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"Je prends le bien où je le trouve."

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1857.
A Report on Diseases of the Cervix Uteri. By Joseph A. Eve, M.D., Professor of Obstetrics and Diseases of Women and Children, in the Medical College of Georgia. (Read before the Medical Society of the State of Georgia, at the Annual meeting in Augusta, April, 1857, and ordered to be printed.)

The subject proposed by the Society for a Report—"The Diseases of the Cervix Uteri," in its unlimited and widest sense—is indeed extensive, admitting of numerous divisions and sub-divisions, comprehending a large number and variety of structural lesions, simple and malignant, as well as displacements, or mal-positions, such as, descensus, prolapsus, procidentia, retroversion, ante-version, latero-version, retro-flexion, and ante-flexion: it also properly comprises what are generally styled functional affections, amenorrhœa, dysmenorrhœa, menorrhagia, and leucorrhœa, inasmuch as they often depend upon, or result from a morbid condition of the cervical portion of the uterus, and are most rationally and successfully treated, by remedies addressed directly to that part. These are indeed so numerous, that to do justice to them all, would require to write a volume, which is certainly not the design, or desire of the Society, and for which we have neither time nor disposition at present.
Besides inflammation and ulceration; simple, syphilitic and cancerous, the cervix may be the seat of various kinds of tumor, mucous, cellular, fibrous, or malignant, increscent or excrescent, pediculated or sessile.

As we must restrict ourselves to narrow limits, and in accordance with what we believe to be the wishes and views of the Society, our report will be confined to simple inflammation and ulceration, which have of late years commanded so large a share of the attention of the profession, and have been the subject of so much sharp and often bitter controversy. Other affections will only be referred to incidentally, as they may have a relation to, or bearing on these.

In discussing these subjects authors differ principally on three points—the frequency of their occurrence, their pathological importance, and the most appropriate and successful treatment.

With respect to the first—their frequency—the difference is more apparent than real; depending, in the first place, in considering ulceration to be the important and essential condition, and then in disputing about the meaning of the term; whereas inflammation is the essential affection, and ulceration only a consequence or result of comparatively minor importance—the effects, local and general, depend on the existence of inflammation, and are very little, if at all, modified by the presence of an ulcer. Too much stress has, by some authors, been laid on the importance of ulceration.

According to my own observation, the frequency of ulceration depends on what it is considered to consist of—if epithelial abrasion constitutes ulceration, it occurs in a large proportion of cases of inflammation, while ulcers of much depth are rare. I have not kept such a registry of cases as to enable me to determine the relative proportion of cases with or without ulceration—nor do I consider it an important point. Sometimes, when there is no external ulcer, not even superficial abrasion, it is quite possible a concealed ulcer may exist in the cervical canal, not discoverable even by the speculum of the os uteri, an ingenious instrument, invented by Mr. Tiemann of New York, for the purpose of exploring the interior of that canal, and by which it is exposed to view as thoroughly as perhaps is practicable; but I cannot say that I have found it is as satisfactory in its application as some of his other valuable inventions.
According to my own experience, inflammation of the cervix, with or without ulceration, is of very frequent occurrence; and I fearlessly appeal to every candid observer who is in the habit of employing the speculum, in the investigation of uterine diseases, for confirmation of this opinion.

If we would refer to the most reliable and accurate statistical tables, made by those who have enjoyed the very best opportunities for making them, we find that simple ulceration is of very frequent occurrence, including all degrees, from slight epithelial abrasion, to deep and extensive erosion, or loss of substance, in those subjects who have presented symptoms of uterine disease.

By reference to the tables of Dr. Charles West, of St. Bartholomew's Hospital, London—than whom there could be no more candid observer—it appears that ulceration is of very frequent occurrence, not only in those who have had previous symptoms of uterine disease, but in those who have died of other diseases, without any particular indication of uterine affection.

In examination with the speculum of 268 patients at the Middlesex and St. Bartholomew's Hospital, Dr. West found ulceration of some degree in 125; of the remaining 143, 110 presented some affection of the cervix or body, some of which were, most probably, if not certainly, the consequences or sequelae of pre-existing inflammation. "In only 29 the uterus was apparently healthy." The 268 patients all had symptoms of uterine disease sufficient to justify a specular examination; they would not otherwise have been subjected to it. As Dr. West's mind appears to be fixed on ulceration, is it not highly probable that he may have overlooked or ignored some of the lighter cases of simple inflammation?—cases which, nevertheless, in susceptible individuals, might have produced the symptoms which led to the examination. Might he not also have failed to discover some affections of the body of the uterus, which, when limited, are often not much more perceptible to touch than to sight? Some cases, indeed, might have been rheumatic or neuralgic, exhibiting no signs of inflammation or any of its sequelae.

In another table Dr. West found, on examining the bodies of 62 women who had died of other diseases, without uterine disease being known or suspected, that in 29 there was uterine disease, and in 17 ulceration, although 19 were supposed to be virgins.

Of 300 patients, with symptoms of uterine disease, examined by
Dr. James H. Bennett, at the Western General Dispensary, there was ulceration of some grade in 222—about three-fourths.

The testimony of Dr. Tyler Smith and Dr. Rigby strongly corroborates the statement of the frequency of ulceration of the cervix. Indeed, we believe, on this point, there is comparatively little difference of opinion among the principal authors who have recently written on the subject. Dr. Robert Lee, however, professes scarcely ever to have seen inflammation or ulceration of the cervix, specific and malignant ulcers excepted. We can only account for Dr. Lee's singular assertion, in one of three ways—either he has not employed the speculum in investigating such diseases, or he has a peculiar definition for inflammation and ulceration, or else he is wilfully blind and will not see.

Dr. Meigs asserts that ulcers of the cervix are not frequent; but he evidently refers to ulcers with decided loss of substance, which accords with my own experience,—indeed it is highly probable that ulceration, deep and extensive, would be much oftener found in the class of patients, from whom Dr. West's, Dr. Bennett's, and Dr. Tyler Smith's tables were made up—paupers in Hospital and Dispensary practice—than in such patients as Dr. Meigs, myself, and others, in private practice, are generally called on to treat—ladies in respectable life and comfortable circumstances, who generally apply for assistance sooner, and in whom inflammation of the cervix is very much moderated in its intensity, and kept from producing ulceration by frequent ablutions, which are very much neglected among the lower classes.

Dr. West's tables—than which nothing could be a more fair and candid statement of facts observed—would alone, without corroborating testimony, be sufficient proof of the frequency of the ulceration of the cervix. But when Dr. West comes to reason from the facts stated, his conclusions are far from what would appear to me, rational and legitimate inductions from the premises.

There is, I believe, great unanimity of opinion in the profession with reference to the frequency of inflammation and ulceration of the cervix, but in reference to the second and third points—their pathological importance and therapeutical indications—authors differ very much. To a calm and dispassionate difference of opinion, there can be no objection; but, unfortunately for the cause of science and humanity, passion too often usurps the place of reason, and vilification is substituted for argument.
Dr. West contends that the very frequency of the occurrence of inflammatory ulceration is a proof that it is of slight pathological importance, rarely requiring special treatment; and farther, he regards the fact that, in 62 women who had died of other diseases, uterine disease was found in 29, a strong argument in favor of this opinion; but how much more rational is the inference of Dr. Bennett, who says, "I, on the contrary, see in it a positive proof of what I have often stated, viz., that the existence, unrecognized and untreated, of a large amount of uterine disease in the female population, is an indirect cause of death. Inflammatory diseases of the uterus and of its neck are essentially debilitating affections, through their reactions on the functions of digestion and nutrition. When, therefore, as so generally occurs, they are not treated, they gradually induce a state of debility and anaemia, and of deficient vital energy, which may render the female unable to resist the attack of intercurrent disease, to which she becomes an easy prey. Such at least is my interpretation of this pathological revelation."

How often is the failure to recognise uterine disease due to the ignorance or carelessness of the practitioner?—the sufferings and death of the patient never having been traced to the proper cause, or the influence that uterine disease may have exercised, in rendering other diseases more serious and often mortal, overlooked entirely, or not properly appreciated?

Is it not probable, that many patients die of cardiac diseases, without the true pathology ever having been suspected? but are they of less pathological importance on that account?

If time would allow, it would be an agreeable task for your reporter, and might be interesting to the Society, to examine and comment on the opinions of those who deny the pathological importance of inflammation and ulceration of the cervix; but this would be to transcend our prescribed limits.

Without invoking the corroborative support of those who entertain views similar to our own, we do not hesitate to express the opinion, based upon our own observation and experience, that inflammation of the cervix and its sequelæ are of great pathological importance, whether considered locally or generally, in their bearing on the uterus itself, in its different conditions, unimpregnated, pregnant and parturient; or in their effects on the general system, exciting, by nervous communication, disease in other and often distant organs.
It must be admitted that inflammation, and even ulceration, sometimes exist for a long time, without materially affecting the general health, or in a great degree deranging the functions of the uterus; for we meet with cases in which menstruation continues with surprising regularity, as respects time, quantity, and freedom from pain, without causing sterility, or inducing abortion, and in which the general system does not appear to be cognizant of the local suffering, the disease only evinced by symptoms referrible to the uterus itself; but these are exceptional cases. In a large majority of cases, menstruation is deranged, either as respects regularity of recurrence, in being deficient, or excessive, or in being attended with pain.

Scanty menstruation, or an entire suppression, is frequently attendant on long standing cases of inflammation of the cervix—often persisting after the inflammation has been subdued. It is more difficult to account for amenorrhœa than menorrhagia consequent on inflammation and ulceration of the cervix; it may, perhaps, depend on extension of disease to the body of the uterus, or on involvement of, or co-incident disease in the ovaria; or it may be a consequence of the impairment of general health, consequent on the cervical disease.

Nothing could be more reasonable than to expect that the presence of inflammation would increase the normal hyperemia, attendant on ovulation, to a morbid degree, requiring for its relief a correspondingly greater amount of effusion which the presence of an ulcer, superficial or deep-seated, would render freer and more protracted, sometimes almost constant; it is now, I believe, generally conceded, that the most excessive and obstinate cases of menorrhagia are connected with, or dependant on, inflammation or ulceration of the cervix, and only to be certainly cured by local applications to that part.

It is so easy to conceive how inflammation, ulceration, hyper trophy, induration, and displacement, may render menstruation difficult and painful, that any explanation would be superfluous.

Notwithstanding Dr. Tyler Smith’s learned labors, and very scientific and elaborate treatise, it is impossible, on mature reflection, to regard leucorrhœa, in at least a large number of cases, as anything more than a symptom and effect of inflammation of the mucous membrane of the cervical canal and Nabothian glands. Leucorrhœa may proceed from the cavity of the body of the ute-
rus, or from the vagina, as well as from the cervix; but, as Dr. Rigby remarks, it would just be as rational and proper to call expectoration a disease.

The various mal-positions, whether in reference to the pelvis, or the different parts to each other, as in retro-flexion, etc., are generally consequent on inflammation, and are most frequently corrected when the inflammation is removed; such, at least, has been the result of our own observation and experience: inflammation and displacement are generally found to exist and disappear together.

Of late years, pessaries are seldom found necessary, although I am not prepared to subscribe fully to Dr. Bennett's theory of the almost universal causation of displacement by inflammation, or to agree with him in repudiating the use of pessaries. His views, in the main correct, are I believe too exclusive. Cases of prolapsus are occasionally found unaccompanied with inflammation, although it may have preceded and subsided spontaneously; but sometimes though rarely, after inflammation has been subdued, the displacement continues and produces distressing symptoms, which require for their relief artificial support.

Inflammation of the cervix generally causes or predisposes to abortion or premature delivery.

Some women, it is true, are so susceptible that they will conceive, although inflammation, ulceration, or profuse leucorrhoea may be present; they generally, however, have repeated abortions, and if they are fortunate enough to go to full term, they usually suffer very much during pregnancy and parturition, and often subsequently.

But generally such patients fail to conceive, or conceiving, are liable to frequent abortions, usually at the same period of gestation, by which the general health is still farther impaired, and often totally broken down; this is the pathology and explanation of what is termed a habit of aborting—habit being assigned as the cause, than which nothing could be more unphilosophical. After the cervical inflammation has been subdued, these patients, if sterile, generally become fruitful; or if addicted to abortion, pass safely through gestation.

These cases, which were formerly the annoyance and reproach of physicians, are now often most satisfactorily and successfully managed by substituting the surgical for the medical treatment of inflammation and ulceration of the cervix.
The following case illustrates this and several other important results from this mode of practice, so strongly, that its introduction here may not be deemed inappropriate:

Sarah, a mulatto woman, about 35 years of age—the property of Mr. L. Hopkins, of this county—for several years past had had repeated abortions or premature labors, attended with frequent profuse haemorrhages; she was also subject to menorrhagia and leucorrhœa between her pregnancies. Specular examination revealed inflammation and superficial ulceration of the cervix.

Treatment by cauterization with nitrate of silver and astringent vaginal injections was commenced, in January, 1855; but as she proved to be pregnant it was discontinued the same month, from the mistaken apprehension that it might hasten miscarriage, which was threatened. After repeated dangerous haemorrhages, she miscarried—the foetus survived a short time. After her convalescence, I advised cauterization to be commenced and continued, notwithstanding pregnancy might again occur, believing that, so far from endangering gestation, it would be the most likely means to prevent another miscarriage. She had no recurrence of menorrhagia; her general health and strength improved; in a short time, however, she ceased to menstruate, which surprised her very much, for she believed it impossible that she could be pregnant, as she had experienced none of the distressing affections usually attendant on pregnancy, from which she had always before suffered very much; nor could she be convinced, until strong foetal movements left no room for doubt. She enjoyed excellent health until quite near the end of gestation, when she accidentally fell and struck her abdomen against some hard body, after which she suffered considerably from false pains, but had no haemorrhage. At full term she had a natural and comparatively easy labor: her child, which appeared to have sustained an injury, at the time of the fall, was very puny and weak, breathed promptly, but did not survive long. The feeble health and subsequent death of the child were unquestionably attributable to the accident. This woman had a favorable convalescence, and has since enjoyed good health.

Treatment was recommenced November 14th, 1855, and continued, but with great irregularity, (in consequence of living in the country,) until the 8th of July, 1856, during which the cervix
was cauterized nine times, in about seven months—nearly a month on an average intervening between each cauterization. Could the treatment have been pursued with regularity at proper intervals, it is probable that a third, or perhaps a fourth of the time, and fewer applications, would have sufficed. August the 9th, specular examination shewed the cervix free from every vestige of disease.

In this case, besides the removal of every trace of inflammation, the menorrhagia and leucorrhoea ceased—the predisposition to abortion was corrected—pregnancy divested of its usual annoyances, and labor itself rendered more easy and natural.

Many of the lighter haemorrhages, that occur during gestation and after parturition, are doubtless referrible to inflammation and ulceration of the cervix. I believe, also, that some diseases of pregnancy, as excessive vomiting, cardialgia, etc., are often only symptomatic affections, depending on, or greatly aggravated by inflammation of the cervix. A very valuable article on this subject appeared in a recent journal. The author gives a number of interesting cases, in which the severe sufferings of the patients, during pregnancy, were fairly attributable to disease of the cervix, and promptly relieved by remedies addressed to that part. Dr. Green of Macon, in his excellent treatise on inflammation and ulceration of the cervix, says "inflammatory disease of the cervix has a powerful effect in aggravating the nausea and other distresses of pregnancy." It is well known, that when the uterus has become incarcerated in the hollow of the sacrum from retroversion during pregnancy, uncontrollable vomiting has been produced, which has been as promptly relieved by replacement. It has also been satisfactorily demonstrated that congestion, inflammation, and even ulceration of the os and cervix, may sometimes exist during gestation, without any important reaction on the general system; but it is equally certain, that in some cases distressing consequences result.

I have no doubt but that parturition is sometimes rendered more painful and protracted, after-pains more tormenting, and convalescence from labor far less rapid and favorable.

The influence on the general health, as already remarked, is very different in different cases: in some, it becomes soon and seriously affected; in others, very slowly and slightly. It may be
that in the former, the body becomes more or less involved by an extension of inflammation from the cervix, while in the latter, the disease is confined to the cervix.

It is reasonable to suppose this would be the result, from the fact that the body is principally supplied by nerves from the sympathetic, and the neck from the cerebro-spinal system; in consequence of which distribution, the body is more closely associated with other organs, and exercises more influence over them, both in health and disease: the neck is said, by some authors, to be more sensitive, but this is, to say the least, extremely doubtful; it is indeed contrary to the observation of those who have much experience in making examinations of, and applications to, the body and cervix.

Although I may differ from some who have enjoyed superior opportunities for observation, and have done much for the improvement of uterine pathology, I cannot subscribe to the opinion that inflammation of the cervix rarely extends to the body: I believe it frequently does; and it is then that the general system becomes most affected; but by this I do not mean to express the opinion, that the general system never suffers except when the body becomes involved. There can, however, be no doubt but that the cervical portion is most disposed to become diseased, most exposed to morbid influences, and does most frequently become affected first, and that such affection often continues a long time, without extending to, or involving the body.

The state of the general system is, most frequently, that of debility or anaemia, most probably resulting from the deranged state of the digestive organs, and defective innervation very frequently attendant on uterine disease, or perhaps in some cases from the profuse menorrhagia or leucorrhoea present.

The nervous system very often becomes materially involved, as evinced in the development of various nervous affections, such as the different forms of hysteria, chorea, and eventually epilepsy.

My experience has been, that while in their incipiency or in their early stages, especially when only hysterical phenomena are present, nervous affections dependent on inflammation of the cervix will promptly and permanently disappear, after the primary disease has been subdued by appropriate treatment; but if neglected long, they will continue and resist all remedies, however
judiciously and perseveringly employed, although every trace of uterine inflammation has been permanently removed.

Cases might be adduced, in proof of the happy results of prompt treatment, and the disastrous consequences of delay. Unfortunately observation much more frequently records the latter than the former. Medical treatment alone is generally relied on until it is too late for local and special to avail. One instance of each may suffice for illustration:

In the spring of 1854, Miss——, a very amiable and interesting young lady, fifteen years of age, who had been subject for about a year, at each menstrual period, to most distressing paroxysms of hysteria, attended with convulsions and temporary mental derangement, was brought to this city for medical treatment.

As she had been already subjected to very active and persevering medical treatment by an intelligent and skilful physician, without the least amelioration in her condition, it seemed perfectly useless to repeat the same, especially as the symptoms so plainly indicated uterine disease.

A careful digital and then a very cautious specular examination was made by means of Whitehead's small bivalve speculum, which is well adapted for making examinations in cases of virgins. As considerable inflammation and engorgement of the cervix were discovered, the solid nitrate of silver, by means of the speculum forceps, was applied directly to that part, and a blister directed to be placed over the sacral region. The following pills were also prescribed, one to be taken three times a day.

\[\text{B. Proto-Iodid. Hydrarg., grs. xxiv.}\
\[\text{Ext. Hyosciami, } \text{“ lxxij.}\
\[\text{Iron by Hydrogen, } \text{3iss. Make 86 pills.}\

After these pills had been taken about a fortnight, one grain of Iodide of silver was substituted for the portion of Proto-iodide of mercury in each pill, for fear of salivation. As it was so extremely unpleasant to subject so young a female to the repeated use of the speculum, after the nature of the case had been determined and one application made of the solid nitrate, I determined, for a while at least, to try the solution, which was administered with a glass syringe by an intelligent and excellent lady who attended on her with truly maternal kindness and tenderness. The solution was used of different degrees of strength, from one to three
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drams to the pint of water. This patient never had a paroxysm after the treatment was commenced—rapidly regained her general health—in three months returned home perfectly well—has never had any recurrence, but has since married, and is, I have been informed, in a fair way to become a mother.

The extreme severity of this case, its long persistence and the length of time she had been previously treated by a respectable physician, alone justified so early a recourse to an instrumental or even a manual examination, which otherwise would have been deferred until after the failure of other plans of treatment: her rapid restoration to perfect health rendered a repetition unnecessary.

Another case occurs which presents a very different picture:—Some fifteen or twenty years ago, Mrs. —— labored under prolapsus with inflammation of the cervix; treatment, though advised, was neglected for many years, until her nervous system became very seriously affected—at first she had slight nervous seizures with very transient abolition of mind and very slight spasmodic movements, only sufficient to make her stop for a moment when walking, to cease conversing, or to suspend sewing or any other occupation for an instant—such were these fits in their incipiency, but they gradually became more intense, amounting to decided epileptic convulsions. When her family became alarmed, her case was thoroughly treated—nitrate of silver was applied repeatedly through the speculum to the os and cervix; all vestiges of inflammation and ulceration were entirely removed, and did not recur, at any rate, for a year or two after, for the speculum was employed to determine the fact.

Blisters were repeatedly applied to the spine, setons were introduced and kept discharging for months, without avail.

For several years she tried tonics, antispasmodics, nervine stimulants, shower baths, change of air, travel and every remedy that promised the slightest hope of benefit; but all without effect.

Uninfluenced, by all the efforts made to relieve it, her disease constantly increased in intensity, until death kindly released her from a condition most pitiable and deplorable—her mind a wreck and her once comely person sadly changed and disfigured by disease.

Had this case been treated before the nervous system had become
involved, she would doubtless have avoided the epileptic affection altogether, and lived long to enjoy life and make others happy, for she was blessed with a good constitution and an excellent disposition.

Several other cases might be adduced to prove that, after the nervous system has become gravely affected, although the uterine disease may be perfectly and permanently cured, the nervous affection will continue.

These may be considered extreme cases—the result is seldom as favorable as it was in the former, or as disastrous as in the latter—most frequently after the uterine affection has been corrected, the general health has improved, and the nervous disease, although not removed, has become moderated in intensity or diminished in frequency of recurrence.

The appearance of my friend, Dr. Wm. E. Dearing, who has just taken his seat, recalls to my mind another very interesting case which I saw in consultation with him. A very intelligent and respectable married lady, from Charleston, had for some time been suffering from very severe hysterical paroxysms which threatened not only to destroy her physical health, but seriously to affect her mind. The speculum revealed inflammation of the cervix; this we regarded as the primary affection from which the nervous disease originated. Seven cauterizations, in about two months, removed the cervical inflammation, and with it all her nervous symptoms disappeared.

Time will not allow us to enquire farther into the effects of cervical disease on the general health—the morbid complications most frequently demanding attention and modifying treatment, are anæmia, gastric and hepatic diseases, hemorrhoids, hysteria, epilepsy and various other nervous affections.

[To be concluded in the October No.]
ARTICLE XXVII.

The Gaseous Treatment of Intestinal Obstructions. By Horatio G. Tate, M. D., of West Point, Ga.

Speculation in philosophy, and especially in Medical philosophy, is carried to such an extent, that it is not at all an uncommon occurrence for it to amount to a positive evil; it frequently takes the place of scientific facts which bear directly upon natural phenomena, and leads the mind away from the contemplation and study of agents, to the grander subjects of systems and laws. It is far more pleasant to give a loose rein to the imagination, to deal in abstract theories, to study the poetry of science, than curb our fancy down to the stern, unyielding realities of life, and deal with material things as they are, and not as we would wish them to be. It is upon this basis, we wish to invite the attention of the profession to the too frequent occurrence of obstinate constipation of the intestinal canal by intussusception or other mechanical obstructions. The often unfavorable termination in such cases should induce the honest and candid physician to record and publish every thing he may meet with in his practice bearing upon this point.

The writer is aware that, while he presents something new to the profession, his remedy may, like others, soon be consigned to oblivion; but all he asks of his brethren in physic is to give it a fair and impartial trial. We will not weary the patience of the reader farther, but give the report of our case.

March 15th. Called at night to see Will, a negro man, aged 27 years, suffering from constipation of the bowels. Had taken a dose of castor oil before visit. Complains of soreness and pain over the abdomen; pulse 120 to the minute; considerable tympany, with eructations and anorexia; frequently cries out with pain. Prescribed, at 10 o'clock P. M., 40 grs. calomel, with ½ ii. castor oil; warm poultices to the abdomen and salt-water injections—the injections and poultices to be continued through the night, or until the bowels were freely opened.

March 16th, 7 o'clock A. M.—Patient no better. Prescribed four pills, composed of calomel 4 grs., rhei 2 grs., jalap 2 grs. The pills were given in the above dose every three hours, until twelve were taken. During the whole time, at intervals, enemas were used, but returned without either color or odor. At 1 o'clock
P. M., discovered the existence of Inguinal Hernia of the right side: attempted its reduction by taxis, but failed; required the boy to attempt its reduction—he failed. Prescribed tartar emetic until patient vomited freely. Attempted its reduction again by taxis, and again failed. After having failed by the use of tartar emetic, we determined to bleed to syncope, which was done, but again failed in our attempts at reduction.

5 o'clock P. M. Dr. D—sent for, with the view to operate for Strangulated Inguinal Hernia, who could not arrive in time to perform the operation that evening; consequently Will was doomed to another night's agony. At 10 o'clock P. M., patient commenced to hiccough, which was almost incessant. Soon after this new symptom occurred, stercoraceous vomiting commenced; indeed, the quantity ejected per orem was enormous. Had no evacuation downward from the intestines. Symptoms continued pretty much the same through the night.

March 17th, 8 o'clock A.M. Dr. D——arrives. Upon being informed of what had been done, proposed putting the patient under the influence of chloroform, and again attempting the reduction of the hernia. The suggestion was adopted. Dr. D——failed in his attempts at reduction. Whereupon I proceeded to operate for Strangulated Inguinal Hernia, and accomplished in this way the reduction of the strangulated portion of intestine.

At noon, two hours after the operation, patient still continues to vomit and hiccough—says he is relieved of pain at the point of strangulation, but suffers intensely near the umbilicus (to the right of umbilicus). Prescribed 3 iss. of castor oil, and renewal of the injections of warm water, using no salt. This treatment was continued until 10 o'clock at night, at which time I procured a pump syringe, and with it threw into the bowels six pounds of warm water, which was soon ejected without either smell or color; I then proceeded, after the lapse of an hour, to inject water slowly into the bowels, until they retained the enormous amount of one gallon.

Croton oil had been given since 6 o'clock A. M., in 4 drops at a dose, repeated every hour until 16 drops were given, without the least effect upon the bowels being manifested.

March 18th, 2 o'clock A. M. Being well satisfied that an intussusception, or other mechanical obstruction, existed above the strangulated point, and having, as I conceived, used every remedy.
worthy of trial in such a case, I determined to proceed upon my own responsibility, let consequences be as they might; therefore, I began again the use of warm water enemas, throwing them into the bowels slowly and cautiously; and after having introduced, by a pump syringe, one gallon of water, I next dissolved 40 grs. of tartaric acid in \( \frac{3}{4} \) iv. of water, introduced that into the intestine; had a large compress prepared and placed in the hands of a strong negro fellow, with instructions to apply it to the anus, and hold it there, so as effectually to prevent the escape of either gas or water after I should introduce 40 grs. of bi-carb. of soda, dissolved also in \( \frac{3}{4} \) iv. of water. The soda was introduced, the compress used admirably, and poor Will rolling on the floor, crying at the top of his voice, "I shall burst, I shall burst—take that thing away, my bowels are tearing in two." The compress was removed; gas, water and fecal matter escape freely, to the astonishment of all bystanders. In half an hour the same amount of warm water, tartaric acid and soda were used again, and with the same happy effect.

The only medicine given after this, was calcined charcoal, which passed through his bowels with no difficulty. All being well satisfied that the obstruction was fully overcome, and Will declaring himself cured, he was discharged on the 20th.

Now, as to the rationale of the treatment, we presume all who are at all familiar with the anatomy of the intestines, or the generation of gases and their expansibility, will readily understand.

In order that the gaseous treatment may be fairly appreciated, it becomes necessary that a partial recapitulation of the treatment be here introduced. By reference, it will be seen that the boy had taken of castor oil \( \frac{3}{4} \) vss.; calomel 88 grs.; jalap 24 grs.; rhubarb 24 grs. and Croton oil 16 drops—all of which proved totally ineffectual.

In the successful treatment of this most fatal and alarming disease, I consider the pump syringe an indispensable implement, because more than double the amount of water can be thrown into the intestine with it, than can possibly be introduced with the ordinary syringe. After having distended the bowels to their utmost capacity by warm water and the syringe, then by the introduction of the acid and soda you become possessed of another distending power, well nigh incalculable—not sufficient, however, to rupture the intestine, but amply calculated, in my humble opin-
Lecture on Frequent Micturition.

ion, to overcome any stricture or intussusception of this canal. The amount of carbonic acid gas evolved from 40 grs. of tartaric acid and an equal portion of carb. of soda will occupy about the space of a half gallon, and when this gas evolves, acquires the temperature of the human body, (and it should be retained in the intestine long enough for this to be effected,) it will inevitably acquire double its bulk at the time of evolution.

Thus we perceive, the gaseous treatment in combination with the warm water, is well calculated to accomplish more in overcoming this dreadful difficulty than all other remedies combined; for by it, we first avail ourselves of the relaxing influence of warm water and all the force of the pump syringe; next, we avail ourselves of the power of chemical agents in the evolution of gas; and lastly, but not least in importance, is the expansibility of carbonic acid gas in acquiring the temperature of the human body—which forces, if brought to bear instanter upon the muscular coats of the intestine, might possibly rupture the same, but when applied in the gradual manner, as set forth in this article, it is well adapted to the overcoming and unfolding of any mechanical obstruction of the human intestines known to the medical profession, except permanent adhesions.

Croonian Lectures, delivered before the Royal College of Physicians, 1857. By G. Owen Rees, M.D., F.R.S., Physician to, and Lecturer on the Practice of Medicine at Guy's Hospital.

LECTURE I.

ON FREQUENT MICTURITION.

Mr. President.—In teaching our art, the plan usually adopted by professors consists in describing each disease in full: symptoms are collected, post-mortem appearances detailed, and the appropriate treatment and diagnosis dilated upon.

This method is valuable in affording us the means of comparing any particular case with the type of the class to which it may belong; imparting a kind of knowledge which all must acquire who are desirous of becoming good diagnostic physicians. There is another method of instruction, however, which may be most usefully combined with that just described.

It consist in selecting for consideration some symptom which experience teaches us to have an important meaning, and to trace it up to each of the causes to which it may possibly be due. At the
bedside we meet with symptoms not only of varying character, but of varying value; and the more important are sometimes the least regarded by the uninitiated, inasmuch as they may not be amongst the more painful.

There are some symptoms which, if they be properly studied, restrict the inquiry within narrow limits, while others bear so general a relation to disease that the mind fails to accomplish the analysis which it easily makes where the less general question is involved. It may be asked, how can we acquire this valuable quality of fixing on these more important symptoms—these indications which direct us more immediately to the truth? This is to be attained by experience only, and it is by its possession that some practitioners are enabled (unconscious of the intermediate mental processes) to detect apparently at a glance that which others may have sought for in vain. The physician's diagnosis is the result of a study of symptoms; one by one he values them, and compares them with some set or class of symptoms which he knows constitutes an especial form of disease. Some inconsistency, perhaps, arises while comparing the symptom he has first selected; in a moment, the train of thought changes. The question, then, arises whether it be consistent in its adjoined phenomena with some other class. The comparison is made again; and eventually an accordance is established leading to the detection of the true nature of the case. Rapidly as this must take place in some minds, still it must needs occur; and this reasoning back from symptoms is what the experts are constantly practising. This method I shall now adopt as the most natural in treating of disease before an auditory already well versed in its general history; and I have selected for consideration, on the present occasion, the symptoms of frequent micturition. This indication, which, under the name of "irritable bladder," is not always so carefully considered as it should be, is productive of extreme misery when present in a marked degree; but there are minor degrees which do not greatly interfere with comfort. The accession of the symptoms may be gradual, and the habits of life of the patient not such as to be materially interfered with by frequent calls to pass urine. On the other hand where social habits or occupation make it desirable that the urine should be held for a few hours, the symptom assumes considerable importance to the patient, however trivial the cause may happen to be, or however easy the cure. According as distress may be produced or not, so we may become acquainted with the symptom, either as the prominent complaint of the patient, or as an incidental circumstance to which he attaches but little importance. Owing to the latter condition, it very frequently happens that this indication is overlooked by the practitioner, so that an obscurity hangs about the case which would at once have been dissipated had the symptom caused more suffering.

I must premise that, in treating this subject, it is not my intention to enter upon the various diseased states of the prostate gland, which
we know may produce irritable bladder. This part of the subject is rather in the province of the surgeon than the physician; and digital examination, in many cases will suffice to determine the diagnosis. As compared with the bladder and the kidney, however, the prostate is far from a common cause of the symptom; and the same may be said of the uterus, which, under certain condition of misplacement, produces great bladder irritation.

Frequent micturition, while it may indicate severe inflammatory mischief in the bladder, may, on the other hand, be a purely sympathetic affection, and it is in this latter case that most difficulty occurs in tracing the symptom to its cause. The separation of the subject into these two divisions is not difficult, since inflammatory disease shows a condition of urine not observed when the purely sympathetic affection exists. When frequent calls to pass urine is connected with cystitis, by whatever cause produced, the urine contains excess of mucus, and nearly always pus, and this latter exists in the excreted urine, partly transformed into adhesive or ropy mucus. Blood may be seen also, under some conditions, colouring the adhesive mass in the chamber vessels. When the frequent micturition is merely sympathetic, and indicative of some diseased state in a distant part, the urine is not of this character. It is often clear, or merely deposits the urates, and if any other sediment occur, it is not ropy mucus. The long-continued irritation may, however, eventually involve the bladder; then, of course, the first described set of appearances will be observed. We will assume that we have a case showing the symptom of frequent micturition, and on examining the urine, we find ropy mucus as a deposit. This is occasionally coloured by blood. Albumen is also dissolved in the urine, owing to the presence of pus.

When the condition has been recognised, we may conclude that the bladder is inflamed, and that one of the three following causes is in action:—
1. Calculus in the bladder.
2. Gonorrhæal inflammation of the bladder.
3. Partial paralysis of the bladder.

The symptoms connected with the first-named cause are so familiar to the profession, that they need not be enumerated here. The points of difference between them, and the symptoms characterizing the two other states are obvious enough when calculus in the bladder produces its full effect. Fortunately, however, for suffering humanity, this is not always so, and then the practitioner may find difficulty in forming a diagnosis. Exploration by sounding by no means sets the question at rest if a negative result be obtained. Calculi, as we all know, may escape detection, even when the most skilful and practised hands hold the sound, and yet at no very remote date from such an exploration, may be easily demonstrated, both to the touch and to the ear, by any one who may have the opportunity of making an examination.
A calculus in the bladder sometimes produces scarcely any symptom whatever, save frequent micturition, with occasional pain at the end of the penis. Again, sometimes, even these symptoms exist but in slight degree, and we have hæmaturia complained of, with scarcely any other indication, the patient being able to bear a good deal of jolting without such pain as usually attends vesical calculus. This is especially observed with mulberry or oxalate of lime concretions. But the state to which I would especially draw attention is that in which the calculus causes hardly any symptoms. Such instances are rare, but we now and then hear persons complaining of frequent call to pass urine, and little else; and on examining the urine the indications of cystitis are sufficiently obvious. The frequent micturition is evidently, then, caused by inflammation of the bladder, but on what this depends is by no means so easily determined. If the patient be sounded, a calculus may perhaps be detected, but if it be not found other causes for the cystitis are sought for, and of course sought for in vain. It becomes of the greatest importance, then, to acquire the power of discriminating in these cases. May it not still be a case of calculus, notwithstanding that no calculous has been found? Much depends on our answering this question correctly. In order to do so we must look to the history of our case, and if we can exclude the two other causes for cystitis—viz., the remains of gonorrhœal inflammation, and the presence of irritating urine, owing to the existence of partial paralysis, we may feel great confidence in declaring it probable that calculus exists, and that the exploration by sounding has not done all it may hereafter accomplish.

Of the two other states above alluded to as capable of producing like symptoms, that of gonorrhœal infection is generally easily ascertained by inquiry into the more early history of the case. I am not here speaking of gonorrhœa with discharge, spreading inflammation to the neck of the bladder, and causing acute suffering. This state of matters cannot well be mistaken; but I allude to cases which arise after many weeks' cessation of gonorrhœa, when, with little or no discharge, gonorrhœal inflammation attacks the bladder. The history here might tell us all, but it so happens that the history is not always forthcoming, and the indications may be, and often are, regarded with anxiety, as possibly connected with a calculous tendency, frequent micturition and ropy mucus in the urine being the prominent symptoms.

A case of this kind occurred to me not long ago. A gentleman who had been the subject of gonorrhœa, and who had recovered from all the first effects of the complaint got married. Shortly after he became the subject of irritable bladder; ropy mucus appeared in the urine, occasionally tinged with blood, and this with a slight loin pain, was all we had to guide our diagnosis. The history, however, sufficed to place the disease before us in the true light.
I shall now notice the third condition giving rise to frequent micturition, and in urine impregnated with the results of inflammation—viz., partial paralysis of the bladder. This is a state which very often commences insidiously. The patient does not feel that he has but partially evacuated his urine, and it is only when the bladder becomes inflamed, owing to the irritation produced by retained and stale urine, that frequent micturition causes him to feel anxiety. He now, perhaps, examines, and finds his urine is passed in an opaque, instead of a transparent state, and that a layer of mucus settles in the chamber vessel. It constantly happens that these cases are not diagnosed correctly for some little time, and instruments may be passed in the belief that the cystitis arises from calculus.

Here we depend almost entirely upon history, and on inquiry we may learn that before the appearance of symptoms our patient had been obliged, on occasion, to hold his urine for a great length of time. He may not have observed after this that he passed but little urine when he had an opportunity of emptying the bladder, nor may he have connected any symptom whatever with the above condition. Sometimes the history is more suggestive. Complete retention may have existed at some remote date, owing to a distended state of the bladder. An instrument may have been passed, and the urine drawn off, and the patient may not have suffered any symptoms for many months. Then the complaints arise which we are now considering. If the case be neglected, another inconvenience occurs which should at once determine us. This consists in the urine dribbling away in small quantities, but yet incessantly.

Frequent micturition and the urine of inflamed bladder, if taken in connexion with the above history, will serve at once to distinguish these cases both from calculus and from gonorrhœal cystitis. They are often at first mistaken for the former, and nearly all the patients I have seen with this affection have had the sound passed, and sometimes by more hands than one, without any light being thrown upon the subject.

Before proceeding to the second division of my subject, I would say a few words respecting two forms of cystitis noticed by authors. First, as to cystitis occurring more or less in the character of an idiopathic affection, as caused in irritable constitutions by exposure to cold. This disease has been described, I believe, only because some mechanical or chemical cause has been overlooked. Secondly, we hear of a gouty cystitis. This, which has been described as an immediate consequence of the gouty diathesis, may, I believe, be more correctly regarded as secondarily produced by calculous affection. The irritable bladder in some gouty persons may be clearly traced to sympathetic irritation produced by renal calculus, and cystitis may eventually occur; but I am by no means inclined to believe the bladder liable to a specific gouty inflammation. One argument which has been used in favor of the specific nature of this
inflammatory state, is founded on the fact that relief has been obtained by the administration of colchicum; and were this drug quite inefficacious in all other inflammations, and invariably successful in relieving gout, some weight might be attached to the argument; but in the present state of therapeutical science it bears but little on the question.

Before considering the causes of sympathetic irritation producing frequent micturition, I must refer to a question which may very possibly suggest itself to some of my hearers. It may be thought that though sympathetic affections may require analysis with regard to the symptoms under consideration, frequent micturition must be expected in every disease connected with an inflammatory state of the urinary apparatus: in point of fact that it is a necessary concomitant. This, however, is by no means the case; and there is one cause for this form of urine indicative of inflammation requiring more especial notice, as not the slightest irritability of bladder need exist, though the urinary symptoms are otherwise closely allied to those just described. This happens when a calculus becomes fixed in the ureter. Under these circumstances there may be merely such sensations about the urethra as are easily accounted for by the altered nature of the urine, which is generally highly alkaline, and deposits the earthy phosphates if kept. We are well aware how irritating the presence of calculous matter is in the kidney, and in the bladder; and so long as the inflammatory state of the urine is observed we always expect frequent micturition. In the case I now refer to, however, the calculus gives little inconvenience. The history of its first leaving the kidney may be remote, but inquiry will lead to the point, and severe pain be described as having occurred at some date antecedent to the appearance of mucus and pus in the urine. I doubt not that some of my hearers may have seen a case or more in which post-mortem examination has shown the ureter of one side blocked up by calculus, the ureter above greatly distended, and the organ probably undergoing gradual destruction.

Having now spoken of cases of frequent micturition in which the urine gives indications of cystitis, I will proceed to consider the other division of the subject, including those cases in which the secretion is not so materially affected, and which arises from sympathetic irritation of the bladder. This class is a somewhat numerous one. One of the most common causes for the symptom exists in the presence of kidney disease, and especially that known as morbus Brightii. Here the frequent micturition for the most part occurs at night, and the patient may disregard the inconvenience for a length of time. Scarcely any other symptom of the disease may be present, and if this one be not sufficiently valued by the practitioner the malady may escape detection altogether. There may be slight dyspepsia, and perhaps a somewhat anaemicated look. The urine may be clear, and no deposit indicating cystitis present;
but the bladder is irritable. Under these circumstances, the ques-
tion as to the possible albuminous condition of the urine should at
once suggest itself. If this be detected, then it becomes necessary
to deal with the question of albuminous urine in its relations to
disease, and to determine whether we may refer it in this particular
instance to granular degeneration of the kidney. What is it neces-
sary to do in order to effect this? I need not remind my hearers
that albumen may be present in the urine merely as a concomitant
with pus or with blood. The first step, therefore, should be to ascer-
tain whether or not either or both these be present, and microscopic
examination is rarely necessary in order to effect this, as far more
than a microscopic quantity of the corpuscles of these fluids must be
mingled with the urine to render it albuminous in any marked de-
gree. We will assume that these sources of fallacy are removed,
that the urine contains the serous part only of the blood, as in mor-
bus Brightii, and now the question may be asked, upon what other
states may this depend? This is an old query. It was the diffi-
culty which occurred to the minds of practitioners when Dr. Bright's
discoveries were promulgated. It was thought unlikely that albu-
minous urine should possess such especial and exclusive significance.
Many assertions were made tending to lessen the value of the indi-
cation; and had there been any amount of truth in the allegations,
albunuria would long since have been recognised as a very
common symptom, existing in numerous diseases, and even occur-
ing under conditions scarcely to be distinguished from perfect
health. Thus it has been said that eating pastry or drinking milk
in quantity will cause albumen to appear in the urine, and a mercu-
rial course has been supposed to produce the same effect. Some
believe it a common concomitant of ordinary colds, and as easily
produced by any interference with the function of the skin. The
attention I have paid to the subject, with ample opportunities for
experience, enables me very confidently to contradict the above
statements; but it may not be out of place to mention one or two
other objections to the exclusive nature of this indication, posses-
sing more claims to notice.

Albumen appears occasionally in the urine during gestation.
Some women have been known to excrete it during every pregnan-
cy, and no evidence has subsequently appeared to prove the exist-
ence of diseased kidney. This fact was first noticed by Dr. Lever.
Albumen, again, may nearly always be detected in the urine of
women suffering from puerperal convulsions. Again, during the
progress of cholera asphyxia, the urine frequently becomes albumin-
ous. It is said to assume this state also in typhus; but if this ever
occur it is a rare concomitant of that fever, and if it be present it
will be well to look to the kidney.

The conditions just described are obviously such as but little in-
terferé with the diagnostic value of albuminous urine, inasmuch as
they are easily recognised.
I would, lastly, notice those statements which, were they proved by the facts adduced, would entirely destroy the value of albuminous urine as a guide to diagnosis. A writer of considerable chemical acumen, but evidently ill-informed in the phenomena of disease, and who, like many other chemists who have meddled with pathology, has done much to confuse a very important subject, has declared that "albuminous urine has now been so frequently observed in numerous diseased states of the organism, independent of Bright's disease, that the idea has long been abandoned that granular degeneration of the kidneys always occurs where we have albuminous urine." So far so good. If we except the word numerous, what I have already said is quite in accordance with the view propounded; but our author goes on to say, that albumen exists in the urine of blooming health, and without giving us the sequel, contents himself with describing albuminuria and robustness. The case (if correctly reported) is that of a confirmed, but perhaps early, stage of morbus Brightii. While suffering from a mild catarrhal-rheumatic affection, the author found a trace of albumen in his own urine. Next we have a case quoted in which the presence of albumen may have been simulated by phosphates; but even if we allow that albumen was present, there is no account of the after-history, nor of the post-mortem, to set the question at rest as to the existence of morbus Brightii. The patient, in this last case, was the subject of pneumonia, a disease which often complicates chronic albuminous nephritis, and in all probability, if albumen really existed in the urine, this patient had a degenerated kidney.

We next have two cases which are almost certainly true morbus Brightii; the one regarded by the author as rheumatism, the other as dropsy with albuminous urine, but not with kidney disease, because as he writes, "the patient complained of no pain (even on pressure) in the lumbar region."

These statements, which are to be found in the writings of the late Professor Simon, of Berlin, have done much to interfere with progress. The merest tyro of our schools could have told our author that patients with morbus Brightii scarcely ever complain of lumbar pain—that it is by no means to be expected, even in the severest cases—that its presence is the exception, its absence the rule; and that the same remark applies to pain produced by pressure over the region of the kidneys.

The carefully collected records of hospitals have now satisfactorily determined this question; and it may be confidently stated, that albuminous urine indicates either a degenerated kidney, or some state of the organ preceding degeneration; and that the sources of fallacy are not material, consisting as they do of conditions which can be easily recognised—such as pregnancy, puerperal convulsions, and cholera asphyxia. I would add a precaution here, however—viz., not to draw any inference from the examination of urine obtained after death, when albumen may be often detected as a result of transudation.
Among the causes for frequent micturition (irritable bladder) we find brain affection has been enumerated; but from the accounts we read of these cases it appears highly probable the cerebral condition described was merely one of the concomitants of kidney disease, which it was not possible to recognise before medical literature had been enriched by the writings of Dr. Bright, and before his discoveries had been promulgated. Surgical writers have spoken of this form of irritability.

There is a state of urine to which I would now direct attention, as occasionally productive of frequent micturition but which easily admits of relief. It consists in an increased acidity generally observed in gouty subjects. Uric acid is occasionally seen as a deposit, but not always so at the commencement of the malady. These cases sometimes occur in connexion with albuminuria, and the fact is an important one, because it seems to constitute a point of difference in the views of those whose acquaintance with the subject of albuminuria is profound, and whose experience has been most extended. The question lies thus:—If a patient passing uric acid pass also albuminous urine, and if these conditions continue many months, is the case necessarily one of kidney degeneration? M. Rayer, with whom I had a most interesting consultation last summer, holds that the gouty or uric acid diathesis may affect the kidney, causing a degeneration of its structure (Bright's disease—"néphrite chronique albumineuse" of the French,) or it may, on the other hand, cause a discharge of albuminous urine (in consequence of the uric acid crystals irritating the tubules,) without any degeneration of the kidney occurring as a consequence. This latter state may last, it is said, for months, and, according to this doctrine, even after some year or two, the case is not to be condemned as necessarily connected with degenerate kidney. The concurrence of uric acid deposit with albuminous urine was noticed by Dr. Prout, who even went so far as to believe in a necessary connexion between the two. Uric acid, however, is so familiar to us as a deposit without albuminous urine that this necessary relation cannot possibly exist. When, however, the two happen to occur together, we have a condition admitting of the two interpretations just given.

The persistence of albumen month after month has been considered by Dr. Bright and his followers as necessarily indicative of organic change in the kidney, and that this is generally the case cannot be denied. We see the fact constantly proved in our hospitals; but the question still lies open as to whether the uric acid crystals may not cause albuminous urine to appear for many months, or even longer, by irritating the tubules. We frequently hear of cases of albuminous urine going on for years and years without any very serious inconvenience to the patient. We hear also of cases which have been cured, the patient remaining well for years. Let us consider whether we are to believe in this less hurtful albu-
minuria, and whether the cases which appear to admit of relief are those in which the irritation of uric acid crystals is causing the albuminous discharge, without any organic disease being necessarily present in the kidney. Since my attention has been directed to the point, I have had two opportunities of observing albuminuria in connexion with the uric diathesis. The albumen was present in abundance, but disappeared under alkaline treatment in one case almost immediately.

Here we may have had an early case of Bright’s disease in a gouty subject, which was relieved by treatment, or, it may have been a case of irritation of the tubules by uric acid, as described by M. Rayer. For my own part, the rapid relief from alkaline treatment inclines my belief strongly to the latter view, and it appears probable, that though gouty subjects are prone to Bright’s disease, they yet may pass albuminous urine from another cause.

But what are we to say to cases in which the albuminuria persists for months or years? Are we to believe in the possibility of this discharge of albumen continuing, without the kidney being organically diseased? My conviction was strongly against such a belief, but that opinion has been somewhat shaken of late.

It has always been a puzzle to explain the old case referred to, in which morbus Brightii is born with apparent immunity, and I am by no means satisfied but that an explanation may be found for this apparent anomaly in the condition noticed by M. Rayer.

I have at present a patient under care, who has passed albuminous urine for six years and more, whose state of health, so far as we can judge, is perfect. Strong, active, and energetic, she repudiates the idea that she is an invalid. She is of a gouty family, and has occasionally passed uric acid. The urine has never been of low specific gravity, no fibrinous casts have ever been detected, and there is no evidence whatever that the blood or other fluids have become degenerated in any way. Alkaline treatment has answered well in this case. Under its use, the albumen has disappeared for days and days together, and though it is still occasionally found, it is always in very small quantity.

If ever a case existed capable of clearing up the difficulty I have alluded to, this is the one. Can the gouty diathesis, with its uric acid crystals, be causing the albuminous urine, or have we a case of true morbus Brightii? Post-mortem examination alone can determine this.

The next cause for frequent micturition which I shall notice consists in the presence of calculus in the kidney. Here the irritation is often most excessive, and there is the greatest difficulty in persuading the patient that his bladder is not diseased. These cases are generally amongst the most satisfactory that can fall under our care. Little is to be done, and doing little or nothing is often a hazardous step as regards the fame of the practitioner. You cannot expect the suffering and ignorant patient to believe in your
declaration that he must still suffer on till some lucky accident either expel the calculus or enable it to become encysted, and he will fly to those who in accordance with his own views, may proceed to treat him for disease of the bladder. I have known these cases regarded as dependent on irritation of the neck of the bladder caused by stricture, and have seen the most lamentable results brought about by the violent measures resorted to for relief.

The correct diagnosis is not very difficult. The history generally tells of haematuria, probably at some remote date, and of occasional loin pains and uneasiness. The general health at first is but little disturbed. The urine shows none of the indications of cystitis, is generally clear at first, but in old cases it becomes slightly clouded. This cloudiness is dependent on the presence of pus, which exist in small quantity. We must not expect to find haematuria a warning symptom. In many instances it is certainly present, and our diagnosis is then more easily made, but if haematuria do not exist at the time of our seeing the patient, and when we have an imperfect history to guide us, the case cannot be determined so easily.

Frequent micturition, with small quantities of pus in the urine, loin pain, and lassitude, if we have an early history of haematuria, should guide us to diagnose renal calculus; and even if frequent micturition and a small quantity of pus be the only symptoms, we shall generally be right in giving the above opinion, even if history fail to afford us evidence of haematuria. The presence of a small quantity of pus in the urine would appear easily explained in its relations to renal calculus.

The hollowing out of the nephritic structure, which we find occurring in order to make room for calculi about to become encysted in kidneys, must have been effected by a gradual process of disintegration, and this we know is preceded by inflammation. The purulent discharge would thus seem to attend the formation of a convenient cavity for the lodgement of the calculus. So long as this action is going on, the patient will pass pus in the urine, and it may be some years before matters are adjusted. The constitution has much to go through. A scrofulous taint leads to abscess in the kidney and death. The more fortunately constituted generally do well, provided they can be induced to avoid the catheter and the sound.

In speaking of the condition of the urine in this calculous affection of the kidney, I have made use of a somewhat indefinite expression—viz., "a small quantity of pus." By this I would wish my readers to understand an urine depositing a yellowish-white sediment, but not in such quantity that the patient's attention need be attracted by it. It renders the urine but slightly turbid as it is passed, or when the deposit is shaken up in it.

This is the general state of things when nephritic calculus is encysting, or when it fails to find its way down the ureter, provided
constitutional causes do not interfere to produce suppurative disease which may appear in the form of pyelitis or of general abscess of the kidney. This purulent impregnation is constant, and if it fail to show itself, so as to be evident to the unassisted eye, the microscope rarely fails to demonstrate the presence of pus so long as the bladder is irritable.

There is a cause for frequent micturition so nearly connected in its symptoms with that last noticed, that it naturally suggests itself in this place. It consists in a state of kidney known as strumous kidney, or phthisical kidney, as some authors have designated it. If calculous disease develope itself in a strumous subject, we find very early that abscess results, but in all subjects some amount of pus may be expected during the time of encysting. In phthisis of the kidney, however, the bladder becomes irritable, without any evidence of a calculous disposition; and we find that pus can be clearly proved in the urine. The symptoms are generally at first considered to depend on calculus, and it too often happens that the disease has made great progress before the real state of the case becomes evident. The symptoms are at first nearly identical with those of nephritic calculus. The same degree of sharp lumbar pain, however, is not present, and there is no history of haematuria; but the symptoms presenting themselves at the time of examination bear a striking similarity; and if the previous history be not ascertained, a diagnosis is next to impossible. It is both for the advantage of the practitioner and of the patient that this distinction should be early made; for if calculus be the exciting cause, of course our prognosis will be more favorable.

The two points for consideration are—1st. The diathesis of the patient. 2nd. The history as to haematuria. If frequent micturition and purulent urine, such as I have described, be present in a strumous person, and we have no history of haematuria, we may diagnose phthisis of the kidney. If frequent micturition and purulent urine co-exist with a history of haematuria, then, in all probability, there is calculus. We must not conclude, however, that because calculus is present we have no fear of the worst results, for if the patient be of strumous habit, abscess may result as a consequence. In all cases, however, the history of haematuria is an advantage, inasmuch as even should the patient be strumous, the calculus may be voided, and the exciting cause of mischief being thus removed, the kidney may recover itself, and the patient do well.

It is not many months ago that I saw a remarkable strong young man suffering from loin pains and general malaise, in whose urine small quantities of pus were nearly always present. The case interested me much, and I looked with some anxiety for the previous history. There was a strumous diathesis; and from the moment I made my examination, I felt certain that all depended on the history involving haematuria or not. In any case, the strumous diathesis made it a serious affair; but in the absence of haematuria, the only
cases when, conclusion which could be arrived at was that the nephritic mischief had resulted purely from struma. As phthisis of the kidney progresses, we may have enormous quantities of pus evacuated. It is only therefore, to the commencement of the disease that my remarks apply; when, with frequent micturition, we have the slightly purulent secretion simulating calculous mischief.—[London Lancet.


Case I.—As I was passing by the house of Mrs. C., living in Montgomery County, Tennessee, during the Spring of 1853, I was called in and consulted by the lady, in regard to a negro girl, eleven years old, who, she stated, had been troubled with a regular discharge resembling, more than anything else, the monthly sickness. She had been troubled with the discharge nearly two years. At first it was pale, and of a yellowish hue, small in quantity, but coming on very regularly. In the course of a few months the quantity became increased considerably, and assumed a more florid color. The girl was called in, but could give but little information about it. She said about two days before it came on, she felt a little sick in the stomach, and that her back ached a little, and her head felt giddy, but after the discharge came on, all of the above symptoms subsided, and she then felt as well as she ever did in her life. It generally lasted from two to three days. Her breast and organs of generation were not larger than ordinary girls of her age.

We concluded to leave her entirely in the hands of nature, and watch the case as strictly as we could. Her mistress informed me occasionally that she was doing very well, and that the discharge still continued.

During her twelfth year she grew very rapidly indeed, so much so, that I hardly knew her after the lapse of a few months. Her breast had grown considerably, and her genital organs had taken on all the characteristics of womanhood. The latter part of '55, I was summoned to see her about 9 o'clock at night, and found her in the second stage of labor. In the course of an hour and a half she was delivered of a full grown, healthy, female child. She resumed her accustomed work, about the usual time, and enjoyed perfectly good health for nearly twelve months, at which time she died very suddenly, perhaps from apoplexy or disease of the heart. Her child is still living, and appears to be in the full enjoyment of perfect health. Notwithstanding she was a mother, she retained up to her death many of the plays and notions of a child.
Case II.—June 7, 1854. I was called to see a negro girl, ten years of age, belonging to Mr. B., of Montgomery County, Tenn., and learned from her mistress, that the mother of the girl had called her attention to a discharge that the girl had been troubled with for the last eight or ten months previously, coming on, as she thought, very regularly, every month. She appeared to be very well grown for her age, and remarkably healthy. There was but little pain or uneasiness, if any, about the back, abdomen or head, previous to the appearance of the discharge, as is generally the case, notwithstanding the discharge was tolerably copious, and lasted for four or five days. Upon examination we found her breast not at all enlarged, nor her genital organs in any way larger than common. She was left entirely to nature. The discharge kept up until the following October, at which time she had an attack of typhoid fever, lasting some six or seven weeks. During the progress of the fever the discharge failed to make its appearance; after her recovery it again appeared, and has kept up regularly ever since—I having received a letter from her mistress to that effect—and also that she has grown very much within the last six months.

Case III.—September 9, 1855. I was called to see a negro girl, eight years old, belonging to Mr. T., of Montgomery County, Tennessee. The mother of the girl becoming alarmed, owing to the absence of her mistress, sent for me. I enquired into the history of the case, as well as I could under the circumstances, and learned from the mother that the little girl had had a slight discharge from the vagina for some considerable time; that the first time she noticed it was about a year previously, but she did not think much was the matter with her, and it would soon pass off, but it had come on that morning, and was so much more than common, and her mistress being absent from home she thought she had better send for me. She had but little appetite for a few days before and after its return, but made no other complaint. She was examined as minutely as possible, but we could find nothing unusual about her size, or the growth of her organs of generation. The discharge lasted three or four days, and passed off gradually, assuming a pale yellowish color. The fifth of November she was taken with a peculiar form of fever, which prevailed in a great portion of the above country in 1855 and 1856, which appeared to be "mongrel" in character, and taking on both the symptoms of bilious and typhoid fevers. She was confined to her bed for about five weeks, the discharge failing to come on at its regular period. The latter part of December she had an attack of pneumonia in the left lung, which lasted ten or twelve days. She recovered very slowly, being worn down very low in flesh from the severe, continued fever she had labored under. The discharge did not present itself until the following June, at which time she
had regained her flesh. From this time she grew very rapidly, and is now putting on all the characteristics of womanhood. Her disposition in many things, however, still continues that of a child.

Case IV.—June 3, 1854. I was attending the family of Mr. P., of Montgomery County, Tennessee, and was consulted by Mrs. P. in regard to a negro girl, twelve years of age, who had been troubled with a discharge from the vagina, resembling the menses, for some ten or eleven months. The mistress felt some degree of uneasiness about it, thinking surely it could not be her monthly sickness making its appearance at so early an age. She desired something done for her, if possible, stating that she was an excellent nurse and house-girl, and one with whom she could trust her children at all times, without any degree of uneasiness, and of course, would dislike very much to lose her. I relieved her uneasiness of mind, as well as I could, by telling her that I supposed it was her monthly sickness coming on naturally, but at a much earlier age than is usually the case. No treatment at all was prescribed for her, leaving her entirely in the hands of nature. A few months afterwards I was called to see her at night, in haste, the messenger stating that she had had a fit late in the evening, and they thought she was dying when he left home. When I arrived I found her to all appearance insensible to all around her; her pulse was feeble and frequent, her respiration panting and laborious, with an occasional deep sigh, with the escape of some frothy mucus from the mouth and nose; her pupils unaffected as far as we could discover. After examining her as minutely as we could, we supposed it to be a case of hysteria, and treated her accordingly. After a short time the distressing symptoms disappeared, and in a few days she resumed her accustomed labor. It is proper to state, however, that her catamenial period had passed off some four or five days previous to her attack, and was quite scant in quantity and of a pale yellowish color. Two months afterwards she had a second attack, which lasted but a few hours, was very light in its character, and passed through it without any medical aid; seven months afterwards she miscarried with a male fetus, at about the fourth month. Nothing unusual occurred after her confinement. The discharge made its appearance again in about three months, and she has since been in the enjoyment of perfectly good health.

All the cases of Early Catamenia that I have seen, have occurred in negroes. An interesting question arises, whether these were idiosyncracies, or whether they arose from a recurrence to the original constitutional type of the race, early menstruation being a characteristic of the native African tribes; if the latter, then a return to generic peculiarities, long obliterated by a change of climate and habits may possibly have some bearing on abstruse ethnological speculations.—[Memphis Med. Recorder.]
On Contagious Furunculoïd. By Dr. Laycock, Professor of the Practice of Medicine in the University of Edinburgh.

In this lecture Professor Laycock says he was the first to point out that boils were ever epidemic, and that they were associated, as to cause, with other eruptive diseases. This he did in a clinical lecture he delivered at York, in February, 1851, and published at the time. At the same time he laid much stress on the contagiousness of this affection. He now adduces some interesting facts in relation to these points—observing that up to 1851, the epidemical relation of the materies morbi to malignant pustule, phlegmon, and onychia, had not been manifested. Dr. Laycock proceeds:

"In my published lecture of February 25th, 1851, I illustrated several varieties of the disease by cases, and indicated the following principal forms: 1. Simple furuncle. 2. Effusive inflammation of the derma, manifested in the form of eczema, pemphigus, and phlyctenæ. 3. Suppurative inflammation of the derma, resembling impetigo and eczema. 4. Carbuncular inflammation. 5. Two or more of these occurring coincidentally. More recent observation shows that we may add to these—6. Sloughing gangrene of the lip, eye, tongue, vagina, scrotum, etc. 7. A diffused inflammation of the cellular tissue, returned to the registrars, as a cause of death of late years, under the term phlegmon. 8. Another form, seldom fatal, that of whitlow. I will now refer to each of these specially.

"1. Simple furuncle.—The course of the simple furuncle is very definite. An itching is usually first experienced, and then a small hard pimple may be felt in the skin, not larger commonly than a small pea. This enlarges from day to day, and the skin becomes red over it. About the fourth day the centre softens, and on the fifth suppuration is established, with partial destruction of the subcutaneous cellular tissue (the slough or 'core'). By the seventh day there is commencing cicatrization. Rarely more than four or five of these occur at once.

"2. The furuncle, with vesication or pemphigus.—In the furuncle with vesication, the inflammation is preceded by a vesicle; the pruritus is greater, the erysipelasous redness more extended, and, in bad cases, true phlyctenæ form. These may be prolonged to the fourteenth day. In a few rarely occurring cases there is a phlyctenæ only.

"3. Ecthyma.—In the impetiginous and ecthymatous form, the boils are usually interspersed with ecthyma, impetigo, or eczema. It is not uncommon to find this variety preceded by a pemphigoid eruption, in which the serum is opaque and purulent, and terminating in crusts. This sometimes attacks the eye, constituting a stye.

"4. The Carbuncular form.—When the disease is carbuncular, it may appear as true carbuncle, or as a spurious form, in which
there is, in fact, a confluence or blending of furuncles. Both these are usually seen on the nucha, back, or loins. The true carbuncle may be either solitary, or, as is common, may arise amongst a number of furuncles.

"The eruption in all these forms is usually seen on the back, nates, thighs—less frequently on the legs and face, still less on the trunk. The bend of the joints, or the ends of the fingers (as in whitlow,) are not unusual situations. The seat of the disease will, however, depend upon the nature and locality of the exciting cause. Wherever a local irritation is induced, there will most probably be the seat of the specific inflammation. A blister is one of the commonest of the exciting causes; the application of a poultice, or of an irritant ointment, a slight blow, and the like, will also act as exciting causes of the disease. A crop of boils is a not unfrequent occurrence after an eruptive fever, as variola, scarlatina, the "dengue," etc. In these cases the cutaneous inflammation operates as an exciting cause, in the same way as the inflammation consequent upon a blister.

"The accompanying constitutional disturbance varies much. In healthy individuals it is not at all well marked—in the cachetic the tongue is usually coated, sometimes brown, the appetite impaired, the bowels constipated: occasionally rigors and febrile reaction are manifested, and great debility felt. This disease became prevalent in the clinical wards of the Royal Infirmary of Edinburgh during June, July, and August last, subsequently to the admission of a Dane, resident in Leith for nine months, who was affected with the pemphigoid and impetiginous form. In him it appeared principally over the sacrum, as a vesicle, followed by a superficial ulceration, surrounded by an inflamed areola, and covered by a thick crust. Interspersed among these were isolated pustules, with an indurated inflamed base. Under the use of quinine, with mineral acids and warm baths, the pemphigoid characteristic disappeared, but the impetiginoid furunculi were more numerous and larger. Unfortunately, other patients in the ward used the same bath in which this patient bathed, and when some of the crusts from his body (it was reported) were floating upon the water. Several of these were attacked with the same furunculoid eruption. The following history illustrates the origin and varied forms of the disease: on the 3d June, George Stewart, Ward 11, had a blister applied between his shoulders, which ran the usual course. On 11th June he complained of a pain in the seat of the blister, and on examination it was found that a number of pustules, with an indurated base, had appeared there, principally upon the upper and right edges of the space which the blister had occupied. They varied in size from a pin's head to a four-penny piece; some got no larger, but others increased in size, and suppurated, so that a whitish tenacious fluid could be squeezed from them. On the evening of the 16th June a large poultice was
applied; next day blebs, like those seen on the Dane, were observed to be intermingled among the furuncles, containing an opaque purulent fluid, while near the angle of the right scapula, one of the furuncles was fully an inch in diameter. This at last became a large carbuncle, about three inches in diameter, containing the usual sloughy tissue. Another large boil also showed itself on the back, lower down, which, on being incised, was found to contain blood only. The treatment ordered in this case was the water-dressing to each separate boil, the careful removal of their contents, and the most sedulous attention to cleanliness. The result was a check to any further formation of furunculi.

"5. The phlegmonous, phagædenic, and gangrenous forms.—These seem to occur in individuals who, from some pre-existent morbid state of the blood and of the nutrient forces, are already in such a condition that the ordinary sloughing inflammation of the phyletina, furuncle, or carbuncle, becomes exaggerated into rapid death of the tissue. The lip and vagina in children are specially prone to become the seat of phagedænic inflammation, not unlike hospital gangrene; more rarely, the serotum and perinæum in the aged. The late Mr. Harvey Ludlow (when house-surgeon to St. Bartholomew's) called the attention of the profession, in 1852, more particularly to carbuncular inflammation of the lips and other parts of the face; Mr. Stanley and Mr. Lloyd have also observed the affection, and noted its alliance to carbuncular and furuncular inflammation. Happily, these cases are comparatively rare, for the destruction of the tissues is frightful as to extent and character.

"6. Onychia or whitlow, and suppurative inflammation of the fingers and palms, and the palmar and digital sheaths of tendons.—These forms seem to be of rarer occurrence in the United Kingdom than in the United States and on the Continent. They are not unfrequently followed by contractions of the fingers, caries, etc. They are probably due to circumstances which bring the poison into immediate contact with the hand and fingers. I shall shortly adduce facts in illustration of this view. Dr. Hamilton Kinglake, of Taunton, has specially recorded the prevalence of whitlow in Somersetshire, in conjunction with boils and carbuncles.

"Before entering upon the etiology, it will be useful to examine the pathological anatomy of the disease. It is primarily an inflammation of the derma and of the subjacent cellular tissue, ending variously, in accordance with varying conditions. When it attacks the surface of the derma, effusion of serum, of a seropurulent fluid or of a bloody ichor, is the result; when it attacks the derma proper, the various forms of furuncle, carbuncle, or anthrax, occur. It is an almost universally accepted theory, that the 'core' of the suppurating tumor known by these names consists of sloughing cellular tissue, combined with exudative deposit; and that the slough is consequent upon strangulation of the blood-
vessels of the part by the distended and resisting tissues that surround them. There are various reasons for adopting this theory, if it were only necessary to explain the simple furuncular or carbuncular form of the disease. For example, it is in accordance with the theory that carbuncles and large furuncles are the most prevalent in those portions of the surface where the skin is the most dense, as the neck, back, nates. It is also in accordance with the theory, that the sloughing should be most extensive in those individuals in whom the vital energy is feeble, and a cachetic state is present which predisposes to inflammation of an asthenic type, such as that complicating nephria. But there are various phenomena which the theory does not explain. It does not explain the more diffuse inflammation and suppuration of the cellular tissue known as phlegmone, or that gangrenous form which attacks portions of the skin not at all dense, as the lip, vagina, and serotum; and above all, it gives no explanation of that rapid and fatal gangrenous form of carbuncle known as the pestis carbuncularis of horned cattle, and which, when that disease is communicated to man, is charbon or the malignant pustule.

"These residual phenomena point, therefore, to another cause of the characteristic inflammation. This is probably a specific and communicable materies morbi, the operation of which, upon the living tissues, is to devitalize them. Experience and observation as to the spread of the epidemic, have convinced me that this doctrine is so important an element in the etiology, that without it we have in fact no trustworthy clue to the pathology and treatment.

"I have observed that the materies morbi of the contagious furunculoid is communicable—1, from one individual to another; 2, from one portion of the skin to another portion, in the same individual; and 3, that if this communication be thoroughly prevented, the progress of the disease in a family or in an individual is arrested.

"I have already mentioned examples of the probable communication of the disease from one individual to another, as having occurred in the clinical wards of the Royal Infirmary of Edinburgh. In a similar way, it has been repeatedly observed to spread through families, schools, asylums, etc., where no precautions have been taken to prevent contagion. In such examples, it will usually be found that the affection, although slow in its progress through the population, attacks equally in succession the strong and the feeble, going on unmodified by diet, temperature, seasons, etc. Often, on inquiry, it will be found that the members of a family have had the disease subsequently to the admission into the family circle of a person affected with it. And inasmuch as no other reason can be assigned for its spread, which shall with equal comprehensiveness explain it (all theories as to peculiar atmospheric conditions, peculiarities of diet, etc., proving
On Contagious Furunculoid. [September,

insufficient), it is a reasonable and philosophical conclusion, that it is communicated from person to person.

"The recent furuncular epidemic appears to have been generally prevalent throughout the world—certainly in the European and American continents, throughout the United Kingdom, and in all the British colonies. In England and the United States its appearance has been coincident with various epidemics. Typhus, influenza, cholera, small-pox, scarlatina, measles, hooping-cough, and croup, were epidemic in London, in successive years, coincidently with a largely increased mortality from phlegmon and carbuncle. In the years of the maximum mortality—namely, 1853 and 1854, the prevailing epidemics were cholera, scarlatina, measles, hooping-cough, and croup.

"In the summer of 1850, boils were widely epidemic throughout the United States; they were described as being 'almost universal,' and carbuncles as being common. The epidemic was co-extensive with a lichenous febrile eruption, termed 'prickly heat,' and with the 'dengue'—an eruptive fever, having points of similarity with both influenza and scarlatina. In this epidemic the furuncular eruption was often a substitute for the ordinary cutaneous inflammation.

"The etiology of the ordinary, sporadic form of the cutaneous inflammations I have considered, does not throw much light upon the etiology of the epidemic. The recognized pathology of boils is, I am inclined to think, in a great degree erroneous; it is certainly a fallacy that they are depurative. Those which occasionally supervene in persons undergoing a rigid course of hydriatics, are usually mentioned as illustrations of this theory; but it appears just as reasonable a conclusion that the copious imbibition of water induces such a cachectic state as constitutes a highly predisposing cause of this peculiar form of inflammation. I certainly think that a patient is free from a fertile source of depressing irritation when he is free from them, and that if they occur, the sooner they are cured the better. One great fact, however, stands out distinctly, the severe forms of furunculoid, are constantly associated with cachectic states."

Dr. Laycock adds in conclusion: "I have already indicated some of the sources of the matières morbi, but it is certain. I think, that these are not all. The local inflammation is of a kind induced by various septic poisons. Of these, that which appears to be generated during a severe and prolonged parturition, is one; probably the poison of puerperal fever is another; and of the Levant plague another. It remains to be determined whether the various poison may not, under certain circumstances, be the matières morbi: it may be equally a question whether the flesh of animals, dead of dysentery, typhus, pleuripneumonia, etc., may not, when
used even as food, be a means of communicating the disease. As to all these points, there are analogies in the natural history and behaviour of epidemical and communicable fever-poisons, such as to warrant cautious and careful inquiry."—[Edinburgh Med. Jour. and Rankin's Abstract.

On Circumscribed Atrophy of the Skin. By Dr. Reuss.

Dr. Reuss reports two cases of a disease of which he states he has found no description in authors, and which appears to be almost identical in its characters with what we ourselves witnessed in April, 1856, in a young woman.

A lad, æt. 15, at the end of 1855, had typhus, and while at its acme several parts of the skin were observed to undergo a peculiar change. They assumed a reddish-blue or reddish-brown color; under a slanting light appeared whitish, as an asbestine or satiny gloss, and sharply cut off from the surrounding skin. They formed elongated streaks of half an inch to three inches in length, and were from one to four lines broad, and were all directed vertically or obliquely to the axis of the body. They were symmetrically arranged in both lower extremities below the trochanter major, above the patella, above the internal condyle of the femur, and across the outer side of the leg; altogether there were from twenty to thirty such streaks on each leg. The affected parts were sunk below the level of the surrounding skin; and when pressed the bluish color disappeared, and one could see the blood return into the subjacent dilated capillaries. The sensibility of the parts was diminished. Three months later, the appearances had somewhat faded, but were essentially the same. The second case resembled the last, but was not so well marked; it occurred in a young woman, aged twenty-eight. The one we ourselves observed occurred in a servant girl, aged twenty nine, who, after suffering from some severe abscesses, found that small white spots formed on the left side of the neck, extending from the sternum over the clavicle towards the spine—like zoster. The spots were sharply defined, very smooth, and bloodless; and looked as if the sub-epidermic tissue had been punched out. There had never been any elevation of the tissues or secretion. The outline was generally circular; or, where two or more spots had coalesced, the outline became oval. They varied in size from the point of a pin to a split pea. There was a small patch of similar white spots on the right hypochondrium. Her general health, at the time we saw her, was good.

Like Dr. Reuss, we failed at the time in meeting with anything analogous in works on skin diseases. In the fourth edition of Mr. Wilson's works "On Diseases of the Skin", (p. 378,) which has just appeared, the affection is described under the name of Morphea Alba.—[Vierordt's Archiv. and Med. Chir. Review.

Anaesthesia is a conquest which will endure notwithstanding the accidents which now and then occur to surgeons. But yesterday this method counted two agents, sulphuric ether, now seldom used, and chloroform, almost universally adopted. A third is now being tried.

On account of the deaths which have occurred during the use of inhalation in the hospitals of London, and which seem to have been more numerous there than elsewhere, the English physicians have eagerly sought for a substance less dangerous than chloroform, and one of them, Dr. Snow, has arrived at a result in the discovery of the anaesthetic properties of amylene which merits being recorded.

Dr. Snow after many experiments upon animals, after having respired the vapors of amylene himself, decided to employ it upon man. The 10th November, 1856, he employed it for the extraction of teeth in two young persons fourteen years of age. In these cases he was not perfectly successful, but from what he had observed he felt authorized in continuing his experiments, and so on the 4th of December he used it upon four new patients with complete success. The 18th of December it was again employed in some more severe cases; and in one, operated upon by Mr. Fergusson for fungus of the testicle, and in another, operated upon by Mr. Bowman for the removal of tumors in the region of the groin, and in two cases of section of tendons. The 27th of December, M. Snow used it in the case of a young girl three years and a half old. She breathed the vapors for two minutes only. She did not give the least manifestation of pain, and awoke at the very moment that the operator finished the section of the tendons of the muscles of the foot.

January 3d, Mr. Fergusson operated upon three patients subjected to the vapors of amylene. In one a rhinoplastic operation was to be completed. The inspiration continued six minutes. It was observed that the amylene produced less rigidity and less convulsions than chloroform administered a few days before.

January 7th, Mr. Henry Lee employed amylene upon a young girl whose thigh he was to amputate. The anaesthesia was maintained during the whole of the operation,—three ounces of amylene were employed. The young patient felt no pain and was very well afterwards. The same day Mr. Fergusson operated upon three patients under the anaesthetic effect of amylene. In all the anaesthesia was obtained in two or three minutes. In two the intelligence was not completely abolished.

Mr. Tyler Smith, surgeon to St. Mary's Hospital, has employed
amylene with success in accouchements. Upon the approach of each pain, he caused 30, 40, 50 drops of amylene poured upon a compress folded several times, to be inhaled. These inhalations constantly and rapidly determined a state of insensibility to the pain, the uterine contractions lost nothing in force or frequency. The return of sensibility was almost instantaneous, from the moment that the pain ceased, and the compress was removed. At the time of the birth of the infant the insensibility was as complete as if chloroform had been used. The placenta was detached and expelled with rapidity, and the uterus contracted well afterwards; the infant was healthy and vigorous.

Mr. Tyler Smith, as well as the other surgeons already mentioned, accord to amylene, compared with chloroform, the advantage of a prompt action probably without danger, and what is not less important, the rapid disappearance of the insensibility as soon as the inhalations are suspended. The only disadvantages are, the disagreeable odor of this substance, and the necessity of employing a great quantity in order to produce sufficient anaesthetic effects.

Up to the close of January, sixty-nine operations had been performed in England under the action of amylene.

In Paris amylene was first employed in the early part of February, at Hospital St. Antoine, in the wards under the charge of M. Aran, upon patients who had come to have some teeth extracted. Three young women were subjected to the vapors of amylene. The duration of the inhalation was twenty minutes for each of them without producing complete insensibility. The instrument M. Debout invented for chloroform was used, which did not permit the vapor of amylene to pass off in sufficient quantity in a given time. This and the limited quantity of amylene used was supposed to be the cause of the failure.

At a second sitting, the apparatus of M. Charriere for chloroform was used, and a larger quantity of amylene was secured. According to Mr. Snow, the patient should respire twenty grains of amylene a minute, which produces insensibility in three minutes, and sometimes less, which was the result in this case. From 3i to 3iss of amylene was poured into Charriere’s apparatus, and in less than three minutes the patient, a young female with a large decayed molar tooth, was fully asleep. Not being ready for the extraction of the tooth, the patient was allowed to awake, which she did in less than a minute,—her face was gay and laughing, she thought she had just returned from a walk. Everything prepared, about a drachm of the amylene was again poured into the apparatus, and the anaesthesia was again as prompt as before, the third minute had hardly elapsed when the mouth of the patient was opened without resistance and the tooth extracted without the patient manifesting the least sign of pain.

At the same time M. Geraldes, Surgeon to the Foundling Hospital, made some experiments. He had operated at the time of
his report (March 4th) upon twenty-five patients, children from three months to ten years old. In all, with a single exception, the anaesthesia was produced in a very short space of time, the minimum of which was one minute, and the maximum three. We cite two observations:

A little patient about six years old was submitted to the action of amylene, in order to examine more easily its eyes. The child breathed the vapors with evident repugnance, it showed no signs of suffocation, it had not that abundant salivation which is sometimes produced by chloroform, but a sudden and very marked weeping was produced, as when vapors of ammonia are respired. This infant reacted very slightly however, against the vapors of amylene; in a few moments, hardly a minute, it remained immovable, insensibility was obtained. The inspirations were suspended. From 3i to 3iss of amylene was employed. The infant awoke with the same rapidity, it did not complain, and willingly accepted food.

The second observation is the exception mentioned above. The patient was a girl four years old. The apparatus for inhalation fitted badly to the face, so that compresses were used. The child at first pushed away the hand of the operator, saying that it smelt badly. Soon, however, she became immovable, the weeping was as marked as in the case just cited. At the end of about two minutes she showed a rigidity and contraction of the limbs which is contrary to the assertion of Dr. Snow.

Soon, however, relaxation commenced, and in three minutes anaesthesia was obtained. Still, it was easy to see that the sleep did not resemble that produced by chloroform. It was evidently less profound; the child opened its eyes, made a few movements, and spoke as though dreaming, yet without showing any pain while the operation was going on. The pulse and respiration was as in the normal state. Amylene being volatile the whole of it was soon consumed, that is to say 5v in about eight minutes, before the operation was terminated. Recourse was had to chloroform, and it was soon easy to judge how much more rapid and active in action this substance is. In a few seconds the child was completely comatose, and appeared much more profoundly asleep than before. This sleep was prolonged several minutes after the operation was terminated, while the child woke up the minute she ceased to breathe the vapors of amylene. The operation continued twelve minutes. With this exception M. Giraldes observes that all the children respired the amylene without effort, without much resistance; in all the respiration was calm as normally; the anaesthesia was obtained without convulsion, without muscular contractions, without rigidity, without being accompanied or followed by nausea or vomiting, although the amylene was given soon after eating. In all the awakening was rapid, complete; they preserved their gaiety, were not incommode, innervated, irritated, or disagreeable during the rest of the day.
As soon as the anaesthesia is complete M. Giraldes suspends the inhalations. The explorations and the operations requiring but little time, he has not thought proper to prolong the inhalations too long. He gives no opinion upon the probable duration of anaesthesia, yet he believes that amylene anaesthesia can be long enough for performing the great operations of surgery.

M. Giraldes adds, in terminating, that the vapors of amylene, even when they have a marked odor, are respired without effort, without producing any efforts of cough, any convulsive movements of the larynx, nor those contractions of the jaws, those cephalic congestions which are sometimes observed after the inhalation of chloroform.

Experiments upon children and in the surgical clinique of M. Rigaud in the hospitals of Strasbourg, have led to the same results as those of M. Giraldes. In some observations of M. Rigaud, as well as in those of M. Giraldes, it is shown that the exhibition of amylene without an apparatus leads to a tardiness in the result.

Two cases of amyleneation have been tried in Strasbourg in the obstetrical clinique of Professor Stoltz.

A woman twenty-six years old entered the clinique in labour. After a few hours, the neck being effaced, the orifice dilated, and the head passing the superior straight, she was submitted to the action of amylene. It was commenced at the moment when the head was engaged in the brim of the pelvis. Some amylene was poured into a bag closed with a compress and covered over externally with oiled cloth. The woman gave a few cries and became stiff. After five minutes of inhalation a commencement of anaesthesia was observed. A contraction of the womb then took place, and the woman made a few complaints, but much less loud than is usual. At half-past one new application of amylene; in five minutes the woman lost consciousness, a contraction followed and excited a few moanings. At two o'clock the head was engaged during a third inhalation which also produced a beginning of loss of consciousness; the woman uttered a cry at the moment that the labour was finished.

Interrogated as to her sensations, she said she had experienced vertigo, ringing in the ears, a burning feeling in the pharynx. She recalled all that passed, but had felt no pain. The child is living and healthy. The uterine contractions were not affected by the amylene.

The second case was one of premature delivery. The amylene was given to lessen the pain of the last efforts of labour. No contraction of the uterus took place during the whole duration of amyleneation; friction over that organ induced no expulsive effort; the womb hardened one moment to relax the next. The beatings of the foetal heart diminished to sixty pulsations. M. Stoltz decided to terminate the labor by the application of forceps. The woman did not feel the introduction of the instrument, nor the
tractions which were necessary. During amyleneation she had vertigo, and experienced a dryness of the mouth. The infant was living, but feeble, half apathyiated, not at full term.

M. Stoltz thinks that the amylene had probably nothing to do with the slowness of the uterine contractions, nor with the asphyxia of the infant. Other facts will relieve the doubts upon that point.

M. Tourdes resumes the results of his observations and experiments upon children as follows:

Children receive amylene without any repugnance. The odor of this substance neither irritates nor fatigues the air-passages. No apparatus is necessary for putting to sleep the little patients; a sponge in a cone of oiled-cloth opened at the bottom is sufficient.

The anaesthetic action is rapid; the resistance rarely surpasses one or two minutes.

The insensibility is complete without carrying it so far as to produce muscular resolution. It is much easier not to exceed the effects you wish with amylene than with chloroform, to limit yourself to a transient and superficial anaesthesia proportioned to the end to be attained.

With chloroform a greater action is produced than is desired, a profound anaesthesia is determined, a complete resolution of the limbs, whilst with amylene you are almost certain of not obtaining them unless you desire to do so by persistent inhalation.

If you desire a profound anaesthesia accompanied with muscular resolution, this result can be attained by means of amylene, by prolonging sufficiently its action. This is an important difference between this substance and chloroform. From the moment that the patient ceases to respire amylene, the effects of this agent diminish with rapidity. The absolute insolubility, and the excessive volatility of this body result in a rapid elimination and a prompt diminution of the symptoms.

With chloroform, on the contrary, of which the volatility is much less, the effects are more prolonged; sometimes they are increased after the inhalations have ceased.

The recovery is complete and rapid. From an anaesthesia of short duration, not surpassing eight or ten minutes, two or three minutes is all that is necessary for a child to regain all its faculties. A little longer time is required when the sleep has continued longer. The elimination is rapid and the traces of amylene are promptly effaced.

Finally, M. Tourdes designates as a great advantage of amylene over chloroform the absence, or at least the great infrequency, of nausea and vomitings.

M. Duroy, a pharmaceutist, presented to the Academy of Medicine of Paris, at its sitting of March 31, a memoir upon amylene, its purification and its characteristics. At a previous sitting of the 10th of March, M. Debout had read a paper upon the innocuous-
ness and the value of amylene considered as an anaesthetic agent. This latter paper gave rise to a commission composed of MM. Robert, Velpeau, and Malgaigne, who reported upon it at the sitting of the same body, May 12th last, through the chairman of the committee, M. Robert.

The paper of M. Debout repeats the statements already made by Mr. Snow, MM. Giraldes and Tourdes, that amylene produces anaesthesia very promptly without any painful sensation, without provoking any cough, or the necessity of spitting, as is often observed in the use of chloroform. During the whole of amylenna-
tion the pulse continues large, full, and very frequent, the respira-
tory movements ample, the skin warm, the face colored; in a word, there is absence of those symptoms which show that the new agent affects easily the phenomena of organic life. Without entirely substituting amylene for chloroform, this new anaesthetic, says M. Debout, should be inscribed among the useful medicinal agents. M. Robert, in preparing his report, used amylene forty-
four times upon adults, male and female, and for various oper-
ations.

In these several experiments, M. Robert says he did not witness any symptoms of irritation about the mucous membrane of the mouth and bronchial tubes, exhibiting itself by salivation and cough. Generally, the patients became insensible in from one to three minutes, rarely after six or seven. Three became refractory and necessitated the use of chloroform after ten or twelve minutes of inhalation: The anaesthesia was produced without being pre-
ceded by the symptoms of agitation which chloroform frequently produces. The face was more or less red; the eyelids remained wide open; the eyes fixed, frequently turned up under the upper eyelid; the head was thrown back; sometimes the limbs were extended, becoming stiff. The pulse became frequent; in one case it became intermittent and thready. The respiration was free, and I never observed that spasmodic tightening of the jaws with threatened suffocation which chloroform sometimes provokes. It never produces muscular relaxation, and the insensibility it causes would last but a short time if the amylene in the apparatus was not renewed every five or six minutes. The operation con-
cluded, the recovery is prompt, and the patients sustain no ill effects.

This succinct review of the effects produced by amylene proves that this body possesses with ether and chloroform the power of preventing pain, but that it differs from them, especially from chloroform, by the instantaneousness of its action, which ceases the moment inhalations are suspended, and in the fact that it has no effect upon the muscular contractility.

M. Robert reports upon the perfect harmlessness of amylene, by citing the fatal case which singularly enough occurred to the dis-
coverer of the anaesthetic property of amylene—to Mr. Snow him-
self. This disaster occurred April 7th, to a patient upon whom Mr. Fergusson was to operate for fistula of the anus, Mr. Snow being invited to aid in the operation, and administer the anaesthetic. The quantity used was quite small, and at the end of two minutes loss of consciousness was produced. The operation was performed, the inhalation was suspended, but recovery not taking place immediately, the pulse was examined, was absent upon the left side, and very feeble upon the right, and soon disappeared altogether. Respiration soon ceased, when artificial respiration was continued according to Marshall Hall’s plan, and insufflation from mouth to mouth, but without success. The autopsy revealed no cause of sudden death, so that Dr. Snow was forced to attribute it to the action of amylene. This patient was the one hundred and forty-fourth to whom he had administered amylene.

The next question taken up by the commission is, whether it offers less danger than ether or chloroform. Various comparative experiments were undertaken by M. Debout to resolve this question, and which were repeated by M. Robert. The first writer says, if it is necessary to double the quantity of chloroform to convert the anaesthetic dose into a poisonous one, it is necessary to quadruple that of ether and quintuple that of amylene. M. Robert in his experiments on animals found that they became as it were accustomed to the use of amylene, and recovered even a part of the sensibility. The reporter agrees with M. Debout in considering it poisonous but much less active than chloroform, but he differs from him in drawing the conclusion that consequently it is much less dangerous in practice. An important fact, he says, in the history of anaesthesia is, that it is not from the successive and progressive evolution of the phenomena of intoxication that death occurs in man, but in a sudden and unexpected manner, as though in consequence of a predisposition in the organism, the nature of which is unknown. I have shown this to be the case with chloroform, in a work published several years since, and the case of Mr. Snow proves it to be the same with amylene. The danger lies in anesthesia, which, according to the expression of M. Tourdes, is a diminution of life, and a step taken towards death. Notwithstanding the fact that it is not harmless, it should be retained in practice because its action is prompt, of short duration, and its effects rapidly pass away without leaving behind that general malaise which occasionally persists for a long time after the use of chloroform. It is preferable to the other anaesthetic substances for very short operations, when one intends only to annihilate the pains, or simply to blunt it. It is peculiarly applicable for children and patients affected with disease of the air-passages. It should be rejected for long and painful operations, and especially for those in which it is necessary to overcome the contraction of muscles as in luxations and hernias.

M. Robert’s report closes by proposing a vote of thanks to M.
Debout, and that his memoir should be published in the Archives of the Academy.

M. Velpeau, as soon as the reading of the report was finished, arose and said:

"Though I am a member of the committee which had to judge M. Robert's work, and though I have signed the report which has just been read to you, I declare I am not a great admirer of amylene. I have several times tried it at my service at the Charité, and sincerely believe that the successor of chloroform has not yet been found, and that it is, in my opinion, still the best of all anaesthetic substances. I find fault with amylene for its detestable smell, as inconvenient for the assistants as for the patient, the little certainty and constancy of its action, the two short continuance of its effect; and the necessity in using it to employ a special inhaler. Finally, the accident which happened to Dr. Snow, and related by M. Robert, destroys the hopes which had been founded on its innocuousness. As to chloroform, I do not say it is quite innocuous, but I believe the dangers of its use have been very much magnified. I will even willingly say it has been calumniated. For the last ten years I have used chloroform about five or six thousand times for different operations, and on patients of different age and sex; never have I had to lament any accident. I am not the only one in this case amongst the surgeons of Paris. I do not know that any misfortune caused by chloroform has ever happened in all our large hospitals; besides, when death occurs during or after a surgical operation, is it just in all cases to accuse the anaesthetic agent? M. Robert has, I believe, lost a patient with an amputation of the thigh, to whom he had given chloroform. This last substance has been accused. I am not sure whether it was right. I think this anaesthetic substance is not more dangerous than amylene if it is used with proper precaution. It has the advantage over its rival of not disseminating a disagreeable odor; of being easily manageable, without the need of a special inhaler. It is quite sufficient to pour some drachms of the liquid on a sponge; its action is generally pretty quick, and always lasting; besides, the inhalation can be prolonged without inconvenience, the degree of anaesthesia shows the quantity which it is necessary to employ. The awakening which succeeds to the effects of chloroform is generally pretty quick.

"I sum up by saying that amylene can be introduced into practice, but that it does not deserve to be substituted for chloroform, which still remains the most powerful and most certain of anaesthetic agents."

M. Robert then said: The advantages of amylene consist in the rapidity and the short duration of its action; on this account it is proper in slight operations which are very painful. I would call the attention of M. Velpeau to this fact, that we use chloroform now only in serious cases, when it is necessary to continue insen-
sibility for some time. It sometimes happens with chloroform that
the insensibility is preceded with a certain agitation, which is man-
ifested by a cough, desire to vomit; the next day there is often
gastric embarrassment; and still more, the insensibility produced
is of long duration. Chloroform is indispensable when it is ne-
cessary to obtain muscular relaxation; but notwithstanding its
disagreeable odor, to which one becomes easily accustomed (I
speak from experience), amylene has its advantages. Its greatest
inconvenience is, to require a special apparatus. Amylene puts
to sleep in an instant. For instance, this morning a man came to
my consultation with a narrow preputial opening. I operated
upon him after having subjected him to the inhalation of amylene;
in less than a minute he was asleep, and as soon as the operation
was performed he took his hat and left. I do not believe that
amylene has any special prerogative of harmlessness, but there
are cases where this agent should be preferred to chloroform in
operations of short duration, for example, the incisions, opening
of abscesses, etc. Without desiring to depreciate chloroform, I
think that it is well to leave a little place beside it for amylene.


On the Pathology of Mellituriu. By Dr. Garrod, Physician to
University College Hospital.

"As to diabetes being dependent, not upon any increased form-
ation of saccharine matter, but on an imperfect destructive power
existing in the blood, although most of the phenomena are ex-
plainable on this hypothesis, still it is by no means satisfactory,
as at present there is no proof of this absence of power to effect the
ulterior changes. And certain facts, besides those which I have
already brought forward, appear to militate against the existence
of this deficiency; for there is no marked difference in tempera-
ture between diabetic and other subjects; and, in certain experi-
ments made some years since by Professor Graham, no peculiarity
was discovered in the amount of carbonic acid which they expire.
Upon the whole, I should be disposed, at present, to regard dia-
abetes as due, in the first place, to an increased formation of sugar
by the liver, produced by some alteration of function in the organ;
and at the same time that its glycogenic power becomes abnor-
mally increased, I should consider that it loses the property, which
exists in health, of arresting and changing into new principles
(as fatty substance, &c.) those saccharine matters which are brought
to it by means of the portal blood. If we view diabetes in this
light, we shall, I believe, be able to explain all the phenomena
which the disease presents; at the same time I am aware of no
facts which can be brought forward in opposition to it. It ex-
plains, for example, why sugar can generally be detected in the
urine of diabetic patients, when subjected to the most rigorous animal diet, and, at the same time, why amylaceous matters usually so greatly augment this saccharine impregnation.”—[British Med. Jour. and Ranking's Abstract.

On a new Mode of Treatment in Saccharine Diabetes. By M. Piorry.

M. Piorry is of opinion that sugar is indispensable to the maintenance of life (he founds this opinion upon the researches of MM. Dumas and Cl. Bernard), and on this account he thinks that diabetic patients ought to be supplied with sugar, and substances which are transformable into sugar, in order that they may repair that unnatural waste which is consequent upon their malady. With this view, he has brought the following case before the French Academy of Medicine:

Case.—The patient is only described as being under M. Piorry's care in La Charité (No. 19 Salle St. Anne), and as suffering from diabetes, with very copious secretion of sugar. All the viscera were sound, with the exception of some slight hyperthrophy in the spleen. From the 2d to the 12th of January, ten litres of urine were passed daily. During this time, certain feverish symptoms, which came on in the evening, subsided under the influence of quinine. On the 12th, the patient was directed to abstain as much as possible from all fluids, and to have a daily double quantity of meat, with 125 grammes of sugar-candy. This treatment was persevered in on the following days, and the result was that the quantity of urine fell to two and a half litres in the day—the specific gravity remaining the same, namely 1.060. On the 2d of January, 500 grammes of sugar had been lost in the twenty-four hours; from the 12th to the 24th, notwithstanding the addition of the sugar-candy, the daily loss of sugar was not more than 135 grammes.

This case was referred to a commission, consisting of MM. An- dral, Rayer, and Cl. Bernard; and in the meantime it is only baldly stated, as we have given it.—Gaz. Hébdom. de Méd. et Chir. and Ibid.

Good Effects of Guaiacum in Cynanche Tonsillaris.

Dr. Brinton has been treating several cases of cynanche tonsil- laris at the Royal Free Hospital, on what he informs us has been his usual plan for many years—a plan so simple and so efficacious as to deserve mention. He regards the tonsils as an offshoot of the intestinal canal, and considers that not only is constipation, in most cases an element of the malady, but that, on the above view, the inflamed structures are best relieved by free purging, and perpetual gargling and fomentations with hot water. For the first of these indications he relies chiefly on powdered guaiacum, which
he gives in large (one scruple to one drachm) doses, every four hours; often in combination with opium, aloes, and jalap, and suspended in mucilage. He finds that, if commenced tolerably early, this treatment generally averts all abscess, and even later, rapidly removes the malady, while it allows of a rapid recovery, very unlike the long convalescence which often follows bleeding, blisters, and tartar emetic.—[Lancet.

The Medical Treatment of Insanity. By M. H. Ranney, M.D., Resident Physician of the New York City Lunatic Asylum, Blackwell's Island. (Read before the Association of Medical Superintendents of American Institutions for the Insane, May, 1857.)

In presenting my views relative to the medical treatment of insanity, I shall be very brief, tracing only the general outlines of the course pursued by me in a few of the best marked forms of this disease.

The object of the report is to obtain an expression of the views of the different members of the Association on this subject, to attain which it is necessary that there be no misunderstanding as to the particular disease described. The treatment of insanity is the great desideratum, although in fact subjects of secondary importance are much more frequently discussed. The peculiar ideas entertained by the members as to ventilation, the construction of water-closets, &c., are generally understood; but I am unable to say that there is an unanimity of opinion as to a mode of practice in any one of the various forms of insanity. It may be, perhaps, impossible to determine the exact treatment which should be pursued in a particular case, but the general principles, at least, that govern our course in a certain defined form of mental derangement, can be given as well as in the treatment of physical diseases generally. I assume that there are conventional terms, which convey to the mind definite ideas of certain forms of diseases which, when referred to, suggest a group of associated symptoms that, taken collectively, constitute a distinct variety. It is only to a few of such well-known and recognized forms that reference will be made.

In insanity no new faculties are created, but those already existing are modified by the conditions of exaltation, depression, or perversion. The type of the different varieties of disease may be found in the normal state of the mind. This consideration affords important aid in distinguishing one form of mental disease from another.

I shall first refer to Acute Mania. The physiological type of this disease is given more nearly in anger marked by violence than in any other state of mind. The leading characteristics are,
impassioned moral and intellectual exaltation (the one exhibited by perversion, the other by delusion), the rapid flow of ideas, violent gesticulation, disposition to overthrow or destroy the furniture of the room, sleeplessness, and wild expression of the eye and countenance, betraying great disquiet of mind. Undoubtedly the term acute mania recalls a certain grouping of symptoms, and conveys more accurate notions of the condition than would the minute description of an individual case, since by abstraction the essentials in particular instances have been selected and combined to form the general idea. Taking it as granted that the form referred to is fully recognized, the medical treatment will be briefly considered. A careful examination must be made into the general condition of the system, as well as of the functional disturbance of any organ that might affect the brain. The success following treatment depends much upon the care exercised in the duty. The patient should, as far as possible, be excluded from all excitement. In most cases the condition of the stomach and bowels is disordered, to correct which an active cathartic should be prescribed. For this purpose the combination, hydrarg. sub. mur, gr. x. pulv. jalap gr. xx. may be administered, and if the patient be of full habit a grain of tartarized antimony may be added. The skin is often dry and unclean requiring, after catharsis, a warm bath, and pulv. ipecac. c. gr. x, the following night. On the succeeding day, if the patient be plethoric and there seem to be a determination of blood to the brain, commence with ant. et potass. tart., gr. ss. ter in die, which should be gradually increased until nausea follows; cold applications may be made to the head, and spts. ammon. acetat., or spts. aeth. nit. to act upon the secretions. If there be unnatural rapidity in the pulsations of the heart still persisting, tinct. verat. virid. gtt. v, ad x, bis in die, may be substituted for the tartar emetic. If for several days the patient continue violent, ol. tigliii. is to be applied to the back of the neck and behind the ears; selecting for this a proper time in the advance of the disease, a full eruption is usually followed by marked improvement. As soon as the prominent symptoms of violence yield, morph. sulph., gr. ss. ter in die, is substituted for the remedies before specified, or if, at the time of admission, the patient be emaciated and apparently prostrated, either morphia or opium is given directly after the warm bath. Under these circumstances a full diet is urged, and if with restlessness and high excitement an anaemic state of the brain is believed to exist, a supply of meat rich in fat is liberally furnished. Beer and milk-punch take the place of other drinks. Tonics, such as ferri carb., potass. iodid., &c., have a favorable action, and even quinine is occasionally admissible. When violent paroxysms are separated by lucid intervals, as in recurrent mania, quinine, in doses three times a day during the quiet period, has been found highly beneficial.

My attention was first called to the use of this article by a paper
read before this Association three years ago, by Dr. Tyler. Since then I have often used quinine in cases of the recurrent form of insanity with decided success. In many the lucid interval was prolonged, the paroxysm less severe, and in a few instances complete recovery was the result. If masturbation was suspected as a cause, free applications of croton oil were made to the penis and scrotum.

Amenorrhoea is a frequent cause of mania in girls between the ages of 15 and 25, while in later life menstrual disturbances usually produce melancholia. Mania from this source yields readily to proper treatment. The tr. al. et myrrh. to remove constipation, Lugol’s solution, or some other form of iodine, with stimulating applications to the mammae, effect, ordinarily, a cure in two or three months. In that form of mania in which little violence exists—the patient seeming like one inebriated, yet moved by that same mischievous propensity that is found in a variety of nymphomania, opium in large doses controls quite effectually the undue exhilaration of spirits. The common course is to commence with tinct. opii. 1 dr. ter in die, which is doubled at the expiration of the first, or even increased to three drachms, if found necessary, at the end of the second week. From the peculiar state of the brain and nervous system, these large doses are not only tolerated, but produce little sensible effect aside from allaying the excitement and occasioning active emesis and catharsis. These last conditions render it often necessary to omit the medicine for a day.

Melancholia, the lymphemia of Esquirol, is another form of mental disease readily recognized. The elementary type is found in fear, sorrow, or grief, as exhibited by a mother in the loss of her child, or in impending calamity. The peculiar marks which distinguish this affection are exhaltation of the sentiment of sorrow, entire concentration of mind in one idea or class of ideas, and an inability to direct the attention to anything not immediately connected with that which wholly absorbs the mind. It is frequently dependent on some bilious or uterine derangement, and in the selection of medicines attention should be directed particularly to this fact. To correct the secretions mass. hydrarg., or the hydrarg. cum creta, may be used. Where a sufficient alterative effect has been produced, opiates in small doses are indicated. The object is to partially remove the intense grief or fear which characterizes this form of disease. Morphia in small doses may for a long time be continued. During its administration gentle laxatives will be required; for, aside from the effect of the opiate, there is a tendency to constipation. The patient generally refuses a proper amount of nourishment, leaving the vital powers greatly reduced, and requiring tonics and stimulants—such as ferri carb., porter, &c. If a propensity to commit suicide exist, the occasional application of blisters, or ung. antimon. to the back of the neck, lessens much the danger of such an occurrence. It may afford benefit, in
part, by relieving congestion of the vessels of the brain, but prin-
cipally from the substitution of a real for an imaginary trouble.

Of the remaining forms of insanity Dementia alone is that which
I now shall consider. Its fundamental type or analogue exists in
natural dullness of intellect. The leading characteristic is an en-
feeblement of the intellectual faculties, or even a complete obliter-
ation of their manifestations. Dementia is usually a sequel of
mania or some acute affection of the brain; rarely an idiopathic
disease. Moral treatment is of much more importance than in
mania or melancholia, yet a judicious use of medicines will aid
much in the restoration of reason. To relieve anaemia, nutritious
diet and the free use of chalybeates are requisite. The object is
to supply the brain its proper stimulus by enriching the blood,
and thus arousing its dormant excitability. As the muscle loses
its contractile power from long inaction, so may the brain, although
unchanged in structure, cease to perform its proper functions, from
previous long-continued disease. The phosphates of iron and
manganese become valuable in this disease by furnishing the ne-
cessary amount of phosphorus for generating the nervous force.
In a few instances rapid improvement has followed the use of
cannabis indica, which seems to have a special tendency to stimu-
late the senses, and excite the moral qualities. Those cases in
which dullness of intellect depends on a congestive condition of
the brain are benefited by counter irritants, such as blisters, ung.
antimon., or ol. tiglii applied to the back of the neck. The most
favorable results occasionally follow accidental sloughing from the
application of tartarized antimony, while the same effect may oc-
cur from an extensive abscess.

Such are my views in regard to the ordinary course to be pur-
sued in treating the foregoing forms of insanity, each individual
case requiring, however, modifications of treatment corresponding
to the particular causes, age, sex, temperament, condition of sys-
tem, &c. Adopting the somatic theory as to the proximate cause
of insanity, that the material part, the brain, is the seat of disorder,
while the immaterial is not subject to change, there can be no
reason why medicines should not exert a controlling influence
over this disease. Not only is the physical organization directly
affected by medicinal agents, but over the mind itself the mani-
festation of the immaterial through the medium of the brain is
subjected to their restoring influence. Narcotics, especially, seem
to act immediately on the brain, producing a marked physical
effect. Some excite the senses, others produce in the intellect the
most brilliant images, and a few exert their influence over the
moral faculties. The first effect of opium is to allay the passions,
not only by lessening directly the most violent anger and poignant
grief, but also by occupying the attention with fanciful and pleas-
ant imagery, tending to induce cheerfulness and contentment.
Hyoscyamus, on the contrary, is supposed to arouse anger and
jealousy, while belladonna, in large doses, occasions gloomy thoughts and dejection of mind. Stramonium affects the senses primarily, and, in moderate quantities, disposes to convulsive merriment. From the use of cannabis the activity of the senses is increased, and the most surprising delusions follow, which may continue long after the immediate stimulus has passed away. The effects of narcotics are not fully understood, but sufficient is known of them to call for a careful discrimination in their use. It is well settled that they act on the mind, and that each has some peculiar characteristic distinguishing its action. If this be granted, it necessarily follows that with a knowledge of the change produced by this class of remedies on the different faculties of the mind, a prior selection for the individual case must be attended with good results.

In thus presenting my views it must not be understood that I advocate entire reliance on medicinal agents in the treatment of insanity. The adoption of proper hygienic rules is essential, as in physical disease generally. Moral treatment, including employment, amusements, the establishment of regular habits, &c., is also a most important auxiliary to recovery. This is particularly true where derangement of mind has existed for years. But while admitting the importance of moral treatment, I would avoid an over estimate of its mechanical part, and carefully investigate not only the laws of physical action, but the influences of medicine on the manifestations of mind, that our noble profession may not become simply an art.—[Amer. Jour. of Insanity.

Vesico-Vaginal Fistula.

We condense from the American Journal of the Medical Sciences the following:—In a case of this terrible accident, Dr. James H. Sawyer thus describes the mode of procedure which he calls the plan of Mr. Maurice Collis.

The patient was a young woman, 24 years of age, injured in her first labor. The labor was greatly protracted, and the perforator was used in embryotomy. Incontinence of urine declared itself on the fifth day after the operation; but as the patient’s health was much impaired, she was advised to seek vigor by change of air in the country, after her confinement. On her readmission, it was found that the narrowed condition of the vagina made it necessary to dilate it with sponge tents.

“After trying different positions, I found the lithotomy posture the most convenient, and accordingly, on the 25th, having previously cleared out the bowels, and secured the hands and feet, I
proceeded to the operation. It was intended to operate under chloroform, but after a few inspirations, the sudden irregularity of the heart's action compelled us to desist.

"Two dilators were passed, and pressed obliquely upwards and outwards; then the third, pressing down on the recto-vaginal septum, enabled me to get a view of the fistula. A full-sized catheter passed through the urethra, and pressed downwards and forwards, kept firm the posterior margin, and prevented the bladder from coming in contact with the knife. With Baker Brown's knife I carefully split the vesico-vaginal septum at the posterior lip to the extent of three lines, carrying the knife carefully around the commissure, and keeping close to the vesical surface. I then did the same to the lower and anterior lip, but with greater difficulty, as its aspect was turned from me. The constant welling of blood and urine compelled me to work very slowly. I then syringed with cold water, which in some degree repressed the bleeding; and with the same needles used by Mr. Collis I introduced four ligatures of ordinary housewife-thread at intervals of three lines, carefully avoiding penetrating the vesical mucus surface. I secured the ligatures over two bars of gutta percha, instead of gum elastic, as used by Mr. C., as it is not corroded by the vaginal secretion. I was most cautious not to draw the threads too tight, and thus prevented strangulation of the lips embraced between the bars. The operation lasted about half an hour. She was then placed in bed on her face, her body well supported by pillows. A long gum-elastic catheter was passed and secured, and one grain of opium was directed to be given every third hour. On the fourth day I examined, and was gratified to find the margins of the wound in perfect apposition, and no suppuration. I cut the ligatures, but did not remove them until the following day, that is, the fifth from the operation. The union was complete, but I did not venture to withdraw the catheter or act on the bowels until the eighth, when the following mixture was directed:—

Olei ricini 3 vi; tincture rhei 5 ii; confect. amygd. 2 iv; aquae cinnamomi ad 3 vi.—st. 3 i. 2 dis horis. This acted gently. On the eighteenth day she was walking about, able to retain the urine, and her only annoyance was a tendency to pass water frequently. This gradually subsided, and on the 14th August she was discharged in perfect health, and is at present in a good situation, and, as she declares, as well as ever she was in all her life."

Dr. Sawyer claims for Mr. Collis's plan the following advantages:

"First—Facility of execution. Secondly—Probability of speedy union by the first intention. Thirdly—The prominence of the vesical flaps forming an admirable barrier to the urine insinuating itself. Fourthly—Comparative freedom from hemorrhage. And lastly—if it does not succeed, there will be no increase of the fistulous aperture, as after other plans."—[Dublin Hospital Gaz.
In reading the above case, we are filled with surprise that the propriety of Bozeman's Button Suture did not suggest itself to any one of the gentlemen mentioned in the article from which we extract it. We regard his operation as preferable to any other, beyond all comparison, and Dr. Sawyer must either have been ignorant of it—or did not understand it, that he would use any other. We see no force whatever in the advantages he claims for what he calls "Collis's plan," over Bozeman's. The difficulty of splitting the edges of the fistula must have been extreme, and in most cases will be found impracticable, while the plan of denuding the vaginal mucous surface, proposed by Drs. Sims and Bozeman, is comparatively easy. In conclusion we will say, that we wish to hear of no other plan than those of Bozeman and Sims—they have solved the difficulty, and, so far as we can see, their operations are the ne plus ultra in this department of Surgery.

Therapeutic Employment of the Pyrophosphate of Iron.

We condense from the American Journal of the Medical Sciences, the following account of a new and valuable preparation of Iron:—

M. E. Bobiquet read (Feb. 10th, 1857) an interesting memoir on this subject before the Imperial Academy of Medicine of France.

"Industry has already derived great advantage from the property possessed by pyrophosphoric acid of combining with soda, and with gold or silver. In medicine, the pyrophosphate of iron has often been tried, and this might be expected, for oxide of iron undoubtedly reacts on the functions of the blood, and the elements of pyrophosphoric acid are found in the bones; but it has soon been given up on account of its liability to change, and of the great quantity of pyrophosphate of soda necessary to retain it in solution in water. It struck me that these inconveniences might be easily avoided without depriving the ferruginous salt of any of its essential properties.

"In medicine the essential characters of a good preparation of iron are, that it shall readily dissolve in the fluids of the stomach without impairing their digestive functions, that it shall be completely assimilated in the system, and that it shall not act as an astringent. The pyrophosphate of iron possesses all these properties; its resistance to solvents is the sole difficulty which remains to be overcome to entitle it to the first rank among the preparations of iron.

"The solution of pyrophosphate of iron in a citro-ammoniacal liquor keeps for whole months without undergoing any change,
and yields to a syrup free from the intolerable taste of ferruginous compounds. Potash, ammonia, and the alkaline carbonates, do not give, with pyrophosphate of iron so dissolved, the reaction peculiar to the salts of iron.

"The process of solution being once found, nothing is easier than to transform the pyrophosphate of iron into comfits, syrup, or lozenges; the latent state in which it exists in this new salt enables us to mix it with wine of bark, and to obtain from it a powerful tonic, without having to fear the blackish discoloration and inky taste which are always produced when a salt of iron is brought into contact with fluids more or less highly charged with tannin.

"In whatever mode the citro-ammoniacal pyrophosphate of iron be administered, it has absolutely no taste, and patients not only bear it readily, but feel the best effects from its use. I have seen it particularly useful in well marked cases of anæmia, chlorosis, and chronic urethritis.

"To recapitulate, the pyrophosphate of iron, chemically considered, is polymorphous salt, in which the metallic atom is concealed from reagents; it contains, by weight, 21.11 per cent, of iron. In a therapeutic point of view, the facility with which it is assimilated by the system, the absence of all styptic taste, its perfect solubility in water, the influences, finally, which it exercises on the composition of the bones and the functions of the blood, entitle it to the first rank among ferruginous compounds.

"Formule. Syrup of Iron.—Pyrophosphate of iron, two and a half drachms; simple syrup, twenty-nine ounces; syrup of orange flowers, three ounces: make a syrup by simple solution, and color with a sufficient quantity of tincture of cochineal or alkanet. Each drachm of the syrup contains about six-tenths of a grain, and a tablespoonful, about three grains, of the salt of iron.

"Ferruginous Comfits.—Pyrophosphate of iron, one ounce and five drachms; divide into 500 comfits, each of which shall contain a grain and a half of the salt.

"Ferruginous Wine of Bark.—Pyrophosphate of iron, two and a half drachms; extract of pale bark, seventy-seven grains; white wine, thirty two ounces; to be made secundum artem."—[Jour. des Connaissances Méd. et Pharm.

On the Use of Sulphate of Atropia in Diseases of the Eye. By Dr. Friedrich Mosler.

As the result of practical investigations upon the use of sulphate of atropia in ophthalmic medicine, Dr. Mosler arrives at the following conclusions:—1. That the sulphate of atropia is preferable to the pure alkaloid for therapeutic purposes. In a state of purity the sulphate, employed with the necessary precautions, even in large doses (such as five grammes to an ounce of distilled water), produced no unfavorable effects upon the eye. In using it, care
must be taken of the absorption of the tears running from the eye and mixing with the solution, and the absorption of the solution itself is to be guarded against. 2. In ophthalmoscopic investigations, atropia has rendered especial services in many cases; in order to diminish as much as possible the inconvenience felt by the patient in its use, attention must be paid to the investigations of Donders, upon the more or less enduring operation of the different strong solutions. The employment of atropia is not à priori to be recommended in every ophthalmoscopic investigation. 3. In inflammatory states of the eye, especially those characterized by violent pain, intolerance of light, and abundant lachrymation, as particularly in injuries of the eye, with or without affection of the iris, we have been acquainted with atropia as an essentially soothing agent, as by its operation on the sensitive nerves of the eye it possesses the power of removing rapidly the state of excessive irritation. As a decided remedial agent, it appears moreover to act by its operation upon the motor nerves in the eye, inasmuch as, according to the explanations of Dr. Von Grafe, it paralyzes the muscles which are found in and about the eye, and which in such cases exercise an excessive pressure upon the internal structures of the eye, and in consequence of a return of the blood being impeded, give rise to accumulation of blood in those structures. It is thus explained why abscesses of the cornea under its use are less perforating and more easily healed, and why hypopyon is more rapidly absorbed. 4. Astringent eye-waters, especially the stronger cauterizing fluids, are better borne, and are attended with more rapid success, when the excessively heightened sensibility of the eye, which exists in the cases where this remedy is applicable, has been previously deadened by atropia. 5. Cauterization of the eye, employed only once daily with all necessary precautions, is better borne in many cases than the more frequent instillation of eye-waters, which every time appear to induce a new and well-marked irritation.—[Archiv des Vereins für Gemeinschaftliche Arbeiten, 1856, and British and Foreign Med. Chir. Rev.


This method consists in turning into the meatus auditorius from four to ten drops (according to the age and sensibility of the patient) of the following fluid; then to close the opening of the ear by means of a little cotton, and to cause the patient to hold the head inclined for some minutes to the side opposite to the seat of the pain, so that the liquid may remain in the bottom of the ear. This preparation is thus made: 8. Take of the extract of opium, of belladonna, and of stramonium, each one part; of distilled cherry laurel water, twelve parts. Dissolve and filter.

Although this preparation may be only extemporaneous, it may
nevertheless be preserved if care is taken to keep it cool, and to pour on its surface from two to four drops of sweet almond oil.

It is very rare that with the use of this liquid relief is not obtained in a few minutes; indeed, the patient is almost always asleep in half an hour, whatever may have been the severity of the pains, and that without having been in the least danger.

Absorption takes place almost as rapidly as from a denuded surface, and it is therefore unnecessary to blister the patient when we wish to use narcotics, since they act almost as rapidly by the auditory passage.

If it should happen that, at the end of eight or ten minutes, the pain does not yield to the remedy (which sometimes happens when the quantity used has been too small, or when we have to treat a neuralgia which has already required the use of narcotics in any way), it is necessary then to use a second dose, at least equal to the first, but in the opposite ear, in order to obtain promptly that relief which is only too frequently momentary in facial neuralgias of long standing.

The preference which I give to this aqueous solution over those which contain alcohol, such as laudanum and other narcotic tinctures, arises from having used both upon myself for several years for a facial neuralgia, and observing that the latter produce a sensation of quite acute pain at the moment of their use, and not being always as successful as the former, which causes neither heat nor smarting, and is more certain in its effects.—[Revue de Thérapeutique, and American Med. Monthly.

EDITORIAL AND MISCELLANEOUS.

Valerianate of Ammonia as a Remedy for Neuralgia.—It will be recollected that in the first number of our present volume we published an article, from the Montreal Medical Chronicle, reporting very remarkable success, by Dr. Declat, in the treatment of Neuralgia with the above named medicine. We have seen as yet no report of cases in our American exchanges—but have received many private letters asking how the article should be administered, and what is the dose? Having had recently under our treatment two obstinate cases of temporal and facial Neuralgia, and having failed to afford relief by any of the ordinary means; revulsives, tonics, quinine, and even opium failing to abate the pain, we referred to the report of Dr. Declat, with the view of resorting to this new remedy. It was now that we were able to appreciate the embarrassment of our correspondents about the dose. The cases in Dr. D.'s paper are carefully reported, apparently, but the dose certainly very indefinitely stated.

"A teaspoonful taken in the evening modified the pain at night and rendered it bearable. Two teaspoonfuls next day gave complete relief;"
Now this "teaspoonful" we suppose was a solution, but of what strength?—Was the original preparation used by Dr. Declat in fluid form, or was it, as we now receive it from the chemists, in the form of a salt.—No definite dose is given, and hence the embarrassment in its administration. Wishing to try the efficacy of the article, we made a solution at first, of 10 grains to the ounce of water. Of this, we directed our patient to take one teaspoonful three times a-day, till the two ounce solution was exhausted. At the end of the second day, he increased the dose 1½ teaspoonful, and reported a slight amelioration in his sufferings.

On preparing for this patient a second vial, we dissolved 32 grains of the Salt of Valerianate of Ammonia in two ounces of water, (two grains to the drachm,) directing the dose as before, viz. 1½ teaspoonful three times a-day. When this was exhausted, we prepared a solution which contained 3 grains to each drachm of water, still advising the above doses.

Case 2nd.—This was a negro woman, who had suffered from severe neuralgic pains in the temporal and occipital regions for six weeks. Quinine and other remedies failing, we administered the valerianate of ammonia in doses of 4 grains to the teaspoonful of water, three times a-day. On the second day the pains were much abated, and under the continued administration of the remedy, in similar doses, the distressing symptom has disappeared.

Valerianate of Ammonia, as we have seen it, presents the characters of a dirty-looking deliquescent salt, emitting a strong odor of valerian, and we may add, for the information of our readers, costing four dollars an ounce.

In relation to our success with this remedy in the above cases, we have to report that it has been very satisfactory, but at the same time we must say we would have been greatly disappointed did we not measure our credulity in this remedy by the good, old, safe rule "of believing just about one half of what we hear" in relation to the effect of remedies.

When we read Dr. Declat's article, the case of "Madame the Marchioness of Fontanelle, who had been attacked six years ago with facial neuralgia of the most severe description," and had passed through the hands of Legrand, Jobert (de Lamballe), Sedillot and Velpheau, besides a residence at mineral springs, and the best alterative and tonic treatment, unrelied, and "when the agony was unendurable and the patient in despair," relief came suddenly, from three teaspoonfuls of a new remedy, we must confess, that we measured our belief rather, by what would satisfy us than by what we saw written in the report. If the relief was half as prompt in all cases, even with double the amount of medicine, we would be satisfied.

In making the above remarks, we would have it fully understood that we do not wish to doubt, in the least, the correctness of the statement of the reporter; far from that—we give full credence to the report, so far as relates to the two cases mentioned there; but two cases were too small a
Editorial.

number to judge of the _general_ efficacy of a specific remedy, the effect might be attributable to accident or coincidence, a _post hoc_ merely and not a _propter hoc_; so, in the end, we were not disappointed much, when our patient was only _partially relieved_ after taking the remedy for about _ten days_. Our conclusion in relation to the remedy, after this partial trial, is, that it is a very useful article in the treatment of this form of neuralgia, so far as can be determined by the observation of these two cases and the testimony of the original favorable report of it: and we can further say, to those who wish to administer it, that our own careful experimental administration of it, gradually increasing the dose, proves that in doses of _four grains of the salt_ to the _teaspoonful of water_, the remedy has no _injurious_ effect upon the system, but its effects have been highly satisfactory. Whether or not we have yet reached the _full_ dose used by Dr. Declat, we cannot say; that must be determined either by farther experiment or by a more definite statement from that distinguished gentleman himself.

_Fracture of the Clavicle._—"I believe, that were surgeons to cease inventing apparatus for broken clavicles, and return to the simple method recommended by Hippocrates, and adopted by both Celsus and Dupuytren, viz., to lay the patient horizontally upon his back, they would save both themselves and their patients much trouble, and obtain much more satisfactory results. Such, at least, has been my own experience of late: and I observe that it corresponds with the experience of Drs. Eastman, of Broome Co., N. Y.; Eve, of Nashville, Tenn.; Buck and Post, of New York.

"Buffalo, June 20th, 1857.

_Frank H. Hamilton._"

"_Break a Leg!_"—The mention of Professor Paul F. Eve's name in the above connection, whose case was one of Fractured Clavicle, complicated with an injury of the arm, and which recovered without treatment, further than the quiet necessary to cure the arm, induces us to relate briefly a case of our own, which occurred a few months ago.

E——, a young man, aged about 25 years, received injuries which caused a fracture of the clavicle, and a fracture of the leg, just above the ankle. He also had a serious stab-wound in the face. These injuries required, of course, his strict confinement to bed for a considerable length of time. We adjusted the fractured leg and dressed the wound in the face—but on examining the clavicle, found that it _fell into position_ and retained its place, while in the recumbent posture, better than we could accomplish by any bandaging or dressing whatever. There was much tumefaction from effusion of blood at the point of fracture. To this part, we kept ice-water constantly applied on wetted pads. The case did remarkably well, and the fractured clavicle healed before the fractured leg.

We are told by a lady, formerly a patient of Dr. L. A. Dugas, that when a child, (it must be understood the lady is still _young_), she fractured her
clavicle. Dr. D. set it, and it had nearly united, when, in childlike exuber-
ance of spirits, she imprudently fractured it again—and it was again adjust-
ed. The Surgeon, however, took occasion to make the following suggestion:
“My Dear, the next time you are so unfortunate as to break your collar
bone, I would advise you to break your leg too, and then you will not have
to undergo the pain of having the collar bone re-set.”—This bit of advice,
so jocosely given by our kind-hearted colleague years ago to the child, it
seems, is now becoming the accepted doctrine of the Profession in the

treatment of fractured clavicle. Verily, there seems to be a truth in the
tense old proverb—“Many a true word, spoken in jest.”

SALT IN INTERMITTENT FEVER.—A reference to the pages of a back vol-
ume of the Southern Medical and Surgical Journal will show that, as early as
April, 1852, Dr. L. A. Dugas, Professor of Surgery in the Medical College of
Georgia, read a paper before the State Medical Society, in which he report-
ed the efficacy of Table Salt in the Treatment of Intermittent fever: hence
the suggestion of Dr. Moroschkin is not novel, and finds its original on our
pages.

“We learn from the Medical Times and Gazette of Dec., 1856,” says the
Peninsular Journal of Medicine, “that a Dr. Moroschkin, practicing in one
of the provinces of the Black Sea, states that, during the prevalence of
scorbutus and ague in that region, Quinine sometimes entirely lost its pow-
er, and that, when no very prominent scorbutic affection was present, he
gave 1 oz. of common salt in water, in two doses daily. In patients in whom
the paroxysms were incomplete, very abundant sweating followed; the skin
became natural, and other signs of amendment appeared; and the dose
having been diminished, the cases came to a favorable termination in a few
days. If the improvement was but partial, Quinine then became more ef-
cacious. 70 out of 103 were completely cured, the others meliorated.
These results correspond with our own observations in other forms of irre-
gular and imperfect intermitents. Less Quinine will usually suffice com-
bined with salt, especially in chronic cases.”

EVE’S SURGICAL CASES.—Messrs. J. B. Lippincott & Co., of Philadelphia,
have now in press and nearly completed, a work by our friend, Professor
Paul F. Eve, of the Medical Department of Nashville University. This
work will consist of a collection of rare cases in Surgery, selected chiefly
from American and foreign publications. We have not yet seen the con-
tents of the work, but judging from the extensive experience and thorough
acquaintance of its distinguished author in all matters relating to his branch,
we are willing to endorse it beforehand, as an interesting and valuable
book of reference. The work will be ready for distribution to its subscri-
biers next month. We withhold further remark until we can review the
work more at length.
FOREIGN HONORS CONFERRED UPON DR. W. J. HOLT, OF AUGUSTA.—

Dr. Holt, while still in the Russian service in the Crimea, was appointed a Member of the Order of St. Anne. He has just received, through the Russian minister in this country, the "Decoration" of Commander of the Imperial Order of St. Stanislaus, in consideration of his services in the Crimea. This last is a cross of massive gold, elaborately wrought, and is a marked testimonial of the Czars appreciation of the ability with which the surgeon's duties were discharged.

We are gratified to call attention to our original department. Professor Joseph A. Eve's article on Diseases of the Cervix Uteri, will be read with much interest by our subscribers, on account of the great reliability of the opinions and precepts of one so experienced, and withal, so recondite in his important department. An earnest worker and teacher in Obstetrics for nearly twenty years, as Dr. Eve has been, must have arrived at such truth in the Art, as to render his words "apples of gold in pictures of silver," to the young practitioner. His truly practical paper will be completed in our next number. Several of our Faculty are engaged in preparing valuable papers, all of which will find issue in our pages.

MEDICAL COLLEGE OF GEORGIA.—This Institution will begin its 26th annual session on the first Monday in November, with an Introductory Lecture from Professor H. V. M. Miller. The prospects for an increased class are most encouraging. Relying upon the experience of our Faculty, the completeness of our arrangements and appliances for the teaching of the true principles of Medicine, and above all, upon the faithful spirit which moves every member of our corps to do well his part—we proudly refer to our influential alumni, now nearly one thousand in number, to vindicate the claims of Augusta, as an efficient school of Southern Medicine. We call the attention of our readers to the Circular published under cover of our July number.

MEMPHIS MEDICAL RECORDER. EDITORIAL CHANGE.—This excellent Journal comes to us in the present number under an entirely new and much improved form. Its late editor, Prof. A. P. Merrill, has devoted five years most laboriously and successfully to its interests, and now resigns the work into the hands of Daniel F. Wright, M. D., Professor of Physiology and Pathology in the Memphis Medical College. Professor Wright is by no means, a stranger to the duties of the Editorial office, and still less is he a stranger to the readers of that Journal or to the Profession. He has been long known as one of its ablest contributors and most astute reviewers. We welcome him most cordially into the fraternity, and we wish his readers, as well as the editor, well, when we desire for this Journal an extended
cicatrization; and there is in addition a great liability to the appearance of encephaloid disease, either on the site of the original tumor or in the line of absorbents connected therewith.

In the same paper, moreover, Mr. Butcher relates four cases of encephaloid cancer occurring as an isolated manifestation of malignant disease.

**Ergotine in Epidemic Diarrhoea.** By M. Massola.—In a communication to the Academy of Medicine in Paris, M. Massola states that he found great benefit from the use of ergotine in the fatal epidemic diarrhoea, which prevailed so extensively among the Sardinian troops in the recent campaign in the Crimea. From fifteen to twenty grains were added to &frac18; of water, and a tablespoonful of this mixture was given every half hour. M.
Massola states that astringents, tonics, opiates or stimuli, were of little avail as compared with the ergotine. [Gaz. Hebdom. de Méd. et Chirurg., and Rankin's Abstract.]

On the Removal of Tumors. By Dr. Simpson, of Edinburgh.—Dr. Simpson's plan is to introduce a hollow acupuncture needle or very small trocar into the tissue of the tumor, and inject a small quantity of chloride of zinc, perchloride of iron, creasote, or some other irritating solution. The effect of this operation is to destroy the vitality of the tumor, and to allow it to be separated by a process of enucleation.—[Med. Times and Gaz.

Costly Medicine.—A London (Eng.) paper says: "The consumption of wines in our public hospitals constitutes one of the heaviest items of their expenditure. The wine account a Guy's Hospital last year was £1083; the spirit account, £376;—total, £1459. At St. Thomas's the wine account was £629; spirit account, £521;—total, £1150; or £2600 in one year in the borough hospitals alone.—[Boston Med. and Surg. Journal.

Medical Ethics.—A letter of advice equivalent to a consultation, and should be in like manner remunerated.

Messrs. Editors,—Suppose you were to receive a letter, filling full three pages of fair foolscap, and reciting all the facts (to the writer) of a case, reporting the treatment, and finally asking an opinion and an advice—but containing neither fee nor postage stamp. What would you do? Would you read it? Suppose you do read it, but can really make no opinion, either of diagnosis, prognosis or treatment. Would you answer it?

Again: Suppose you receive another letter from another source, without any enclosure. Suppose you can form an opinion about the disease, and might recommend a treatment. Do you feel bound to answer it?

One largely afflicted brother in this way, impatiently waits an answer.

Xenophon.

With regard to Xenophon's first question, we think the practitioner is not bound to take notice of a letter containing neither fee, postage stamp, nor an intelligible account of the case. He may, if he pleases, put the letter in the fire. We should read it, but should not, under ordinary circumstances, answer it.

As to the second query, we should withhold an opinion until the fee were paid, if the request came from an unknown party. We should not feel bound to answer it.

A person writing a description of a case, and requesting in answer an opinion or advice, is bound to enclose in his letter the usual fee, or to ask the amount owing, and to transmit it by return mail. (The fee for a letter of advice, established by the Boston Medical Association, is from five to ten dollars.) It is always understood that a business letter requiring an answer (except between regular correspondents), should contain a postage stamp.

We state our opinion in general; of course there are exceptions. A former pupil or a personal friend has a right to ask an opinion without being expected to pay for it; but this privilege is not to be abused, especially in a case really requiring a consultation, the patient being able to pay. When the patient is too poor to pay the fee, if this is distinctly stated, the
party giving the opinion will ask no compensation. In short, a letter of advice is the same thing as a consultation, and the writer is not only entitled to his fee, but ought to insist on receiving it, where the advice is regularly sought, and the patient able to pay.—[Boston Med. and Surg. Jour.

**Prizes for the Massachusetts Medical Society.**—The Massachusetts Medical Society is authorized, by a donation from one of its members, to offer the sum of one hundred dollars for the best dissertation adjudged worthy of a prize on the following theme, viz: “To what affection of the lungs does bronchitis give origin?” The above is open to physicians of every country. The latest article on the relations of bronchitis to other diseases of the lungs was written by Dr. W. F. Gairdner, of Edinburgh, in 1850. A review of the paper can be found in the British and Foreign Medico-Chirurgical Review for April, 1852. Each dissertation should be designated by a motto, and accompanied by an envelope, superscribed with the motto, and containing the writer's name and address. The sealed packet, accompanying the successful dissertation, will be broken and the author's name announced at the annual meeting of the Society in May, 1858.

Dissertations for the above prize must be sent (post paid) to the Corresponding Secretary, Dr. Benj. E. Cotting, Roxbury, Mass., on or before April 15th, 1858.

Yours truly, J. B. Alley, M. D. Rec. Secretary.

**Homœopathy.**—When all the world elsewhere seem to have abandoned this apostacism, what a pity that in certain parts of our country it should still exist!

**Death of Homœopathy.**—I have another death to record, but with feelings very different from those which prompted me to do so in Scoresby's case. It is the death, not of an individual, but of one of the instruments of a system which is fast on the wane, and will shortly be reckoned as one of the “strange things that were.” The London Homœopathic Hospital, devoted to this delusion in London, has closed its doors! The Lancet says, while recording the melancholy event, that, “like all quackeries, it had its day; like all quackeries, it has been supported by the shallow, weak and credulous, on the one side, and the charlatan and the rogue on the other. Such alliances are invariably broken when either the eyes of the one are opened, or the rapacity of the other is not gratified.” Poor Lord Robert Grosvenor, the champion of Homœopathy, has confessed himself diddled, and declares he has been humbugged from first to last. He now employs a regular practitioner.—[London Cor. of the Montreal Med. Chronicle.

**London Homœopathic Hospital.**—The last hospital devoted to this delusion in London has closed its doors. It has dwindled down into a “temporary office” and a “dispensary for out-patients. We hear much of the success of Homœopathy, and yet the friends of the humbug cannot subscribe sufficient funds to support a “hospital” even at a private house. Like all quackeries, it has been supported by the shallow, weak and credulous on one side, and the charlatan and the rogue on the other. Such alliances are invariably broken when either the eyes of the one are opened, or the rapacity of the other is not gratified.—[Lancet, April 4, 1857.—Med. News and Library.