; M. J. Jones, of Warrenton; A. T. Jenkins, of Greene Co.; J. W. Gairdner, of Augusta; J. T. Dickinson, of Albany; S. S. Crawford, of Augusta; T. B. Ford, of Augusta; De Saussure Ford, of Augusta; H. R. Casey, of Columbia; J. C. Carroll, of Lawrence Co.; E. B. Hook, of Augusta; E. H. W. Hunter, of Louisville; D. W. Marks, of Augusta; D. W. Young, of Augusta; H. H. Steiner, of Augusta.

The election of officers being next in order, a ballot was ordered, and the following gentlemen were duly elected for the ensuing year:

Dr. S. W. Burney, of Forsyth, President.

" H. F. Campbell, of Augusta, 1st Vice-President.

" T. C. H. Wilson, of Atlanta, 2nd Vice-President.

On motion of Dr. Arnold, of Savannah, the offices of Corresponding and Recording Secretary, and Treasurer, were consolidated.

A ballot was then ordered, and Dr. Eben. Hillyer, of Atlanta, was declared unanimously elected.

The selection of Delegates to the American Medical Association being next in order, a Committee of five, consisting of the following gentlemen—Drs. Dickinson, Dugas, Arnold, Taliaferro and Means—were appointed by the President to select them, and report at their earliest convenience.

The Society then adjourned until 3 o'clock P. M.

Afternoon Session.

Society called to order by the President.

Reports from Auxiliary Societies being called for—Dr. E. Hillyer presented a Report of the organization, officers and members of the Auxiliary Society in the city of Atlanta, which, upon motion, was received and adopted, and ordered to be put among the records of the Society.

The Committee to appoint Delegates to the American Medical Association, reported the names of the following gentlemen:

Dr. W. S. Meiere, of Madison; Dr. J. G. Howard, of Savannah; Dr. Jesse Boring, of LaGrange; Dr. Joseph P. Logan, of Atlanta; Dr. Wm. S. Jones, of Augusta; Dr. George F. Cooper, of Americus; Dr. N. F. Powers, of Thomson; Dr. Eben. Hillyer, of Atlanta; Dr. T. S. Powell, of Sparta; Dr. R. D. Arnold, of Savannah; Dr. H. R. Casey, of Appling; Dr. Henry Gaither, of Oxford; Dr. S. W. Burney, of Forsyth.

The Committee also reported the following:

Resolved, That should any of the gentlemen appointed be unable to attend, that they be authorized to appoint their own alternate.

The report was received and unanimously adopted.

The reading of the Essays being next in order, Dr. Kollock, of Savannah, read a very elaborate and interesting paper upon Vesico-Vaginal Fistula.

The Society then adjourned until ten o'clock Thursday morning.
Thursday Morning, April 9th.

Society met pursuant to adjournment. Minutes read and approved.

Upon a written application, the following gentlemen were duly elected members:—Dr. W. T. Hollingsworth, of Morgan; Drs. Robert Southgate, J. W. Dent, S. H. Lamar, C. R. Walton and Charles Palmedo, of Augusta; Dr. Thomas S. Powell, of Sparta.

On motion of Dr. Means, it was

Resolved, That those gentlemen of the Society who were appointed to read Essays, at the present meeting, and may have prepared them—but who have been unavoidably prevented from attending—be requested to furnish their papers, at their earliest convenience, to the Editors of the Southern Medical and Surgical Journal for publication.

On motion, for the benefit of new members, the Secretary was required to read the Constitution and amendments of the Society. Also, that the Editors of the Southern Medical and Surgical Journal be requested to publish the same in the pages of said Journal.

Dr. Joseph A. Eve, by appointment, read a paper, upon the Diseases of the Cervix Uteri, which was listened to with much interest by the Society.

Dr. L. A. Dugas contributed a full and interesting paper upon Fractures of the Scapula.

Dr. Dickinson, of Albany, offered the following:

Resolved, That the thanks of the Society be tendered Drs. Kollock, Eve, and Dugas, for the Essays read by them before the Society; and that they be requested to furnish copies for publication in the Southern Medical and Surgical Journal—which was adopted.

The Society then adjourned until 3½ o'clock, P.M.

Afternoon Session.

Society called to order by the President.

Dr. Hunter offered the following resolution:—

Resolved, That O. S. Proffit having been found to have been ineligible at the time of his election to membership in this Society, the Secretary is hereby instructed to erase his name from the list of members—which was unanimously adopted.

A Committee, consisting of Drs. Means, Grant, Ford, Jones and Campbell, were appointed to select Subjects, and appoint Essayists, for the next annual meeting.

The selection of the place for holding the next annual meeting being now in order, a ballot was ordered, and upon counting the votes, it was found that Madison, Morgan county, had received a majority.

Dr. Thomas S. Powell, of Sparta, was elected Orator, for the next annual meeting, and Dr. W. S. Meiere, of Madison, his alternate, should he be unable to attend.

The Committee on Essays, made the following report of Subjects and Essayists for the next meeting—which was received and adopted:
Dr. J. G. Howard, of Savannah—On Uterine Disease.
Dr. E. J. Roach, of Pulaski—On the Propriety of Surgical Operations about the Joints.
Dr. H. F. Campbell, of Augusta—On the Rectal Administration of Medicine.
Dr. R. D. Arnold, of Savannah—On the Pathology and Treatment of Yellow Fever.

Dr. Ira E. Dupree, of Twiggs—On the Treatment of Prolapsus.
Dr. Eben. Hillyer, of Atlanta—On the Physiology of Menstruation.
Dr. V. H. Taliaferro, of Atlanta—On Obstetrical Surgery.
Dr. N. F. Powers, of Thomson—On Diseases of the Skin.
Dr. W. S. Meiere, of Madison—On the Use of Alcohol in Typhoid Fever.
Dr. R. Campbell, of Augusta—On Wounds of the Abdomen.
Dr. I. P. Garvin, of Augusta—On Nervous Irritation of the Stomach.

Voluntary Communications from any member of the Society are earnestly requested, and will be gratefully received.

The following, offered by Dr. W. T. Grant, was adopted:

Resolved, 1st. That the Medical Society of the State of Georgia return their sincere thanks to the Trustees of the Presbyterian Church, for their kindness in extending the convenience of their Lecture room to the Society.
2nd. That the thanks of the Society be extended to the Profession, and the Citizens of Augusta, for their liberal hospitality and kind reception of the members of the Society.

Dr. Campbell offered the following, which was adopted:

Resolved, That the funds of the Society, now on hand, as by report of the late Treasurer, be placed in the hands of the President and Treasurer, to be used in procuring such Artistical Illustrations as may be deemed necessary for the Articles published under the auspices of the Society.

The following gentlemen were appointed on the Committee of Arrangements for the next meeting:—Drs. H. J. Ogleby, E. E. Jones, John B. Crawford, and G. L. McCleskey.

Dr. Hunter offered the following:

Resolved, That the thanks of this Society be tendered the President and Secretary, for the faithful manner in which they have discharged their respective duties.

The following, by Dr. Arnold, which was adopted:

Resolved, That the thanks of the Society be presented to the Press of the city, for their courtesy extended to it as a body.

A motion was passed, instructing the Secretary to have published the resolutions of thanks to the Trustees of the Presbyterian Church, the Physicians, Citizens, and Press of Augusta, in the Augusta papers.

Dr. Grant offered the following, which was adopted:

Resolved, That this Society do now adjourn, until the second Wednesday in April, 1858, to re-assemble in the town of Madison, Morgan Co., Ga.

EBEN. HILLYER, M. D., Sec'ry and Treasurer.
As we are constantly importuned to send virus, we call the attention of our readers to the following circular, by Dr. W. H. Ford, of Charleston, South Carolina:

"Physicians wishing Vaccine Virus, by addressing Dr. William Hutson Ford, City Vaccinator, Charleston, S. C., and enclosing one dollar, will receive, by return mail, ten points, or a set of glasses, charged with fresh lymph, or, if particularly desired, a recent scab. Seventy-five points, or seven sets of glasses will be sent for five dollars."

A Paper for the Profession.—The "North Carolinian," (Fayetteville,) edited by the spirited and talented W. F. Wightman, Esq., formerly of this city, contains the following evidence of orthodoxy, which we quote as a rare morceau for the Profession. Quackery must ever flourish while it can command the power of the Power press, and will languish in death when she withdraws her influence:

"We frequently receive proposals from quacks and other impostors, to publish their medicines, or wares, at such rates as we would not allow to our immediate patrons at home. And it is not unfrequently the case that we receive some such a proposal as this:—

"'Will you publish the enclosed advertisement of my Philo-Sanative Elixir for one year, and take twenty bottles of the Elixir in payment for the same? If so, please insert immediately and send me your paper regularly."

"We usually put such documents in the fire, or devote them to other uses not contemplated by their knavish authors."

Syphilisation.—This is an attempt to saturate the system with the syphilitic virus by repeated inoculation, until the poisonous influence can no longer be communicated, with a view to the final relief of the constitutional disease, or a prophylactic like vaccination for smallpox. The practice has been once condemned by the French Academy of Medicine, but subsequent experiments, made mostly upon children laboring under the hereditary form of syphilis, have drawn attention to it again, and the prescription is made in both French and German hospitals. If its utility should be established, it may afford a hint as to the treatment of other contagious diseases.—[Memphis Med. Recorder.

Poisoning from Wafers.—Dr. Vernon in the Union Medical, details the case of a young girl sixteen years of age, laboring under a depraved appetite, who ate a large quantity of wafers. In a few hours afterwards she was attacked with strong convulsions and torturing pains, and could with difficulty be held upon the bed. The countenance expressed great suffering, and the breathing was laborious and somewhat stertorous. The jaws were forcibly closed, the lips violet red, the eyeballs prominent and staring, and the pupils extremely dilated. Pulse 126-130 in the minute, and the skin dry and hot. Tenderness upon pressure about the umbilicus, the abdomen hard, and the walls retracted, nausea, but no vomiting. When the limbs were not firmly held the patient was constantly writhing, twisting and throwing herself in every direction, and screamed violently. In spite of all the remedies used for her recovery she expired in ten or twelve
hours from the attack. Upon analyzing the wafers, it was ascertained that they contained a large quantity of chromate of lead, hence it was inferred to be the poisonous agent, and the case set down as one of the many cases of lead poisoning.—[Nashville Jour. of Medicine and Surgery.

Chlorate of Potash.—"The chlorate of potash possesses a peculiar influence over all inflammatory and ulcerative affections of the mouth. Although these disorders may be dissimilar as to cause, nature, degree, tissue affected, and common only in being situate in the mouth, they are all equally amenable to its control. For infants of one year, five grains is an ordinary dose; for an adult, a scruple or half a drachm. If the disease be acute, you may push it further by giving it more frequently; if it be carried too far, it will excite purging, but if given in smaller doses, disappointment will only ensue. If properly administered, its virtues and potency are indubitable.

"The two following conclusions appear to be warranted by the facts which have been adduced:

"1. That chlorate of potash possesses a peculiar influence over all inflammatory affections of the mouth. (The syphilitic, perhaps, excepted.)

"2. That chlorate of potash possesses a peculiar influence over inflammations attended with phagadaea or sloughing, on whatever part of the body situated."—[J. Hutchinson, Braithwaite's Retrospect.

Wounds of the Tongue.—"When the tongue is wounded, for example, by a tooth accidentally driven into it, the closeness of the tissue renders the forceps useless. You must transfix the bleeding orifice of the vessel with the tenaculum, and tie in a small portion of the surrounding texture."—[Dr. Knox, and Ibid.

Perchloride of Iron.—"Dr. Dowler reported, in the N. Orleans Medical and Surgical Journal for September, a case of a troublesome and alarming hemorrhage following the extraction of a tooth. After trying various remedies, without success, he saturated some lint with the perchloride of iron and placed it in the socket, when the bleeding ceased.—[College Journal.

Affection of the Tonsil.—Dr. Andrew Clark related the case of a gentleman who, whilst at breakfast three weeks since, was seized with a violent expiratory effort, attended by vomiting, consequent upon a particle of food having escaped into the trachea. He shortly afterwards expectorated a small body, having somewhat the appearance of a hydatid. A few days afterwards he brought up a similar substance. Some doubt existing as to the nature of the body, Dr. Clark was consulted. The patient was a stout, healthy man, but rather thinner of late, on account of anxiety respecting the nature of his malady. The chest was healthy, and the general health good. On examining the throat carefully, he observed a small elongated body attached to one of the tonsils, which, on removal, proved to be one of the follicles of that gland, elongated, enlarged, and full of fluid. The substances formerly expectorated were of the same kind. The patient soon recovered.—[London Lancet.