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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.)

[Concluded from p. 527, Sept. No.]

With respect to the third point—the Treatment—there is great difference of opinion; some consider no special local treatment necessary, and look upon medical treatment alone as sufficient for the cure of inflammation and ulceration of the cervix,—whilst others regard this as altogether inadequate, and believe local surgical applications essentially requisite.

For many years my reliance was almost exclusively on medical treatment, with the prescription of vaginal injections, blisters, cups, etc., to the sacrum and loins; my success was only partial and very unsatisfactory—such cases frequently relapsing, and requiring a repetition of the same remedies; whereas, since the surgical, or what has been styled the medico-chirurgical treatment of simple inflammation and ulceration of the cervix has been adopted, such cases are undertaken with more confidence and certainty of cure, than any other class of chronic diseases; their re-
Eve, on Diseases of the Cervix Uteri. [November,

cover being only regarded as a question of time, depending on
proper perseverance on the part of the patient.

I would here ask permission to make a longer extract from Dr. West's Croonian Lectures than I am ever wont or willing to make, not only on account of the high respect I entertain for his talents and candour, but because his views are so plausible that they are well calculated to mislead any mind not strongly fortified by previous experience. No one for a moment can doubt Dr. West's sincerity—he has an eye single for truth; he desires nothing else; he is actuated by the purest and noblest motives; he has no other aim or object but to promote the cause of science and humanity; but he is unfortunately biased by preconceived opinions: or our experience and observation have, at least, led us to very different conclusions.

Dr. West says, (page 81,) "It may, however, be asked, how is it that such successful results have followed a course of treatment directed exclusively to the cure of the ulceration—that the application of caustics to the os uteri has been succeeded by the restoration of the patient to health? Now, I think it should be borne in mind that, in connection with this mode of treatment, various other measures are of necessity adopted, eminently calculated to relieve many of the slighter forms of uterine ailment. The married woman is for a time taken from her husband's bed; the severe exertion to which either a sense of duty urged, or a love of pleasure prompted her, is discontinued; while rest in the recumbent posture places the uterus and the pelvic viscerot in just that position, in which the return of blood from them encounters the smallest difficulties. The condition of the bowels, probably before habitually neglected, is now carefully regulated, and the patient's diet, bland, nutritious, and unstimulating, often differs widely from that with which, while all her functions were overtaxed, she vainly strove to tempt her failing appetite. Add to this, that the occurrence of the menstrual period is carefully watched for; that all precautions are then redoubled, and each symptom of disorder, such as on former occasions had been borne uncomplainingly, though often not without much suffering, is at once encountered by its appropriate remedy; while generally returning convalescence is met in the higher classes of society by a quiet visit to the country, or to some watering-place, in pursuit not only of gayety, but of health; and we have assembled just those conditions best
fitted to remove three out of four of the disorders to which the sexual system of woman is subject. But the very simplicity of these measures is a bar to their adoption; for you will bear me out in saying, that the rules which common sense cannot but approve, but which seem to require nothing more than common sense to suggest them, are just those to which our patients least readily submit. The case is altered, however, when these same rules are laid down not as the means of cure themselves, but only as conditions indispensable to the success of that cauterization which, repeated once or oftener in the week, is the great remedy for the ulceration that the doctor has discovered, and which he assures his patient, and with the most perfect good faith, produces all the symptoms from which she suffers. The caustic used in these milder cases is the nitrate of silver; the surface to which it is applied is covered by a thin layer of albuminous secretion, which it is not easy to remove completely, and which serves greatly to diminish the power of the agent, while the slightly stimulating action that it nevertheless exerts seldom does harm, sometimes, I believe, does real good, though no more than might have been equally attained by vaginal injections, or other similar remedies, which the patient might have employed without the intervention of her medical attendant."

When my treatment of such diseases consisted of internal remedies, external applications and vaginal injections, without cauterization, all those measures, which Dr. West considers of themselves so potent to cure, and on which he thinks success mainly depends when caustics are used, were enjoined and enforced, as far as was at all practicable. However unpleasant an allusion to the subject might be, I was very particular in reference to the first measure; but since cauterization is employed it is deemed unnecessary to interfere with "family affairs;" it is presumed, if sensible, they will at least be temperate, and if otherwise, injunctions would not avail: moderate indulgence does not appear to exercise an injurious influence, unless it excites pain or causes hemorrhage, which would be apt to result soon after cauterization, and which thus itself becomes, to some extent, a barrier to excess. Dr. Bennett says, in reference to inflammation and ulceration of the neck of the uterus, "it is scarcely necessary to add, that during the treatment of this form of disease, separation of the husband and wife should be strictly enforced."*  This is

* Bennett on the Uterus, p. 204.
doubtless requisite, when the stronger caustics are employed; but it is certainly not absolutely necessary, when nitrate of silver only is applied at weekly or even longer intervals.

In reference to the treatment of leucorrhoæa, which is tantamount to that of inflammation or ulceration of the cervix, inasmuch as in most cases of leucorrhoæa the pathological condition is inflammation of that part, with or without ulceration, Dr. Tyler Smith remarks: "Absolute separation should never be advised except for good and sufficient reasons. In leucorrhoæa intercourse should only be forbidden in the worst cases. This is one objection to the use of caustics in mild cases of leucorrhoæa, because it is necessary to enjoin separation while they are employed. When intercourse causes considerable pain, excites bleeding, or where the os and cervix are secreting pus, it is out of the question, but its moderate use is quite compatible with the successful treatment of profuse mucous leucorrhoæa. It may be questioned whether it does not relieve the uterus of states of congestion, which occur in the unmarried, and are probably a cause of leucorrhoæa in single women, or in the married who live in separation from their husbands."

According to this truly scientific and talented author, the presence of the husband might even prove beneficial. Since caustics have been employed no difference is observed in the treatment of those whose husbands are present and in that of the unmarried, or those whose husbands are absent; before their employment, the latter certainly improved faster than the former.

At present, so far from enjoining "rest in the recumbent posture," my patients are required to take exercise in the open air regularly, and systematically, as much as they can without inducing pain or much fatigue. One great advantage in the treatment by cauterization is, that it allows exercise, * which is essential to restoration of the general health and strength; without attention to which, local affections, generally, are not treated to best advantage.

The condition of the bowels, the state of the stomach, and of the general system, the regulation of diet, &c., all received as much, if not more, attention, before, than since the adoption of cauterization. The occurrence of the menstrual period was watched with as much care, and every symptom of disorder met by its appropriate remedy as promptly heretofore as at present.

* See Tyler Smith, p. 194-195.
As great reliance was necessarily placed on internal remedies, nothing was neglected that might tend to improve the general health, and with it, the local condition of the uterus; no remedy was untried that might possibly, through the general system, act locally or specifically on the uterus. Vaginal injections were also as fully and faithfully administered then, as now; for they were regarded of primary importance.

When the cervix is coated by a layer of albuminous secretion, it is previously washed away by injections of cold water, or removed by a piece of cotton or soft cloth applied to that part, by the speculum forceps through the speculum, before applying the caustic, which is generally done thoroughly, especially when ulceration is present: the lightness or severity with which the application is made must be governed by the acuteness of the inflammation or the sensitiveness of the part: sometimes a very slight touch would do much good, when a more active cauterization would do harm.

No one would welcome with more pleasure than myself, any plan of treatment which would dispense with "the intervention of the medical attendant:" this would indeed be a great desideratum—an attainment in practice of inestimable value. Consulted by patients for supposed uterine disease, I am always happy when able to declare their apprehensions groundless and an examination unnecessary, or when an examination is indicated, that the case does not demand remedies which require to be applied by the physician himself. Nor would I ever have been willing to make applications of caustics directly to the neck of the uterus, had not all the measures, considered so efficient by Dr. West, very often proved most unsatisfactory in serious chronic cases after the most faithful trial.

The treatment Dr. West proposes is, doubtless, well calculated to remove a large portion of "the disorders to which the sexual system of woman is subject," and the most zealous advocates of cauterization admit the same in theory and carry it out in practice: but in confirmed diseases of the cervix, although it may often afford temporary alleviation, it will generally at least fail to effect a permanent cure.

In corroboration of these views, I would here make the following extract from Dr. Bennett's Review of Uterine Pathology, page 27:
"That the local lesions and the break-down of health are connected is evident from their very general co-existence; and that the entire removal of the local mischief is necessary for the permanent recovery of health, is a fact of which I every day become more convinced. For many years I have been living amongst a population of invalids, presenting the two conditions. Before they apply to me they have generally exhausted, during years, all the resources of medical science, and have enjoyed every advantage that social means and the affection and kindness of relatives can contribute; but all in vain, because the local uterine mischief has been overlooked. That once discovered and remedied, they gradually rally, and are eventually restored to health. Such, also has been the experience of very many talented practitioners whom I could name, were it desirable. Nor can it be said, as Dr. West surmises (p. 81), that these patients recovered—owing to the rest and the correct medical and hygienic management which was combined with the local treatment, the latter being a useless concomitant of such general treatment.—All these means have generally been tried for years, in the cases to which I allude, by the most skilful practitioners, but in vain."

Elsewhere, Dr. B. speaks of the failure of general treatment as the test for the necessity of local, special or surgical treatment.

In the treatment of these cases, as of all other diseases, it is a great error to rely on any exclusive plan of treatment. When the inflammation is at all acute, scarrification of the cervix, externally or internally, and the direct application of leeches, are of the very first importance; and general antiphlogistic treatment avails much; also, soothing and sedative lotions, and revellents to the sacrum and the hypogastric and inguinal regions. But when the inflammation is chronic, especially when there is ulceration, nothing, in my opinion, can be so effectual as the application of the milder caustics directly to the inflamed or ulcerated surface. I decidedly prefer the milder caustics, and believe the more intense are seldom, if ever necessary in simple inflammation or ulceration: of their employment in specific and malignant affections it is not my place to speak: of their effects in the latter, I trust we will hear from one who I know is able to do justice to the subject—my friend, Dr. J. M. Green of Macon, who has been appointed by this Society to write a report on that subject.

I prefer the solid Nit. of Silver, No. 1, in larger sticks than
usually found in commerce, applied by means of the speculum-forceps, through a speculum, to the cervix externally, and introduced directly into the cervical canal. The application should be repeated every six, seven or eight days, avoiding menstrual periods, and two days before and after. M. Lisfrance says, "the caustic is not to be applied within four or five days of the appearance of the menses, and for three or four days afterward." This is certainly not necessary in using the nitrate of silver; two days before and after are amply sufficient: indeed I have known it two or three times applied during menstruation, without any unpleasant consequences, but would not advise it except under very peculiar circumstances.

For the application of the caustic a long slender pair of forceps answers best; for by it the caustic may be held at any angle, more accurately and uniformly applied to the cervix, and introduced with greater facility into the cervical canal. Ever since 1848, I have been in the habit of thus introducing the solid caustic into the cervical canal, some years before I remember to have seen it recommended by any one else.

On reference to an American edition of Dr. Bennett's work, published in 1853, which, however, I had not previously read, I find he says—"If the ulceration penetrates into the cervical cavity, the solid nitrate of silver may be pushed into it as far as it will enter, or a camel-hair pencil, loaded with a saturated solution, may be used in the same way. There is no fear, as we have seen, of penetrating too far, as the cervical canal is only sufficiently dilated to admit the brush, or the caustic cylinder, in the region to which inflammatory action extends. Beyond the point where inflammation ceases, the natural and healthy coarctation of the cervical canal will prevent their passing. I prefer the brush when the inflammation penetrates very far, lest the stick of caustic should break. This has occurred to me more than once, but I have never had any difficulty in extracting the fragment, either by means of the speculum forceps, the end of which I have had purposely made small, or of the uterine sound. Thence the necessity of examining the piece of caustic that has been used, when it is withdrawn, in order to see that it is entire."

In another edition, which was published in 1850, Dr. B. says: "The only caustic that can be used with advantage in inflammation of the cervix without ulceration or hypertrophy, is the nitrate
of silver, which acts, however, more as an astringent than as a caustic. The solid nitrate of silver, or a strong solution, should be applied every three, four, or five days, to the inflamed mucous membrane covering the cervix. This is also the mode of treatment to which I have principally recourse, in the first instance, in inflammation of the cavity of the uterine neck, carrying the caustic into the cervical cavity as far as it will pass."

The introduction of the solid nitrate into the cervical canal is doubtless intended, but the mode is not expressed. In Dr. Bennett's first treatise on Inflammation and Ulceration of the Cervix, a very small work, republished in this country in 1847, I do not think it is advised. I regret not having a copy for reference.

While in Philadelphia, in 1848, my friend, Professor Meigs, suggested to me the use of an instrument for cauterizing the cervical canal, very similar to Lallemand's sound for the male urethra; but finding it comparatively inefficient and unsatisfactory, I adopted the method of inserting the solid nitrate by means of the speculum forceps.*

Dr. Bennett prefers the brush when the inflammation penetrates very far, lest the stick might break; but while the solid caustic is more efficient, his apprehension is groundless, for such is the contractile power of the cervical canal, that whenever the stick breaks or becomes loose from the forceps, it is immediately extruded. In proof of this power, Dr. Gardner of New York, in his excellent work on Sterility, published last year, says, (page 26,) "I passed a loose piece of nitrate of silver, about three-quarters of an inch in length, into the cavity of the cervix, by means of a long pair of forceps, and as fast as it was introduced and there left, it was immediately pushed out by the contractions of the neck of the uterus, and with so much force as to be thrown out of the vagina."

I have very frequently seen it thrown from the cervical canal into the vagina or speculum: the caustic has not only the property of exciting the contractility of the cervical canal momentarily, but by repeated application it causes permanent contraction, when

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* Note.—Dr. Churchill, in a new edition of his work on Diseases of Women, published since this report was read, says, "after curing the external erosion or ulceration, we must carefully examine, as far as we can, the state of the cervical canal, and if the disease has extended therein, apply the iodine or other preparations to the part by means of long fine pencils of lint," thus ignoring, or at least not directing, the more effectual method advanced above, when the nitrate of silver is used.
it has been previously rendered so patulous by inflammation as to admit easily the introduction of a finger; in these cases it has been restored to its natural size.

When the stronger caustics are employed, the canal sometimes becomes so much contracted, almost obliterated, that artificial dilatation is rendered necessary. I have never known this result from the use of nitrate of silver. Dr. Bennett, however, says artificial dilatation may be required after the use of the milder caustics, but that it is then more easily accomplished, the contraction existing in a minor degree.*

I often insert a piece of caustic an inch long, sometimes an inch and a half and even two inches into the cervical canal, in which last instances it probably passes beyond the os internum, which perhaps is only practicable when preternaturally patulous from the extension of inflammation or ulceration through it, when also its diminished contractility renders greater caution necessary in its introduction; lest a piece might break off and slip into the cavity of the body of the uterus, which, however, I have never known to happen: when it passes beyond the os internum, it generally causes pain, sometimes requiring an opiate for its relief, but no other unpleasant symptom has ever supervened.

Dr. Green, in his able treatise, already referred to, recommends the application of caustics to the cervical canal, even during pregnancy—(page 48.)

"Ulceration of the cervix uteri may be treated with more certainty and success during the pregnant state, from a disposition in nature to cure the disease at this time and remove the inflammatory hardening, thus preparing the way for delivery.

"During pregnancy, where abortion or miscarriage is threatened, we should not wait a moment for the commencement of treatment, but apply our caustics immediately to the whole ulcerated surface, clear up to the internal coarctation. Nitrate of silver is the great sedative of chronic inflammation and irritations of the mucous membrane, and prompt treatment the only thing to prevent the irritation extending through the canal to the uterine body, and provoking the premature expulsion of its contents.

"In pregnancy these cases will bear stronger applications, and more decided treatment than in the non-pregnant state."

It may be excessive and needless caution, but I concur with

* See pages 242, 243, last edition.
those who consider it safer to use no caustic stronger than nitrate of silver during pregnancy.

The satisfaction and success I have had in treating cervical disease depend in a great degree on the adoption of this method—that is, on examining particularly into the state of the cervical canal, and in promptly treating disease when it extends therein. The external application alone will not always suffice; the external inflammation may be cured, while inflammation of the canal, perhaps an ulcer concealed within, may continue, with a mucopurulent or purulent discharge from the os. A case strongly illustrative of this fact occurs to me. Dr. B., from South-western Georgia, in returning from Virginia last summer, requested me to visit his lady and make a specular examination, stating that an eminent physician had treated her for inflammation of the cervix by caustic. Externally there was no inflammation, but it appeared to extend into the canal. On enquiry, I was informed that the caustic had not been applied internally. I advised him to apply it internally and to give her tonics. In a few months information was received of her perfect recovery.

In another case, more recently, I was consulted by a lady from Newton county, who had been treated for inflammation of the cervix by cauterization externally. On specular examination, there was not a trace of external inflammation, while ulceration was observed to extend from the os into the cervical canal.

In some cases, on first examination, the speculum reveals inflammation or ulceration in the interior of the cervix, the external surface being free from disease.

In the intervals between the applications, astringent vaginal injections should be used two or three times daily, consisting of a solution of alum alone, or with tannin, or in sage tea. Sulphate of zinc is also an excellent astringent. Goulard's extract, diluted, or a solution of morphine in flaxseed tea may be prescribed, when there is much irritation.

These vaginal injections have a much better effect, when administered to the patient on her knees and breast, in which position the womb, if prolapsed, returns to its natural situation, as soon as air is allowed to enter the vagina, which is in a corresponding degree lengthened and capacitiated to hold a larger quantity of the lotion, which may be retained as long as desired, by the patient pressing a napkin firmly against the vulva
previous to lying down: a napkin thus applied serves to retain the injection as long as desired, and to absorb it when allowed to pass away.

If too weak to assume or maintain this position, the patient's pelvis may be elevated by a pillow; for when administered in the usual way, the patient sitting or lying down, only a very small quantity enters and passes directly out, doing comparatively very little good.

Unless the vagina be permanently contracted by the long continuance of the prolapsus, whenever an injection is administered in the position indicated, the womb is replaced and the vagina submitted fully to the astringent and robortant influence of the lotion:—the patient is thus very thoroughly and generally effectually treated for the prolapsus, while undergoing treatment for the cervical disease, and the subsequent necessity for artificial support almost invariably obviated.

When the patient's general health is in all respects good, her suffering altogether local—local applications are found sufficient alone, without general treatment; but there are very few cases of long standing without some complication, demanding medical prescription.

The perfection of practice in these affections consists in the happy blending of medical and surgical treatment. Our limits will not allow us to say much on the subject of the medical treatment—it consists in the adoption of such measures as may be indicated for the removal of sympathetic or concurrent diseases in other organs and the improvement of the general health of the patient, as through the blood, and in the administration of those remedial agents which may through the system act locally on the uterus. For the fulfilment of the first indication, may be called in requisition tonics of all kinds, especially the chalybeates and vegetable bitters, mercurials, laxatives, antacids, nervine stimulants, the regulation of diet, of exercise, and indeed whatever is calculated to improve health and increase strength.

When dyspepsia and anaemia are present, as they often are, requiring prescription, next to properly regulated diet and exercise, the following combination of medicines will often be found very beneficial—a pill, consisting of ¼ gr. of the extract of nux vomica, 2 grs. of iron by hydrogen, and 10 grs. of the subnitrate of bismuth: one to be taken three times a day.
Nux vomica acts very beneficially as an excitant of the whole nervous system, and in promoting the peristaltic action of the intestinal canal: when prescribed merely for its effect upon the bowels, it is better to give it in combination with blue mass, rhubarb, comp. ext. of colocynth, or some other purgative, which it renders efficient in comparatively very small doses.

Iron by hydrogen is decidedly one of the best chalybeate preparations—the dose is very small, it is not offensive to the taste or to the stomach, and appears to enter with great facility into the circulation. As a gastric tonic, the subnitrate of bismuth is equal, if not superior to any article in the whole Materia Medica. It may be given with impunity, and often with great benefit, in much larger doses than stated above. When there is dyspepsia without anaemia, the same number of grains, or more, of the extract of hyoscyamus may be substituted for the iron; but the beneficial influence of iron is not limited to anaemic subjects. When a bitter tonic is indicated, none answers better than Huxham's tincture of cinchona—comp. tincture of gentian, or, what is perhaps better than either, a formula suggested by Dr. Robert Campbell of this city, a tincture composed of equal parts of red bark, gentian and cardamom seed—these may be prescribed alone or as vehicles for some of the preparations of iron and iodine.

The medicines that act most beneficially on the general system, and through it locally on the uterus or other organ that may be in a morbid state, are the preparations of iodine, iron, arsenic, mercury and silver: when administered in proper doses and under proper circumstances, they influence vitality and modify nutrition so favorably, that they may with great propriety be termed eutrophies; but although very similar in some of their effects, they are different in their mode of operation. Mercury is decidedly antiphlogistic and depressing; hence its great value in all acute inflammations, whilst at the same time its influence in modifying nutrition is most palpably evinced in resolving indurations, and in causing the removal of nodes, chronic enlargements, as seen in cases of enlarged testicles, &c. Mercury, although perhaps one of the most reliable agents in hypertrophy, induration or chronic engorgement of the uterus, must be employed with great circumspection, unless the patient has considerable stamina left. The proto-iodide is in such cases decidedly the best preparation—the combination with iodine renders it more efficient in modifying nutrition, while it corrects to
some extent its depressing influence; the only objection to its use is that, like other preparations, if not given with great care it will sometimes cause salivation. Another most excellent formula for the administration of mercury is Plummer's pill. Iron, iodine, arsenic and silver, in small doses—and they ought never to be prescribed in any other—are all both tonic and utrophic. Of these the best preparations are Quenesville's metallic iron, syrup of iodide of iron, iodide of arsenic, iodide and oxide of silver, iodide of potassium, Lugol's solution, tartrate of iron and potash, Vallet's paste. It has been said, and I believe with truth, that the best effects from iron and iodine can be obtained by the conjoint prescription of tartrate of iron and potash and iodide of potassium.

The following formulae have been frequently employed with the most satisfactory results:

A tablespoonful to be taken three times a day.

**B.**

Iodid. Potass. . . . . . 3 iij.
Tart. ferri and Potass. . . . . 3 vj.
Water or Comp. Tinct. Gentian, Oj.

Make 60 pills. One pill to be taken three times daily.

**B.**

Iodide of Silver, . . . 3 i.
Ext. Hyosciami. . . . 3 ij.
Iron by Hydrogen, . . . 3 iij.

Make 36 pills. One pill to be taken three times daily.

In some cases of leucorrhoea, supposed to depend on, or to be connected with, cervical inflammation, (it being always desirable to try medical treatment, before resorting to surgical means,) the patients have been directed to take one of the following pills three times daily, and to use astringent vaginal injections,* which have

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* Since this report was read, I often prescribe chlorate of potash according to the suggestion of Dr. Brown of North Carolina. It was my intention to have added, as a supplement to this report, remarks on chlorate of potash and several other subjects, and a few illustrative cases; they may be furnished for a future number.
caused the removal of the leucorrhoea at least, and an improvement of their general health.

B. Sulph. Ferri,  
| " Zincii,  
| " Quiniae, aa 3ij. Make 60 pills.

No particular restriction in diet appears to be necessary in general, except that it be the most digestible and nutritious and least exciting.

The importance of exercise has been already stated.

In concluding this report, I cannot but regret not being able to do justice to so important a subject. Although restricted to its narrowest limits, the more closely it is contemplated, the more it grows in magnitude and importance, demanding for its full examination and elucidation a far more thorough and extended elaboration than this Society could possibly expect or desire on the present occasion.

ARTICLE XXXII.

Remarkable Case of Hysterical Convulsions. Reported by ALBERT W. HENLEY, M. D., of Bushville, Franklin County, Ga.

As it may be interesting to some of my junior brothers, I propose relating a few of the principal characteristics connected with the case above mentioned, which came under my notice last year.

The patient was a robust, healthy girl, æt. seventeen years, of leuco-phlegmatic temperament; was taken in the evening of 25th April, 1856, complaining with slight pain in the head, which was soon followed by prostration, accompanied with spasmodic or convulsive twitchings of the feet and hands. A messenger was immediately summoned to start for me, but was called back, being told that the patient was dead. She, however, gave signs of returning vitality, and he was again dispatched. I reached her about twelve o'clock at night. On hearing her moans and shrieks as I alighted at the gate, I was instantly struck with the idea of hysterics. When entering the house, I perceived her lying full length on the floor, on her back, apparently dead, or in articulo
the fingers being violently contracted, eyes fixed, and the lower maxilla in a drooping condition. I addressed her several times, but she returned no sign of attention. The inmates of the house told me that she had "died away" several times in the same manner before I reached her. I then examined the pulse, found it perfectly natural, with no febrile excitement, the body being of an equal temperature; but not the least sign of respiration could be detected. I then made an attempt to arouse her, by raising her in the recumbent posture, frictions, cold applications to the head, stimulants to the nostrils, but none availed anything; however, she aroused herself voluntarily, when she screamed until she again fell into a state of syncope or coma—and so on. I was at first somewhat uncertain as to forming a diagnosis. I made inquiry as to whether she had sustained any previous injury or not—as the case presented somewhat the appearance of a case of tetanus—she had received no injury known to any one present, and I therefore believed more strongly that it was a case of hysteria or hysterical paralysis. I inquired into the condition of the catamenia, but could get no definite answer, as the patient was from home and her mother not present. I then examined the spine and could detect no tenderness, except about the third and fourth lumbar vertebrae, and that was very slight. But in examining other parts of the body, I found extreme tenderness over the epigastric and mammary regions; which could only be detected during the paroxysm. She did not appear sensitive to anything during the intermission. After about the sixth paroxysm, a violent fit of laughter succeeded the comatose stage, the convulsions again returning. I then inquired if she was laboring under any mental emotions of any kind. Those present knew of none. Knowing that a woman (her sister) had been in labour, primapara, on the premises, late the same evening, I inquired as to whether the patient witnessed the delivery or not? and what impression it made upon her? I was told that she was present, and it alarmed her very much, it being the first thing of that nature she had ever witnessed. Some of the family having arrived, I again made inquiry as to the condition of the menses, and learned that she had been "unregular" for something like twelve months previously, and that she also suffered with leucorrhoea. I then based my diagnosis, as I considered, on the etiological facts, namely, deranged menstrual secretion, and mental emotions from witness-
ing the delivery of her sister; both connected, brought on these hysterical phenomena.  

Nothwithstanding, a good old sister, one of the wary disciples of the obstetrical art, thought different. She thought, and tried to make me believe, "that her courses turned up and got into her head! Scared back!" I then proceeded to the treatment and considered that an emetic of ipecacuanha and tart. antimonii, from its relaxation, revulsion, and excitation, would be the best to begin with; I however first experimented with water to know whether deglutition was suspended or not, and found that it was; for during the paroxysm the teeth were so violently approximated that I could not separate them by compression, nor in any other manner; and during the comatose stage there was a perfect dysphagia, the fluid being introduced would immediately return. Despairing of emesis at that time, I had her immersed in a warm bath, applied a blister to the nucha, directed the spine to be rubbed with a strong liniment, and administered, with difficulty, 25 drops of laudanum. She then became quiet, fell into a comfortable sleep and I took my departure, promising to return next day.

I would here mention that the spasms or paroxysms would, up to this time, return about every four and five minutes, sometimes longer. They would be invariably followed by a profound state of coma, ushered in at times by a laugh or a smile.

I returned next day, 26th, in the morning, was told that she had slept well; "had one fit about day," blister had drawn well, patient looked more natural, but yet had not spoken but one or two distinct words from the time she was taken; would give no signs of being rational, only by laughing at persons about the house when they would look toward her. I then administered an active cathartic of calomel, rhubarb and aloes; directed, after six hours, to give oleum ricini if she could swallow; if not, to give enemas. It was with great difficulty that we got her to swallow the medicine, as there appeared to be some obstacle in the organs of deglutition—globus hystericus.

Returned next morning, 27th: could not take oleum ricini; had given several enemas—no operation. I directed more injections; after the second, she gave signs of wanting to go to stool,—discharged considerable quantities of bilious feculent matter, but no urine. So extremely sensitive was she about the thoracic region, that I was fearful of acute gastritis, which was also the opinion of
a young medical brother, who called in to see her. But there were no symptoms of that malady, only the extreme tenderness, which would not admit the weight of the bed clothing. I then put her on the use of sulphuric ether, camphor, etc.

Returned next day with Dr. G. S. Martin, an old and experienced physician, who directly concurred with the diagnosis, and approved of the treatment I had pursued, and thought, as well as myself, that cathartics, anti-spasmodics, etc., were of no avail; that an emetic would be the best, but after first trying with water we found that deglutition was again imperfect. Directing a strong stimulating liniment to the spine, we left about 10 o'clock A. M.

The following night, about 6 o'clock, she spoke tolerably intelligible for the first time, saying she wanted to see the Doctor, and urging the attendants to send. The messenger was dispatched, and I reached her about 9 o'clock, but found her again in a complete state of coma, and learned that she had had several paroxysms. I succeeded, however, for the first time, in arousing her from the comatose state. She spoke in an indistinct manner—said she was going to die—I need give her no more medicine, &c., &c. It being the first time I could derive any thing from her own language I propounded to her several questions. She stated there was "something in her throat trying to choke her to death;" but all her talk was very indistinct, the words spoken in a semi-articulate manner. I prescribed tinct. asafoet. and spts. nitric ether, left, and returned next morning. I found she had taken only one dose, but that deglutition was then practicable. I then proceeded to administer the treatment first adopted, viz: An emetic of ipecacuanha, 5 ss.; ant. ext. potass. tart., gr. 2—dissolved in warm water 36. Give 31 every ten minutes: after the fourth dose copious vomiting ensued. Assisted by tepid diluents, she ejected a great deal of bilious matter; after which she discharged an immense quantity of limpid urine.

After emesis, no tenderness could be detected in the thoracic region: the patient, getting up with an insatiable appetite, went home the next day and resumed her usual avocations; was troubled for a few days with the choking sensation, with occasional singultus, both of which yielded to the use of tinct. asafoet. in combination with camphor.

But the great object of publishing this case has not yet been
told. From the day she was taken, to this, she has not been able to articulate a word plainly. There appears to be a partial paralysis of the tongue, she not being able to raise it to the roof of the mouth, nor can it be protruded more than half the usual distance. What can be the cause of this singular phenomenon, unless it be an injury received in some of the lingual or laryngeal muscles or nerves during those violent fits of screaming? It must be an injury to some of the organs of speech received during the attack, as speech was in no way impeded previously. If any of the older brethren of the profession can give a reason why this partial aphonia or semi-articulation should occur, I would be pleased to hear from them at any time.

The tonsils have been somewhat inflamed and enlarged: this I subdued by external applications. The uvula appears natural, with no elongation. The patient is yet under my care. I have endeavored to regulate the catamenia, thinking she might be relieved were she to menstruate regularly. I used ferruginous preparations; also, aloes, myrrh, guiacum, tonics, balsam, with a blister to the neck; stimulating plasters and embrocations to the spine, bathing, &c., &c.; none of which appeared to yield any decided benefit. I, however, believe she is gradually improving. The leucorrhœa has subsided, and for the last three or four menstrual periods she has been much better, but not being, as the mother informs me, "of the proper appearance."

She had another attack, similar to the first, in the month of November. I was sent for; could learn of no exciting cause, with the exception that she had assisted in shrouding a little girl the day previous, immediately after which, the family thought, she was taken with colic, and was "thrown in her old way." I first used antispasmodics, but with no effect; I then applied a large sinapism to the epigastrium—administered an emetic as before. She discharged large quantities of bilious fluid, which relieved her immediately.

The attack was similar to the first—regular spasmodic paroxysms, followed by a low moaning, with no screaming; and no doubt that this time mental excitement was a leading cause in bringing back the spasms. She is now up, able to work, visit her friends, &c. The family think they can understand her much better; I can make out but very little of what she says. Her appetite is good, bodily strength as usual, mental faculties as good
as ever, but not being able to speak plainly, makes her somewhat bashful.

The irregular menstruation has, since the last attack, assumed the form of dysmenorrhoea. I am treating it in the usual manner. The patient being in limited circumstances, there is little regard paid to dietetic regulations, besides directions are not strictly complied with. I shall hope, by the assistance of nature, eventually to restore her to her wonted health. I am treating the case pretty much on general principles, not being fully satisfied as to its pathology. I advise her to avoid depressing passions, or mental emotions of any kind. I have been thinking of using electricity. My sole attention is now directed to the improvement of her general health.

[We will venture to make but a single remark about the above interesting case, and that in relation to the aphonia. This is most probably due, not to any injury done the organs of the voice, by the violent use of them, but results from injury sustained by the nervous centres at the base of the brain, which give power of motion to the tongue, and muscles of the larynx. This portion of brain was probably put in an apoplectic condition during the violence of the convulsive paroxysm, either by congestion or by a slight extravasation in this particular region. The case reminds us strongly of a similar one which was some time since under the care of Professor L. D. Ford of this city. A negro girl, aged about 22 years, had been subject to repeated violent attacks of hysterical convulsions, followed by hysterical lethargy. These would return every two or three months. The attacks were generally relieved with much difficulty, emetics, revulsives, and chloroform by inhalation, being the principal remedies employed. The paroxysms, however, was not the Doctor's principal care: to break up the disposition to return employed most of his attention. Tonic and emmenagogue treatment proving of but little avail, he introduced a seton in the back of the neck, for in the cervical spine there was great tenderness on pressure. In a conversation many months afterwards with Dr. Ford, he informs us that his treatment had been perfectly successful in preventing the return of the attacks, and he attributes this happy result mainly to the seton. The case, the subject of the present report, we think is one well
suitied for the application of the seton, both with the view of preventing any return of paroxysms, and further, because such a form of revulsive and such a permanent drain, would be likely to afford much relief to the embarrassed nervous centres at the base of the brain, which condition of embarrassment, doubtless, causes the paralysis of the tongue.]—Edts.

ARTICLE XXXIII.

Professor Lawson’s Theory of Epilepsy: A Case reported by Thomas J. Reagan, M.D., of Alma, Texas.

I notice in the Southern Medical and Surgical Journal, for April, an article entitled “A few thoughts upon Epilepsy,” selected from the Western Lancet. In this paper, the writer (Prof. Lawson) proposes the theory that the disease is one of diminished nervous action, and advances in support of his idea, that an intercurrent excitement fever, &c., temporarily suspends epilepsy. This idea of epilepsy being suspended by an intercurrent disease, brings to my mind a case of this malady with which I had to deal.

Miss W——, about 21 years of age, residing in Coweta county, Georgia, had been a subject of epilepsy for several years; the exact time, or how often they recurred, I do not recollect, as I write entirely from memory. She was attacked with remittent fever, for which I prescribed, without any regard to her epilepsy, never having been called to treat that specially. During the progress of the case she became severely salivated. Three years after I learned that she had not had a return of the epilepsy since her sickness. I at that time attributed its non-recurrence to the salivation, but was unable to explain the modus operandi by which a suspension of the disease was brought about. But whether it was the salivation or the fever that broke up the morbid chain, or not, I am unable to say. Since seeing Dr. Lawson’s article I am led to report the case.

Scarlatina is, of all the exanthematic and contagious pyrexias, the most variable in its forms and characteristics. It is also the most variable in relation to the danger the patient undergoes. Variola, whether benignant, discrete, malignant, or confluent, is still variola; you can always recognize it by its special characteristics; it always shows itself exteriorly by appearances which are proper to it, whether modified or not, as it so often is by vaccination or by a preceding variola. Scarlatina, on the contrary, may not appear, and frequently is not apparent upon the skin, yet is none the less severe on this account. Rougeola almost always preserves its characteristics, or very nearly so. Its diagnosis is ordinarily simple, almost always easy; its complications generally foreseen, take place at a certain time, upon a certain day which the physician can foretell. Scarlatina, as we shall see, presents complications most usually unsuspected, which the physician cannot know beforehand, even at a period very near their appearance.

This disease is sometimes so light, that one of the greatest observers of the past, Sydenham, said of it, in speaking of several epidemics he had seen: *Vix nomen morbi meretur,* it hardly deserves the name of disease. But Sydenham has given in his writings only the results of his personal experience, and as he had never seen it in its severe form, he treated scarlatina with that sort of disdain which he was far from having for rougeola or variola. Now, those writers, whom it is proper for us to consult, tell us that for many years the cases of scarlatina they saw were so mild in character that they never saw any body die from it.

Graves, in his clinical lectures, states that in 1800, 1801, 1802, 1803 and 1804, scarlatina ran through Ireland and was very fatal; that from 1804 to 1831, those physicians who had found it so very destructive during the years we have already cited, no longer witnessed a death from this affection, which had become singularly mild. In 1831, a new epidemic of severe scarlatina appeared in Dublin and vicinity, and in 1834 this disease spread over Ireland a sadder gloom than did the typhus a few years later, or the cholera two years before. When I commenced my medical studies at Tours, M. Bretonneau told us that scarlatina, which his masters had always spoken of as a severe disease, had at first appeared to him as a very mild disease. He said that from 1799 to 1822, at which time he made these remarks, he did not recollect to have seen a single person die from scarlatina, and he had practised for a long time in the country before he became physician-in-chief of the hospital at Tours. Since then he had seen numerous cases, both in hospital and private practice, and up to that time
this exanthematosus pyrexia was to him the mildest of all. But in 1824 an epidemic broke out in Tours and its vicinity. In less than two months M. Bretonneau saw the sick die off with such a startling rapidity, that, opposed as he was to the doctrines of Broussais, then in high estimation, he accused the treatment pursued by his confrères, who bled excessively (à l’outrance) in order to moderate the angina and the inflammatory fever at the commencement of the attack; soon, coming himself in contact with the disease, he learned that he could not always strive against it with advantage, a considerable number of his patients succumbing. Then, he who before 1824 had treated scarlatina so lightly, learned to class it with the plague, with typhus and cholera.

For more than a quarter of a century, then, scarlatina reigned epidemically without presenting any gravity. Suddenly its character changes; it strikes those whom it attacks most cruelly. It is not thus with rougeola, it is not thus with variola. Doubtless the epidemics of rougeola and variola are sometimes very severe, but they are never so generally light or severe as those of scarlatina. For scarlatina the epidemic type is more dominant than for the others, and according to the nature of this type the disease is extraordinarily simple or singularly severe.

What is the duration in scarlatina of the period of incubation? In an exanthematous fever, nothing is more difficult to fix when the virus is not directly inoculated, nor is there any thing more variable than the manner in which this question has been decided. For scarlatina, some say that the incubation continues four days; others eight, and others again fifteen, twenty, and thirty days. In a word, only hypothetical data have been given, because those who made them would not see that no certainty was possible unless a precise date of the commencement of the incubation was assigned. But one pyrexia only can furnish us this precise time, variola, because it is inoculable, and since this inoculation has been performed for a half a century and very extensively throughout Europe, We have been able to ascertain positively the time which intervenes between the moment when the virus is introduced under the skin and the manifestation of the disease. In this manner the duration of the incubation of variola has been fixed. It is not so with the other exanthemata, which have not been inoculated, and which perhaps are not inoculable. For then, in default of inoculation, the moment the individual was placed in contact with another person affected, is taken as the point of departure for the incubation; but contact and incubation are two different things. For example, five hundred sheep are placed together in the same park, or in the same sheepfold, one of them takes the rot, an eruptive disease in animals, analogous to variola in man. Fifteen or twenty days later seven or eight more sheep are taken, and each day successively a few fall sick; four months would have to pass before the last would be attacked. Yet all
these animals, shut up in the same place, breathing a confined air, pressed against each other and wet by pus from the sick, were not taken at the same time; some were attacked sooner, others later. Would you conclude from this that the duration of the incubation was longer in some than in others? Not at all, for inoculation performed the same day in all, the disease would also show itself the same day in all without exception. Contact and inoculation, then, are essentially two different things. By inoculation the virus is necessarily introduced into the economy; by mediate or immediate contact, the absorption of the virus does not always take place. When this absorption once takes place, the evolution of the disease takes place in a certain determined time, the same, within a few hours, or a few days, in all.

Well, that day when scarlatina shall be inoculated, the duration of the period of incubation will be fixed for it, as has been done for variola, until then it is impossible to determine it. In a family composed of ten persons, five weeks will sometimes elapse before all will be taken. It will be the same with them as with the sheep of which I have just spoken. It does not result from the fact that they have not come in contact, but that they have been in different conditions to be affected by it. It is the same as with syphilis. The syphilitic virus methodically inoculated produces after a certain number of days the evolution of a specific vesicule, and this number of days is very nearly known. Several persons may have connection with a diseased woman, some would take the disease immediately, while others having relation with her several days in succession, would become diseased only the last day. This happens from the fact that the first were in physiological or pathological conditions such that from the first contact the virus was inoculated, while the second were not in this condition till later.

Finally, gentlemen, the period of incubation in scarlatina, that is to say, that period comprised between the precise time of the inoculation of the scarlatinous virus, and the precise period of the first manifestations of the disease, that period in scarlatina, cannot be rigorously determined. The same remarks are applicable to rougeola, they also apply to variola when it is not directly inoculated.

In scarlatina the period of invasion is also undetermined. You know how it occurred in variola, and you can affirm that in regular cases of small pox, when you see the eruption appear forty-eight hours after the commencement of the invasion, the variola will be confluent, because it is at the end of the second day, or at the commencement of the third that the pustules appear in this form of the disease; if the pustules appear about the fourth day, you will diagnosticate a discrete small-pox. Seldom is the eruption of the confluent variety put off till the fourth day; seldom does that of the discrete form appear as soon as the second day.
These characteristics of variola which are almost positive, give you the ability of immediately saying whether the disease will be severe or mild. Let me be well understood, I speak only of regular variola, and not of modified small-pox or varioloid, the characteristics of which are not the same.

In scarlatina the progress is different. In some patients the eruption appears during the first four or five hours of the fever of invasion, rarely later than the first day. It is still rarer, except under complications, that it is deferred to the second day, and for the same reason it is still rarer that it appears only until the third day. Although a few physicians believe that they have observed this appearance as late as the third day, I repeat it, that this fact is extremely rare. I do not deny its possibility in an absolute manner, according to my belief, however, it is because the attention of the patients was not called to it, or because it was not sought for in a great number of cases. In general, it is upon the face that we first look for the febrile exanthemata, because it is there that it first shows itself. It is so for rougeola and variola, but it is not so for scarlatina. In this disease it is more particularly upon the body, upon the fore arm, upon the belly, or in the folds of the thighs that the eruption first appears, so that it can exist twenty-four to thirty-six hours before it makes its appearance upon the face or neck. We may think that it only commenced then, when in reality it had existed some time. But when we are informed of the progress of the disease, this error is easily avoided. In fact the period of invasion in scarlatina is extremely short.

The phenomena which characterize it are ordinarily a high fever with or without a previous chill, most frequently this chill is absent. The frequency of the pulse is considerable, more so than in the other febrile exanthemata. This fact is important, for in studying scarlatina in its elements, in speaking of scarlatina without eruption we shall see that under a good number of circumstances we shall make out our diagnosis of this disease by the single consideration of this extreme frequency of pulse, which is not found in the other affections which may be confounded with scarlatina in part effaced, if I can make use of this expression. To this fever is added cephalalgia, a general malaise, anorexia, vomiting, diarrhoea, oftentimes very abundant. Almost always from the moment that the fever appears, the soreness of the throat also appears, so that from the commencement of the affection, before many hours have passed, the patient complains of pain in that region, he speaks of it as the most prominent symptom of all he feels, and it is to that he calls your attention. This phenomenon is a very important one to be studied, because we may be deceived by it, for this angina may be mistaken for a simple angina, and an improper treatment be adopted, or at least one insufficient for a malignant scarlatinous angina. The tongue pre-
sents the first day nothing particular, it is feverish—that is to say, covered with a fur a little slimy, slightly red at the point, and upon the edges, but upon the palate a deeper red is observable and in some cases already presenting a dotted appearance. This redness is very marked upon the tonsils, which are slightly swollen. This redness, this dotted appearance of the veil of the palate, of the tonsils without marked tumefaction, accompanied with severe pain and intense fever, should put you on your guard, especially when an epidemic of scarlatina prevails, and should cause you to suspect a scarlatinous angina.

When scarlatina is malignant, the symptoms take another form. The frequency of the pulse is still greater, reaching as high the first day in the adult as 130, 140, 150, 160 pulsations, even before the eruption has appeared upon the skin. At the same time the nervous system becomes affected, showing itself by a great agitation, or by a sleeplessness which nothing can overcome, almost always by a sub-de-lirium when the patient is left to himself. These are symptoms very rare in simple sore throats, very rare also in the commencement of other febrile diseases. From the first day, from the first hours, malignant scarlatina announces itself with all its malignancy, and this malignancy may be such that the patient succumbs before twenty-four hours pass.

I was called by my friend, Dr. Bigelow, to see a young American girl in a school in Paris. She had been affected since morning by an alarming delirium, she had an intense fever, and incessant vomitings; the pulse was so frequent that it could not be counted, the skin was remarkably dry. These phenomena caused me to say, when we reached the bedside of the patient, that it was scarlatina, and in fact, although nothing else demonstrated its existence, my diagnosis was confirmed by the presence of the characteristic eruption upon another young girl of the same school, where an epidemic of scarlatina prevailed. Our patient died before the end of the day.

In 1824, at the commencement of that disastrous epidemic which broke out in Tours, of which I have spoken, we saw, with M. Bretonneau, a young woman die in less than eleven hours, with terrible symptoms, delirium, excessive agitation, extraordinary frequency of pulse, and nothing indicated scarlatina to us, excepting that we were in the midst of an epidemic, and that many persons in the family of this young woman had had it.

Beware then, when in the midst of an epidemic of scarlatina, when especially persons around a patient to whom you have been called have already been attacked by it; beware of those nervous symptoms which show themselves thus at the commencement of disease. Almost always they announce a malignant scarlatina, and this almost always kills with an astonishing rapidity.

I dwell upon this point because it can give rise to the most serious errors in diagnosis; because it can give rise to faults in
prognosis, most serious to the reputation of a physician. Do not forget these precepts, and when you find yourself in presence of the symptoms of which I speak, be reserved, for these symptoms may terminate rapidly in death; they seldom show themselves so severe in rougeola, and never in variola.

In scarlatina, then, there is an uncertain period of incubation, a very short period of invasion, after which comes the eruption. This new period has a duration not as clearly determined as it is in rougeola, and especially as it is in variola, in which it is so easy to calculate it. Commencing from the first day of the disease, the eruption of scarlatina is sometimes apparent the twelfth and the fourteenth day, although ordinarily it begins to disappear towards the eighth. In the simplest cases it continues from five to eight days. What are its characteristics? When you consult your books, it would seem from them that a physician should not hesitate in making out his diagnosis. Rougeola, says one, consists in an eruption of small, isolated spots, of irregular form, leaving between them intervals of white skin. Variola is recognized by its small acuminated papula, becoming vesicular the second day, purulbar the third, pointing and becoming surrounded about the eighth day with an inflammatory areola. All these facts are very simple, and these characteristics so well designated, that they should not be mistaken. As to scarlatina, its characteristics are still better marked; a diffuse, wine-like coloration. The descriptions are far from giving exactly that which exists in all cases. You see, in fact, cases of rougeola, and I have shown you some of them, which present an eruption, diffuse, uniform, without red spots, isolated by intervals of white ones. In truth, this form of the eruption is not the rule, but it does exist.

In contradiction to this you will meet with cases of discrete scarlatina, and even cases of confluent scarlatina, in which the eruption will be in certain points, composed of red spots, and still better, by small rounded, red points, perfectly isolated from each other, not having the wine-like, the raspberry color which has been attributed to it. It differs, however, from the eruption of rougeola, yet may sometimes be confounded with it.

What also distinguishes scarlatina, is the presence of a miliary eruption, which very often accompanies the redness of the skin, and which is met almost invariably when the scarlatina is very slightly confluent. It appears upon the sides of the neck, upon the chest, upon the bowels. It is known without seeing it. By passing the hand over these parts, small elevations are felt, which give the same impression as goose flesh. Searching for them, then, a multitude of small vesicules will be perceived, which, after thirty-six or forty-eight hours, are filled with a lactescent fluid.

As to the eruption of scarlatina itself, it is not really of an uniform tint, like erysipelas, but of an infinite series of little elevations of the skin, resembling an extremely fine eczema. They
are recognized by the touch, and by the magnifying glass this disposition is very evident.

The redness exists, at its greatest intensity, upon the neck, upon the chest, upon the bowels, and the internal surface of the arms and thighs. It appears about the same time everywhere, although it is most frequently seen upon the neck and chest, before it shows itself upon the countenance. Upon the face it has not the same characteristic as upon the body. Of a speckled appearance, of a deep red in some points, adjoining white spots, the skin of the face seems as though it bore marks of the fingers, with which it had been severely struck. At the same time it is swollen, and this puffiness is also observable in the hands and feet. It takes place the instant that the eruption appears, increases with it, and is consequently more marked the second or third day. In the hands it interferes with the movement of the fingers, which the patient can fold only with difficulty, and it can easily be proved to the sight. Progressing with the eruption, it usually disappears with it, as well from the face as from the extremities. It remains for a while at the angle of the jaws, upon the neck, and these regions are painful to the touch.

Examine the throat of the patient, a deep color and tumefaction of the veil of the palate, and of the tonsils, is seen; very often these present small whitish concretions, the first manifestation of the membranous angina of scarlatina, upon which I shall have to dwell.

The appearance of the tongue is such, so specific, that by it alone the disease can be distinguished. Neither in rougeola nor in variola, will you find that appearance which the tongue takes in scarlatina, a characteristic as special in this exanthematous fever, as is the variolous eruption of the mouth in variola. The first day the tongue offers nothing special, other than the more or less thick slimy fur, more or less white, of a yellow or greenish color when the patient has vomited; nothing more than the slight redness of the point and edges, of which we have already spoken. The next day the redness increases in intensity and extent; it increases the third day even, and towards the fourth or fifth day the thick fur has more or less completely disappeared; the whole tongue is of a bright red color, tumefied, presenting a considerable elevation of the papillae, which gives to it an appearance analogous to that of a strawberry. It is deprived of its epithelium, and in some cases you can assist this work of desquamation, you can even hasten it, by rubbing the tongue with a piece of cloth. This is an invariable phenomenon in scarlatina, at least when the affection has not been marked by any febrile phenomenon. There is nothing analogous to this in rougeola, nor in variola, even when this is accompanied by stomatitis. Towards the seventh or eighth day, still preserving its red color, the tongue becomes smoother, and towards the eighth or ninth day the epithelium is renewed in
a very apparent manner, at first excessively thin, but towards the
twelfth day it has nearly regained its natural thickness; but the
mucous membrane remains a little redder than in the normal
condition.

The phenomena which attract our attention the most in scarlatina, are the *nervous symptoms*. It is proper to say that their in-
tensity in this disease is so special, that they alone, in a great many
cases, will suffice to separate it from any other exanthematous
fever. Never, or very seldom at least, is rougeola announced by
any severe cerebral symptoms, with the exception of eclampsia;
and as in fact it is only in this respect that any possible confusion
can be made between rougeola and scarlatina, the intensity of
these symptoms alone establishes a capital difference between
these two diseases.

They are present from the beginning; from the first day they
exhibit themselves by *delirium*. This is not the case in mild scar-
latina, but in its severe form it is seldom absent. When the dis-
ease is serious, it is as well marked as in the most severe typhoid
fevers; it appears with the eruption, persists until the period of
desquamation, or more correctly speaking, until the fever falls.

Delirium is not the only manifestation of nervous disorders;
they are also shown by *carphologia, jactitation, coma*, and in some
cases by *coma vigil*; in a word, all the forms of typhoid nervous
symptoms are met with.

In infants it is not uncommon to witness *attacks of eclampsia* in
the first two or three days of the disease. The convulsions have,
however, a very different character, as regards their seriousness,
than have the initial convulsions of rougeola and variola; for
while those of variola are considered by certain authors, Syden-
ham among others (whose opinion I do not partake), as being of
a favorable augury,—while the initial eclampsia in rougeola is
generally regarded as a symptom of very slight value,—the attacks
of eclampsia occurring the first or second day in scarlatina are,
upon the contrary, of great gravity. This gravity is still greater
if they arise in the third period of the disease, when there is gen-
eral cedema; we shall have again to speak of its signification; we
shall have to say that then the convulsions are often fatal symp-
toms.

Even in adults examples are not wanting. Epileptiform symp-
toms appear the second or third day of the scarlatina, in those
persons particularly, who have been subject to attacks of epilepsy,
these initial convulsions are repeated, coma succeeds, and death
comes in the first twenty-four hours after their appearance.

There is still another marked nervous phenomenon of a very
bad prognostic. I speak of dyspnœa, which is, however, not at-
tributed to any material lesion of the lung, a dyspnœa which is
met with its mournful signification in a great number of septic
diseases, in puerperal typhus, the typhus of camps, in cholera, etc.,
dyspnoea which you have been able to witness in that woman recently delivered, who was so suddenly carried off by scarlatina.

Independently of these disorders inherent to the disturbances of cerebral and spinal innervation, there are others which are allied to perturbations sustained by the ganglionic system, and which I shall point out to you.

You, doubtless, are acquainted with the wonderful works of M. Claude Bernard, upon the section of the ganglionic nerves; you know that this section produces in the parts to which the filaments of nerves are distributed, not a paralysis, but, on the contrary, an exaggeration of certain functions, particularly of calorification and of secretion. The learned Professor of the College of France has shown you how, by cutting the sympathetic filaments which go to the ear and face of the rabbit, an elevation of temperature is produced in these parts, which may rise from 4 to 5 degrees higher than the normal temperature; he has shown you that by cutting the ganglionic nerves of the coronary plexus, considerable hypersecretion of the gastric mucous membrane results. From these experiments you will draw the conclusion, that each time that caloricity is increased in an animal, there will be reason to infer some disturbance in the ganglionic nervous system, rather than in the functions of the cerebro-spinal system. But there is certainly no disease which is accompanied by a general elevation of temperature as high as scarlatina. In those affected with scarlatina, in fact, the thermometer introduced into the rectum, or placed in the armpit, has marked 40 to 41 degrees centigrade. This elevation of temperature can only be explained by the disturbances in the ganglionic innervation, which are also shown in other functions, under the subjection of the grand sympathetic, as the incessant bilious vomitings which persist in some persons four, five, and six days, and the abundant intractable diarrhoeas. Graves had pointed out this polycholie in scarlatina independent of any phlegmasia.

The non-inflammatory nature of these symptoms it is important to note. If, in fact, impressed with the idea of inflammation, which the heat of the skin seems to indicate, you endeavor to combat the diarrhoea and the vomitings by antiphlogistics, you will adopt the worst medication, in fact the most perilous treatment that can be adopted for scarlatina, for of all the eruptive fevers, scarlatina is the last one which requires this kind of treatment, seldom beneficial in rougeola or variola.

Besides the nervous symptoms which I have just indicated, others arise, sometimes at the commencement, rarely, it is true, at this period; these are hemorrhages—haemorrhages from the mucous membrane, subcutaneous haemorrhages, renal hemorrhages. These haemorrhages belong, however, rather to the third period of the disease, and we shall see that in its declination haematuria in particular, coincides frequently with the anasarca of scarlatina, of which I shall have to speak.
In studying the relation existing between the severity of the disease and the intensity of the eruption, it will be seen that certain authors have committed a great fault in this respect, and the greater because they may lead into error those physicians who are not familiar with scarlatina. They say, in fact, that when the eruption is well developed, very bright, or, to use a vulgar expression, well out, the patient runs fewer chances of having any serious symptoms. Well, it should be said of scarlatina what is said of variola, its severity is in direct ratio with the intensity of the eruption. In a discrete scarlatina the danger is ordinarily less than in confluent scarlatina, as in a discrete variola there is less to fear than in a confluent variola. In both of these exanthemata, the more intense the eruption, the more serious the symptoms and the greater the danger. Such are the facts established by observation during the course of epidemics.

Scarlatina, I have insisted, does not even resemble itself; identical, be it understood, in its essence, it is not so in its forms. In some cases, after ten or twelve hours of fever, an insignificant eruption appears upon the neck and body, and two or three days afterwards this eruption and the fever which attended it have disappeared, the patient has hardly felt sick, desquamation goes on, it takes place by little bands, then after five to six days the disease is cured, and if the patient does not expose himself to cold, or commit any imprudence, it passes entirely off. The disease has been so simple, that in certain families it passes unnoticed.

Between this mild form and that more severe form, the outlines of which I have already traced for you, there are intermediate forms. Malignant scarlatina, I have told you, becomes a terrible scourge, equal to the most fearful pestilential diseases.

I now come to speak of a few particular symptoms of scarlatina, which I have indicated en passant, and which it is necessary I should dwell upon more in detail.

And first, of the angina of scarlatina.—[Am. Med. Monthly.

[To be continued next month.]

On Hæmaturia after Scarlet Fever. By WM. R. Basham, M. D., Physician to the Westminster Hospital, and Lecturer on the Practice of Medicine.

Hæmaturia AFTER SCARLET FEVER; ANASARCA; PULMONARY AND CEREBRAL COMPLICATIONS; CONVULSIONS; DEATH.

If further proof were necessary, to establish the doctrine that the morbid sequelæ of scarlet fever are to be traced to the imperfect elimination of the original virus, it might be found in cases in which the morbid symptoms of this secondary stage are not limited to renal disturbance, but where serious complications, both of the cerebral as well as the respiratory functions, co-exist. In these
cases, where cerebral symptoms become developed during the presence of general dropsy, the urine being highly albuminous, with abundant exudation of the renal epithelium, there can be no hesitation in attributing the convulsions, coma, and death, to uraemic poisoning. The symptoms are strictly analogous to one form of cerebral disturbance frequently observed in cases of renal degeneration in adults, in whom the function of the kidneys is limited to the excretion of the water and albuminous constituents of the blood, and fails to eliminate the urea, the retention of which, acting as a poison in the blood, manifests its virulent power by the most fatal indications. It might therefore be assumed that these symptoms are referrible rather to the renal incompetency than to the febrile poison. Proximately, doubtless they are so; but it has been already shown in a previous lecture that the incipient stage of the renal disorder, the congestion, the haematuria, are not accidental conditions, but arise undeniably from the secondary effects of the original febrile virus. There can be no difficulty, then, in tracing the convulsions and fatal termination as much to the imperfect elimination of the scarlatina poison as to the intensity with which the system was in the first instance impregnated.

Case.—Adolphus L——, aged six, was admitted into Burdett ward Feb. 10th. The child is reported to have had scarlet fever about a month since, and he has been attending as an out-patient for the last three days, but the gravity of the symptoms rendered him a fit object for admission. There is a considerable degree of constitutional disturbance, febrile heat of skin; pulse rapid; the tongue red, and inclined to become dry; the whole surface of the body is anasarcous; the face is pallid, sodden, and puffy to a great extent under the eye-lids; the scrotum is much distended and the prepuc edematous; no indication of ascites. There is a purulent discharge from the left ear. The chest is moderately resonant throughout, but there are coarse moist mucous murmurs all over the left side, and with considerable bronchial wheezing on both sides; the respirations are 24; the pulse 96; frequent cough and fits of dyspnœa; heart sounds natural. The urine is moderate in quantity, smoky in appearance, specific gravity 1·014; abundantly albuminous. The mother states that for several days in the previous week the urine was of a blood-red colour. The urine, examined by the microscope, exhibited many free blood-corpuscles; much amorphous granular matter, stained with hæmatin; and numerous fibrinous casts filled with blood-disces. Warm baths were ordered; the compound jalap powder, as a purgative; and saline medicine, with three drops of the tincture of digitalis to each dose. Two days afterwards the urine remained the same in quantity, but became much higher in specific gravity, 1·020. Free surging with the compound jalap powder was established on the 15th, with great advantage to the symptoms, the skin becoming cool, and the tongue less red and moist, the patient eagerly taking
the farinaceous food prescribed. There was also considerable diminution of the oedema of the prepuce and serotum, although the face still continued puffy.

Ten days after admission the urine became more copious; the smoky appearance had given place to a clear amber-coloured urine, of a specific gravity 1·007, and copiously albuminous. On adding nitric acid to the heated urine, the colour became first of a bluish green, and subsequently greenish black. I shall hereafter direct your attention to the nature of these pigmentary alterations in albuminous urine. They are of occasional occurrence in the progress of renal degeneration, and, so far as my experience teaches me, are conditions of very unfavourable significance. The pulse continuing good, and the appetite improving, the bowels acting freely with the cream-of-tartar purgative, the potassio-tartrate of iron was ordered.

On the 8d of March, three weeks after admission, he was sitting up in bed, and is reported to have improved somewhat in appearance; the face being, however, still oedematosus, particularly in the morning. The quantity of urine passed in the twenty-four hours had notably increased, but without any corresponding diminution in the anaarica of the surface, although, as compared with the week previous, the dropsy had much decreased. The specific gravity of the urine was very low, 1·005-6, and the quantity of albumen seemed increased, as its coagulation by heat rendered the contents of the tube nearly solid. Examined under the microscope, numerous castes of the tubes were visible, partly transatorial, containing, however, epithelial cells, highly granular in appearance, with many scattered fat granules; there was also much free granular matter in the field. On this day, soon after he had taken his dinner of beef-tea and rice-pudding, convulsions suddenly came on; they were of the type of those intermittent movements so frequently seen produced by dentition or intestinal irritation; constant jactitation of the limbs, with rolling of the head on the neck. These continued for several hours, with only slight intermissions; the pupils were dilated; the breathing was laboured and quick; the pulse 110 to 120. Purgative enemata, and mustard poultices to the lower extremities. The convulsions returned in paroxysms during the night, and in the intervals the patient was quite comatose, with stertorous breathing; the urine and faeces passed involuntarily, and the child died at 2 P. M. on the 5th, forty-eight hours after the first convulsion. Unfortunately no post-mortem examination was permitted.

We have no information that can be considered satisfactory of the earlier stages of this child's illness, beyond the fact of its having had scarlet fever. Whether the eruptive period was distinguished by any untoward symptom, or whether desquamation of the cuticle followed, cannot be ascertained, as the mother seems to have paid no attention to these points. That the secondary affec-
On Hematuria after Scarlet Fever.

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urine, the physical signs within the chest, each told of congestive conditions—formidable obstructions to the purification of the blood by respiration on the one hand, and of its depuration by urinary excretion on the other. What principle of treatment is to guide us in such complex states?

If I may sum up in a few words the broad fundamental, therapeutic principles in such cases, I would say, we must endeavour to bring into activity and act upon those functions and emunctories which are not, or only in a moderate degree, implicated in the morbid disturbance, and by their agency relieve, if possible, the oppressed and impeded organs. Thus, though the surface of the body is anasarcous, we must endeavour to promote its exhalting power; and as the intestinal mucous surface gives no indication of sharing in the morbid state of the kidneys, we must bring its secretions into activity to purge the system of the accumulated fluid, and vicariously, for a time, relieve the kidneys of their office. The intimate sympathy between the kidneys and skin, and between the latter and the bronchial mucous membrane, when the latter is the seat of inflammation, would entitle us to expect the most beneficial results by vigorously promoting the cutaneous function; but unhappily, in these cases, the dropsical state of the surface of the skin precludes our obtaining much efficient aid in this direction. Warm baths effect oftentimes great temporary relief to the lungs; the breathing becomes less oppressed, and the secretion from the bronchial tubes more free; but the hot-air bath appears to be the most efficacious; there is not that exhaustion which is induced by a succession of warm baths, and, to my observation, the amount of relief felt by the patient is greater. To aid these external appliances, ammoniacal salines may be given internally with advantage. Active purging, however, yields the best results. It is, however, of importance to select appropriate means to obtain the greatest amount of relief, for it is not every purgative of the pharmacopeia which answers this purpose equally well. That purgative which acts most directly as a hydrogogue is the best adapted, but which, at the same time, is not followed by any disproportioned exhaustion, or by any torpid reaction. The combination of jalap and cream-of-tartar is most admirably suited to these ends. It acts quickly, without depressing the system, is not followed by inactivity, and induces copi-
ous watery dejections. This patient was much benefited by these purgative remedies: the febrile state was lessened, the tongue became moist, and doubtless, from the amount of fluid drawn away by the cathartic, may be explained the great increase in the specific gravity of the urine. There was manifest abatement of the dropsical condition, and the breathing was easier and expectoration more copious. Continuing this plan of treatment, the improvement became sufficiently pronounced to justify the administration of chalybeates. At the same time, the state of the urine revealed by the microscope, together with the appearance of that peculiar pigmentary condition observed in combination with the albumen, suggested a very unfavorable prognosis, although I was not without hope that the renal degeneration had not reached that stage at which ultimate, though remote, recovery might be possible. The casts of the tubes were partly transparent, partly granular. The few epithelial corpuscles visible within the tubes were filled with fat granules, and the tubes contained many scattered fat granules; highly refractive, and completely removed by ether. These microscopic conditions indicate an advancing stage of degeneration, and if spread through both kidneys, must be quickly followed by an imperfect elimination of the chief urinary constituents; and this was evident by the singularly watery state of the urine, its specific gravity not exceeding 1.005, but containing abundance of albumen, and this latter associated with a peculiar pigmentary matter, rendered visible after boiling by the addition of nitric acid.

It would be out of place here to enter into an investigation of the nature of the pigments that are occasionally met with in the urine, cyanurin, melanurin, &c. Experience tells me that the development of this pigmentary condition, in combination with albumen in the urine, is of the gravest import. It is always associated with the most advanced stage of renal degeneration, and in every instance in which I have seen it, it has been quickly followed by fatal results. Lehman, in his "Physiological Chemistry," (vol. ii., p. 428,) says, as far as his experience goes, it is only when uremic symptoms have manifested themselves, that this peculiarity of the urine is generally observable, and this entirely coincides with my own. We should not then be unprepared for the development of unfavorable symptoms whenever this peculiarity of the urine is observed; so that notwithstanding the apparent improvement in the child's condition, even to the diminution of the dropsy of the surface, I expressed my fears at the time that this hopeful state would be but temporary. And surely nothing can exhibit the value and importance of frequent examination of the urine in such cases more forcibly than the fact here obtained, and the unfavorable inference deduced. In all other respects there was an apparent amendment, and if we had based the prognosis only on the general aspect of the patient, we
On the Therapeutic Use of Oxygen. By S. B. Birch, M. D.

In venturing to call professional attention to the subject of this paper, I may safely premise with the remark, that it is one respecting which there exists great diversity of opinion and very little practical knowledge. The therapeutic use of oxygen gas, either alone or as an adjunct, in various intractable cases, is a subject of
vast importance to my professional brethren, enhanced in value as it is by an impartial reflection upon the still very uncertain and very unsatisfactory state of our knowledge of medicinal *modus operandi.* Thus far, excepting to a few individuals, and to a very limited extent, this gas, although so well known in its physiological relations, has been practically little better than a "secret" in its therapeutic bearings. Notwithstanding that from the time of Dr. Beddoes and Sir Humphry Davy several practitioners have made successful trial of oxygen in private practice—notwithstanding that the researches of modern chemistry have made us more scientifically cognizant than formerly of the relations of oxygen to the other elements of the vital organism, and the transformations which determine the pathological conditions of that organism—notwithstanding that the daily observation of every man who has disease to treat shows him that the patient needs plenty of pure air, more air (in other words more oxygen) than he can possibly obtain under many circumstances and in many diseased states from the atmosphere around him—the idea seems merely to float through the professional mind, without any resulting general endeavor to make a practical application of it.

It would not be difficult to show cause why the use of this remedy has been neglected. It involves some trouble and loss of time to the practitioner, and consequently the very want of practical knowledge still existing may be justly attributed to the neglect to carry out fair trials on a sufficient scale in practice. Thus the profession has been led to overlook or ignore oxygen as a medicine, even though chemical science tells us decidedly that it ought to be a most valuable remedial agent. A single trial, or several trials on several patients, are no evidence, if they fail, against its value; they are only proof either that it was not suited to the case, or that it was not properly exhibited. Drs. Beddoes, Thornton, Hill, and others, who have tested this gas in a sufficiently large number of cases, afford conclusive evidence that it is a powerful therapeutic; while occasional experiments in which it has been unsuccessfully tried, can only be accepted as proof that, were we to seek an "universal panacea," oxygen is not that remedy. True, medical science will learn to value it at its intrinsic worth only when it is allowed to have a fair and sufficiently extensive trial.

That oxygen may be exhibited with the success which it merits, much valuable time must necessarily be devoted by the physician; in consequence few practitioners have hitherto had the patience to use it even in a limited number of cases. And here I may venture the truism, that confidence in any medicine can be acquired by men of judgment only through the medium of ample experience. The limited amount of practical acquaintance with oxygen, as a therapeutic, at present in the profession, has been forced on my mind by the variety of opposite opinions that have been ex-
pressed. Some of my brethren express their firm belief that it
"must be an injurious excitant or stimulant;" others, taking a
precisely contrary view, somewhat contemptuously observe, "It
is, I suppose, just like taking a little more fresh air, it can do nei-
ther much good or much harm;" others, again, join issue with me
on the presumed "too rapidly destructive metamorphosis of tissue"
in attenuated subjects. Very many have serious misgiving as to
the gas setting up pulmonary inflammation; while one eminent
physician told a patient of mine that the Almighty had given us
a certain per centage of oxygen regularly to breathe—ergo, there
could be no necessity, under any circumstances, to increase
that quantity. Other opinions I could name, but the above will
suffice. As a rule, I may say, that αἱ ἀπερίτα ignore oxygen as a
worthless remedy, founding their opinions upon former failures;
αἱ τῶλαοι with few exceptions, have never heard of its having
been tried and found wanting, but entertain a general belief, when
induced to reflect on the subject, that it ought to possess valuable
but, to their minds, undefined curative properties. Even Dr. Pe-
reira himself, in the last edition of his "Materia Medica," con-
cluded his remarks upon the therapeutic action of oxygen in these
words: "On the whole, then, I believe oxygen to be almost use-
less as a remedy." Thus prestige and authority are decidedly
hostile to this powerful remedial agent.

In this paper it is not my intention to enter into the details re-
specting the chemical actions of oxygen upon the organism, and its
highly important relation to the vital dynamics. I hope shortly,
however, to throw out a few suggestions for the consideration of
my superiors in the scientific world.

Meanwhile I will content myself with asserting, as the result of
considerable experience and close clinical observation, that an in-
creased supply of oxygen to the system may become, under differ-
ent circumstances, exciting, depressing, sedative, tonic. Each
patient must be treated according to peculiar characteristics of
temperament, diseased conditions, long or short continuance of
disease, existing and changing symptoms; and the effects of the
treatment must be carefully watched. No practitioner must ex-
pect full success at first, if he be induced to make a trial of oxygen
in difficult and intractable cases. As obtained formerly with my-
self, he may for some time meet with much disappointment; and
he may probably discover the necessity of extended clinical expe-
rience with the gas, before he will feel himself able to administer
it with justice to the patient, to himself, and to the remedy. Every
thing depends upon minute details; while not unfrequently much
judgment and practical knowledge of this therapeutic are requisite
for the due selection of medicinal and dietetic adjuncts.

Having for some time extensively employed oxygen in my own
practice, and now feeling myself in a position to adduce some
practical evidence not without value, I hope to offer occasional
On the Therapeutic Use of Oxygen. [November,

clinical facts and remarks, which may prove of some little service in the highly-important, but imperfectly-explored, prairie of therapeutics. Subjoined are two cases:—

S. B——, Esq., aged thirty-three, unmarried, of temperate habits, of nervo-sanguineous temperament, with some hereditary strumous tendency, had been the subject of secondary syphilis for seven years, and had undergone a variety of fruitless treatment. Amongst other measures, he had, under the best advice, been subjected to several courses of mercury, iodide of potassium, sarsaparilla, nitric acid, cinchona, and all the most approved means usually employed in treating such cases. Finding himself rather worse than better, and coming to the sad conclusion that his constitution had become terribly shattered, quite as much from the mercurial treatment as from the original disease, he resolved, by the advice of a friend, to place himself at a hydropathic establishment. Here he underwent such severe treatment that he was compelled after some weeks to give it up, owing to increased general weakness and exhaustion of his vital powers, with tendency to ulceration of the legs. He now consulted several eminent practitioners; went through a repetition of iodide, cinchona, &c., and was recommended the most generous diet possible, with wine and porter. This failing, he was advised, as the only hope of cure, to take a long sea-voyage to a warmer climate. He had made up his mind to follow this advice as a dernier resort, when one of his legs became suddenly so seriously ulcerated and his whole system so debilitated, that he determined to place himself under my care in consequence of hearing of the extraordinary agency of oxygen in cases of ulcerated legs and general debility. Such was his history.

June 29th, 1856.—This unfortunate gentleman consulted me, I found him extremely weak and anemic, his powerful and muscular frame completely relaxed and attenuated; the skin throughout the body was quite blanched, and so transparent as to show deeply beneath the surface general dirty-looking congestion, with occasional spots of complete purpura. Some caries of one superior maxillary bone was observed, extending from the alveolar processes of the molar teeth. He suffered much from cerebral irritation, the eyes being suffused, intolerant of light and almost useless, with chronic iritis, and some effusion of lymph of low organization. Pulse from 100 to 112, very small, almost imperceptible; tongue white and relaxed; and although the weather was tolerably warm, his vital powers were so low as to render it almost impossible to generate sufficient animal heat to keep him alive, the extremities being cold and clammy. In fact, universal prostration and torpidity of function prevailed; and I ought to add, that he had a suspicious, short, hacking cough (which had existed some months), with profuse nocturnal perspirations, but no well-marked physical signs of tubercular deposit. Upon examination
of his legs, a very large ulcer was seen on one calf, and a little ulcerated point, communicating with a small but deep cavity on the other. The larger one, he informed me, had commenced in a little spot about a fortnight previously, and had for some days been spreading very rapidly, causing much severe pain and constitutional irritation. It now presents the peculiar appearance of a sloughing mercurio-syphilitic ulcer, exactly circular, about two inches in depth, considerably excavated; the whole circumference for the distance of an inch and a half or two inches from the edges, is hard, red, and extremely sensitive; there is a discharge of dirty-looking sloughy matter and acrid sanious fluid. In spite of the vigorous and judicious measures advised by an eminent London surgeon, who had been consulted a few days previously, the sloughing ulceration is rapidly extending; and in the excessive prostrated condition of the sufferer the case appears by no means hopeful.

Here an opportunity offered of severely testing the power of oxygen; and knowing what this therapeutic agent could effect in analogous non-syphilitic ulcers, and in most cases of extreme debility and languid circulation, I at once determined energetically to bring it into action. My patient was ordered to preserve the horizontal position, and to foment, poultice, etc. The same afternoon I administered a large dose of the gas, which had the effect of making him feel more comfortable. The following morning, the ulcer still alarmingly progressing, I carefully superintended the administration of the largest quantity that could be borne, and ordered a moderate inhalation in the evening. From that time it spread no further, and by daily watching my patient during the succeeding fortnight I had the satisfaction to witness the separation of the dead portions, the perfect cleansing of the whole surface (the muscle being left exposed for some distance, and its movements being seen at the bottom of the cavity), and the gradual filling up of the depth with granulations; while at the same time the appetite returned, and the capillary circulation, with the entire nervous system, began to regain tone. Small doses of iodide of potassium were now ordered three times a day, and nutritious but moderate diet with porter; cod-liver oil was rubbed into the chest twice a day, and tepid daily sponging of the whole body was enjoined. In five weeks he was able to walk about, and in seven weeks entire healing of the large and deep excavation, resulting from the ulceration, had taken place, permitting him with his increase in strength to walk without difficulty many miles. He now left town, taking with him a supply of condensed oxygen, with a strict direction to continue his moderate inhalations, the iodide of potassium and the cod-liver oil externally, and to communicate with me by letter once a week. Three weeks afterwards, having walked rather too much, and having otherwise irritated and injured the place on the other leg, where the small
point of ulceration had apparently healed under the influence of the oxygen without sloughing, he thought it advisable to return to London. I found an ulcer of moderate size, much inflamed from irritation, rubbing of his trousers against it, and neglect; moreover, he had caught a severe cold, and his cough (which had never left him), with profuse perspirations at night, caused much disturbance. He was feeble and extremely sensitive to cold, although the weather was warm. I gave him stringent directions as to quiet for his leg, largely increased his quantity of oxygen at each inhalation night and morning, continued his other constitutional treatment as above mentioned for the specific diseases, and watched him closely by means of two long daily visits. He again progressed most satisfactorily, and was soon enjoying his favorite pedestrian exercise.

Steadily continuing his treatment, he, towards the middle of September, had entirely lost his consumptive cough and nocturnal perspirations, had fully regained his nervous tone, and had recovered his flesh; he suffered no longer from cold and languid circulation; the dirty congested appearance beneath the cuticle had quite disappeared; the jaw (from which there had been some exfoliation) seemed quite sound, and the general cerebral irritation with iritis had for some weeks ceased to evidence itself; the effused lymph likewise having undergone complete absorption, and the membranes and chambers of the eye being quite clear and free in their movements.

About the end of October, this gentleman, an ardent disciple of Nimrod—wrote for permission to follow the hounds again. With a caution, I acceded to his request; and I have since learned that he rode very hard during the hunting season without any return whatever of his former protracted disease. A few days ago, I may add, I heard some further account of him, and he is now stouter and stronger, and altogether in more robust health, than (he thinks) he ever recollects.

It is especially worthy of remark, with this interesting case in retrospect, that there exists probably no remedy at all comparable with oxygen as (in common parlance) a “purifier of the blood,” when judiciously administered. My own experience particularly points to its well-marked and energetic action upon the general capillary circulation and upon the skin; in most cases it powerfully promotes the healthy secretions of the latter, and enables it to throw off an immense amount of morbid and poisonous matters; and, unlike all other medicines, while performing this duty, it produces no weakness or other untoward effects, but, on the contrary, simultaneously acts as a general tonic to the entire constitution. It will be observed that I ordered, as an essential adjunct to treatment, tepid sponging of the whole body daily, the poisonous débris cast off with the aid of the gas, and accumulating on the skin, obviously necessitating either such sponging or the use of
the tepid bath. It also merits a passing notice how quickly the heroic doses of the gas, temporarily and carefully given, demonstrated the power of this therapeutic in cutting short and arresting the progress of rapidly-spreading ulceration.

I will give a second case very briefly, from memory, so as not to lengthen my present paper too much.

A. B——, a policeman, aged thirty-six, had been nearly three months under skilful medical treatment on account of inveterate boils and carbuncles, which, appearing in continuously successive crops, resisted every remedy. At length he was advised that medicine could do no more for him, and that he must get immediately into the country, for the purpose of trying what that change could effect. He was at this time covered with from twenty to thirty specimens of this very painful eruptive disease, and his health was necessarily much undermined from acute suffering and constitutional irritation. Being accidentally met with, he was offered gratuitous treatment under oxygen. Having a family to provide for, he could ill afford to leave them, and therefore thankfully accepted the proffer. He at once commenced a daily inhalation, and so rapid was his progress that in from ten days to a fortnight all the eruptions had entirely disappeared, and the unhealthy constitutional condition was so completely overcome as to render the cure permanent.—[Ibid.


If the pages devoted to the science of Medicine in this country may with advantage be illustrated with interesting and important cases, on no occasion can a space be more usefully or more gracefully afforded than in the present instance. We have to record the particulars of the case of one of the most distinguished, most talented, and most industrious of her professors; for such a man in every sense, was the late Dr. Marshall Hall. To render the story of his case complete, it is necessary to go back some years previous to the appearance of the last severe and fatal symptoms; for some peculiar features connected with the earlier symptoms rendered the case somewhat different to those generally met with in practice, and made the sufferer himself, always patient, thoughtful and suggestive, consider that it presented features worthy of notice; and also made him anxious that its investigation should be completed by a post-mortem examination.

His own account of an early inconvenience or difficulty in swallowing, best explains the symptoms as they occurred:—"Some fifteen years ago," he wrote to a friend, "I undertook to deliver two long and distinct courses of Lectures on the Practice of Physic, during the same winter." His custom was to lecture from six
to seven, and then from eight to nine, in the same evening. He felt inconvenience during this winter from hoarseness and cough for the first time, and began to perceive that minute portions of food were apt to remain in his pharynx, and that after meals he occasionally raised some small portions. This difficulty of swallowing very gradually appears to have increased; and he was induced, some years ago, to consult Sir Benjamin Brodie and Dr. Chambers on account of the increasing symptoms of obstruction; but on Sir Benjamin Brodie passing a bougie, no evidence of obstruction by contraction of the oesophageal tube could be detected.

Mr. Guthrie, whom Dr. Marshall Hall also consulted, told him that he was only suffering from what was called "clergyman's throat." But the dysphagia continued, and during deglutition much care was requisite in the act of swallowing, and food could not be hastily taken, and while in the act of swallowing much regurgitation could be heard by those sitting near him.

He considered this condition to be due to a defective reflex action which prevented the muscles of the pharynx from acting with sufficient power to propel all the food lodged in it; but the probability is, that there was some such dilatation of the pharynx at this early period as is sometimes met with, and which in a measure acts upon the aperture of the oesophagus mechanically, and thus interferes with the ready passage of food. Such were the symptoms which continued slowly increasing, but which never prevented a sufficient amount of food to be taken, both solid and fluid, to keep up a proper nutrition, until about the end of 1855, when Dr. Marshall Hall first perceived that in the expectoration he usually had in the morning there was occasionally a slight tinge of blood, and this especially after much speaking or exercise. The dysphagia also commenced from this time to be troublesome and serious.

Previous to this date, Dr. Marshall Hall had retired from active practice in London, as he found his health was failing to a certain extent, and some spots of purpura appearing on his legs. He wisely determined at once to give up the anxieties of professional occupation, though it entailed the sacrifice of a large professional income. He made a tour of the United States in 1854–55, and spent the following winter and spring in Italy. He returned to England much better in health, but not improved so far as the throat affection was concerned. After a short stay in town, he went to Hastings, and came to town again in October following. It was now that the symptoms of permanent stricture of the oesophagus were fully established. He had some time ceased to partake of solid food; milk, cream, and coffee, were the fluids he chiefly preferred. With the evident obstruction there was constant copious expectoration of purulent mucus, somewhat offensive in character, and occasionally during each day tinged with blood. He was seen in consultation by Dr. Williams, Mr. Caesar
Hawkins, Mr. J. R. Martin, and Mr. Pollock, all of whom were agreed as to the serious nature of the complaint. He was quite prepared for the expression of their most unfavorable opinion, and was even cheerful whilst under examination. In speaking to one of his medical friends, who was constantly with him whilst in town, he said, "I don't ask you what your positive opinion is as to my prospect of life, for no one can be certain of the result of a hidden malady; but I look upon my disease as a fatal one, and have long done so. I have no hope of recovery. I don't wish you to mention this to Mrs. Hall. I have no fear of death, and cannot be alarmed by the truth. My only wish to live is for the sake of others; but I am resigned to the alternative, if it be ordered that I should not live much longer." The calm, resigned, and almost cheerful manner in which he spoke, at once showed the preparation and the courage of a man who knew his end was not far distant, though still, as ever, unselfish, considerate, and affectionate for those dear and near to him.

Whilst in London, he had a wish to have the nitrate of silver applied in solution to the supposed ulcerated part of the pharynx; but when advised not to employ it, he readily acquiesced in the opinion of those he had consulted. He had applied the solution to the throat when in the country, but had been apparently much distressed by it; and though he had expressed a wish for its application a second time, he evidently had no desire to persist in its use, from the distress it had occasioned.

After a short stay in London he removed to Brighton. He now placed himself under the care of Mr. Wildbore, whose constant care and attention to him he always spoke of with much gratitude, and to whose note-book we are indebted for the remaining particulars of his case.

After being settled in Brighton, he complained of, and suffered much from cold. It always distressed his throat, and rendered more difficult the efforts of swallowing. His room was obliged to be kept at a temperature of from 70° to 75°; his diet was entirely milk, cream, and coffee. In January of this year he wrote to Mr. Pollock:—"I have been for two months at Brighton, and the complaint has made no progress, but in cold, foggy weather my dysphagia is always worse. I am intensely susceptible to cold. I have been many days lately without blood in the expectoration; and last night it came on, after going to bed, without any assignable cause. Everything I take is apt to leave particles in my pharynx, even a light-boiled egg. Hence the cause of the irritation and consequent ulceration there. If so slight a thing will irritate and produce exudation of blood, there is surely ulceration there, and this, in fact, has all along been my opinion." We shall hereafter see how true was the opinion he had formed of his own case.

There was at all times, to a greater or less degree, "a stinging,
burning pain” behind the larynx; sometimes for a day or two it was absent. During February the symptoms were variable, the dysphagia increasing as the temperature became colder. Once or twice there was slight regurgitation of fluid by nose and mouth. Some considerable benefit was derived from sipping a solution of chlorate of potash in water several times a day, with marked temporary benefit to the swallowing, but the effect was not permanent.

In March he had a severe attack of the gout, when much uric acid passed in the urine. This was relieved by small doses of potash sipped in water, and also used in an enema. The dysphagia slowly but gradually increasing, four pints of milk were now only taken in the course of the day, and it occupied nearly half an hour to get down half a pint.

On the 10th of March he walked out, after four months confinement to the house. The sun was hot, but the wind very cold, and the following day he was confined to bed, suffering from bronchitis, and all his ordinary symptoms aggravated. During several hours no fluid could be swallowed, and on attempting to pass a tube for himself, an obstruction was met with opposite, as he said, the first or second portion of the sternum. This attack left him very weak. He complained much of thirst, and said his feelings of hunger were dreadful. Still he was most patient, and even cheerful in conversation, under all his sufferings.

In a few days the attack of bronchitis passed off, and he now derived much comfort from supping iced milk and sucking small pieces of ice; but the exhaustion and emaciation were becoming considerable, and the quantity of fluid taken by the mouth was reduced to about two pints in the twenty-four hours. Mr. Wildbore therefore recommended him to allow the administration of nutritious enemata, of which the following was the mixture: five ounces of strong beef-tea, one ounce of port wine, and three grains of quinine. This was given three times daily, and the whole quantity always retained. The quinine was added on account of his suffering from intermittent fever, which came on every night. The enemata were evidently absorbed, for the bowels only acted once in three or four days under the influence of a warm water enema, with some salt dissolved in it, and this would be followed by a healthy motion.

On the 10th of April, for twenty-four hours, there was complete interruption to the passage of fluid through the throat; but on the following day he was again able to swallow milk and some wine and water. Towards the end of the month the difficulty of swallowing was so great, that if more than three teaspoonfuls were taken directly one after the other, the fourth would bring on cough, and the greater portion would be returned by nose and mouth, mixed with mucus, as if the fourth spoonful filled up the tube to the aperture of the glottis, and thus excited cough.

During the month of May he suffered much from hunger; but
taking the enemata four and five times a day appeared to nourish him to the extent that he was able to bear the erect posture, which he could not a fortnight previously owing to vertigo. The aguish attacks were also severe, and he took constantly about twenty grains of quinine in the enemata, which had the effect of relieving him, but produced deafness and singing in the ears.

In June the voice began to be affected; the expectoration, which had become white and frothy, was again purulent and offensive. The efforts to swallow were attended with much exhaustion, and the struggles to get fluid down were very great. The loss of voice at the end of June was unaltered; the "stinging, burning pain" greater, and debility increasing; the expectoration very copious. Notwithstanding his condition, about the middle of the month he ate a fair dinner of lamb and asparagus for three or four days consecutively, swallowing it all. Then came a cold wind and increased dysphagia.

In July, early in the month, he applied himself a four-grain solution of nitrate of silver to the pharynx five times. This increased the "stinging, burning pain" greatly for two hours after each application, but no beneficial result of any kind was obtained. Chills and profuse sweats attacked him every evening, and the aphonia continued. During July he gradually became weaker, and the quantity of fluid taken by the mouth was about a pint to a pint and a half of milk daily. It may be mentioned that nearly all the time he was at Brighton, up to the last few days of his life, he looked fresh and healthy—a circumstance somewhat remarkable.

By his own desire, he went out in the early part of August in an open carriage, but all his symptoms were becoming worse; the breathing short and asthmatic, and the air-passage clogged with mucus. The rectum also became uncertain in its power of retention, and the enemata were sometimes returned. On August 11th, at twenty minutes past eight, he died, maintaining his consciousness to within a few moments of his death.

His friend Mr. Wildbore wrote of him, "It is wonderful to me how he bears up against his disease. He is ever thoughtful of and kind and considerate to all around him, and most grateful for the least kindness or attention shown him; always interested in professional questions, and ever active in mind upon those subjects which have chiefly occupied his attention. He is most patient, and perfectly resigned." All who knew and watched him during the progress of his disease, and witnessed the high courage and true resignation with which he submitted to his sufferings and to the prospect of death, will feel that Mr. Wildbore's estimation and record of him was only what was just to the character of the greatest of English physiologists.

The post-mortem examination of the body was made by Dr. Ransom, of Nottingham, thirty-eight hours after death, in the pre-
sence of Dr. Hutchinson, Dr. Robertson, Dr. T. Wright, Mr. Higginbottom, Mr. Eddison, Mr. Wildbore, and Mr. M. H. Higginbottom; and for the record of which we are indebted to Mr. Ransom.

The body was emaciated. No external marks of decomposition. Thorax.—The lungs did not collapse on the cavities being opened. The right one was universally adherent by old adhesions; the substance of the lungs healthy; no pleuritic effusion.

The pericardium contained nearly two ounces of dirty red fluid. The heart was flabby (perhaps from cadaveric changes); it contained frothy blood in the right ventricle and auricle. The valves were competent. There were some slight atheromatous deposits on the inner surface of the aorta, which was stained a deep red.

The bronchial glands were larger than usual, soft and black. On making examination of the parts higher up in the throat, it became evident that some undue thickening and adhesions existed behind the larynx. The latter was therefore removed, with the pharynx, oesophagus, and trachea. In doing this, the intimacy of the adhesions necessitated that the knife should be carried close to the bodies of the corresponding vertebrae; with every care, however, button-holes were made in two or three places. On removal it was seen that the walls of the pharynx were extremely thin, and that its cavity was dilated. Through the openings made by the knife there escaped a dirty-brown flaky fluid, of a creamy consistence. The adhesions were to the bodies of the sixth and seventh cervical, and first and second dorsal vertebrae.

The parts removed, when examined, showed a stricture of the oesophagus, about the level of the eighth ring of the trachea, and a dilatation, with ulceration and vasculature of the oesophagus and pharynx above the stricture, to the extent of nearly three inches. The stricture was attended with but moderate thickening of the tube, and the aperture was not very small, but the membrane was folded in, so as to present a conical eminence upwards, the apex of which was opposite the narrowest part of the stricture, which here was rather larger than a goose-quill. In this way the passage was almost valved, and food would have had the tendency to pass down by the sides of the eminence into the pouches and sacculi of the ulcerated portion. Indeed, the finger passed down from above, previous to opening the oesophagus, could not enter the passage, though a similar difficulty did not exist if the finger was passed from below the stricture. The upper border of the ulceration was on each side about level with the bases of the arytenoid cartilages, but did not extend so high in the middle. The dilatation was throughout irregularly ulcerated, soft, pulpy, ragged, of a dirty grey or slate colour, and with a few loosely-adhering flakes on its surface. Its base was not much thickened, though here and there it was somewhat so, and felt firmer in such parts. The walls of the pharynx and oesophagus were perforated in sev-
eral places, leading to pouches or sinuses amongst the muscles of
the neck, having very thin delicate walls of false membrane. Two
of these pouches were very large, and ran upwards on the outer
surface of the thyroid cartilage, one on each side as high as its up-
per border, the right pouch being the largest. A narrow slip of
mucous membrane remained at the back of the trachea, but this
at the lower extremity was quite undermined.

At the lower part of the dilatation the ulceration had nearly
perforated the trachea through the posterior membranous wall, and
had set free the right extremities of the fourth, fifth, and sixth
cartilages. The pharyngeal mucous membrane above the ulcer-
ation appeared nearly natural, except for two or three little rounded
elevations, as if there was a deposit in the mucous membrane, each
less than half a pea in size. There was a small pendulous poly-
pus attached to the thyro-epiglottidean fold. The oesophagus be-
low the stricture was healthy.

In the mucous membrane of the trachea directly corresponding
to the deep ulceration which threatened to perforate it, was a small
deposit or growth—semi-transparent, solid, and slightly elevated.
There was a similar one higher up, inside the cricoid cartilage, but
it was more opaque and white.

The patch on the tracheal mucous membrane was cut across,
and from a section of it were obtained cells which possessed all the
characters of cancer-cells. They were delicate, large, irregularly
angular, with elongated processes; some were, however, rounded,
had peculiar large nuclei and nucleoli; often several of these in
one cell, and sometimes a cell-wall around one or more of the con-
tained nuclei. Some few of the nuclei presented a delicate, regular
radial striation, which Dr. Ransom observes he had not before
seen. These cells were contained amongst the meshes of the elas-
tic tissue. From the whiter patch on the inside of the cricoid
cartilage, similar cells were obtained, but they were fattily degen-
erated, and therefore were less characteristic. From the base of
the ulcerated surface, Dr. Ransom found in parts examined no sa-
tisfactory evidence of the nature of the pathological process which
had preceded; but amongst a mass of granular and fattily degen-
erated elements, several bodies were always seen resembling retro-
grade cancer-cells.

The fluids from the surface of the ulcer consisted mainly of
molecular detritus and fat, in drops and granules, with a great
number of epithelium scales, mostly of the scaly variety; but a
few were cylindrical and ciliated, probably separated from the
upper parts of the pharynx. In the little elevations on the mu-
cous membrane of the pharynx, nothing was found but globular
corpuscles and cells filled with fat granules, of various sizes, and
one beautiful hexagonal crystal-like cystin was observed.

A portion of the pharynx and oesophagus, examined by Mr.
Cesar Hawkins, Mr. Pollock, and Mr. Holmes, curator of St.
George's Hospital Museum, gave the following results:
1. A portion of the disease was surrounding the great vessels in the neck, and apparently making pressure on the upper part of the pharynx. The interior appeared of a cellular character. Sections showed fibrous tissue, with numerous nuclear bodies, and much fat.

2. A small tubercle, beneath one of the rings of the trachea, contained an immense number of nucleated cells, resembling those of healthy epithelium, but of more curious form and size, also a good deal of fat.

3. A mass containing dark masses (of black pigment), otherwise exactly resembling the portion first mentioned.—[Ibid.

_Death of Charlotte Bronte._ By WALTER CHANNING.

The death of Charlotte Bronte is the saddest fact in a life whose key-note was sorrow, and whose melancholy music filled the very atmosphere in which she lived, and moved, and had her being. She may almost be said to have been baptized in the dark waters of death. Her mother died when she was about five years of age, and, in quick succession, four sisters and her only brother.

It was not a common family, that of Charlotte Bronte. Two of her sisters died young, but lived long enough to indicate that they would have left their mark on their times. The two elder sisters gave the same evidences of their power in written works. Her brother had large intellectual endowment and culture, but worse than wasted all that might have greatly distinguished him. We do not design in this notice of one whose life has been so admirably written by Mrs. Gaskell, and which all readers have read, to review this work. And yet it may not be out of place to say that it is a record of a remarkable person, who in the midst and pressure of severe trial, never failed in duty to herself, and to all to whose well-being she could in any way contribute. She was small, delicate in person—apparently incapable of effort. Yet she meets, or makes occasion for intellectual, moral and physical action, which in its detail astonishes us by its rarity, and still more by its success. She writes with startling strength—brings before you men and women, her own creations, and reveals what is in them, both in their word or work, in language and act which leaves little ground for question. She goes to a foreign country, of different language from her own—goes alone, by the guidance of the same instinct which always accompanies a true object, and accomplishes all she attempts. She writes, and while her manuscripts are gathering dust on the publisher's shelves, she writes on, nothing daunted, and at length comes forth as an author, and declares anonymously, her gigantic power. "Who wrote Jane Eyre?" is the question. "Not a man," says one, "for a man would not"—"Not a woman," says another, "for a woman could not."
Death of Charlotte Bronte.

Pardon us, for we have for a moment deviated from our purpose—to speak of the death of Charlotte Bronte. We could not but say a word of a life so sad as was hers, and for the reason that in an event which was to her an unmixed felicity, she found death. Sadly, in deep sadness, do we ask, was it not a fitting coronation of such a genius, and such a life?

Charlotte Bronte married late in life. Her father opposed her marriage, and the daughter could not marry the man she so deeply loved, as her marriage must separate her from her father, now more than eighty years of age, and with no living creature of his house, but her left. At last, her father's consent is given and she is married. This was an event in Haworth. Every body came to the wedding. Charlotte had been the friend of all the poor. She would traverse, in snow and rain, the wild moors of her home, to carry something for the sick child or parent, or to do something for them. Every body knew her, and every body loved her. Says Mrs. Gaskill, “many old and humble friends were there, seeing her look like a snow-drop.” Her bridal dress, after a few months, became her shroud.

She became pregnant, and soon after experienced the ordinary symptoms of that state, but which rapidly became morbidly severe. Nausea, vomiting and faintness; and fainting, at first frequent, became, at length, constant. The sight of food was sufficient to produce them all in most distressing forms. Said one, “a wren would have starved on what she ate during those last six weeks.” A physician was called. “He came, and assigned a natural cause for her miserable indisposition; a little patience and all would be right.”

From the record, nothing more seems to have been said or done in this case. We copy the following from Mrs. Gaskill, because of its professional interest, and as showing something of the sufferer's state in the last moments of her life.

“Long days and longer nights went by; still the same relentless nausea and faintness, and still borne on in patient trust. About the third week in March (it was early in the new year, 1855, that the symptoms first appeared), there was a change; a low, wandering delirium came on; and in it, she begged constantly for food, and even for stimulants. She swallowed eagerly now; but it was too late. Wakening for instant from this stupor of intelligence, she saw her husband's woe-born face, and caught the sound of some murmured words of prayer that God would spare her. ‘Ohl! she whispered forth, ‘I am not going to die, am I? He will not separate us, we have been so happy.’”

She died Saturday morning, March 31st.

It is of the professional relations of our subject—the treatment of the signs of pregnancy when morbidly aggravated, that we would now speak. Was the cause the motive cause of those symptoms which produced death in Charlotte Bronte, removed? The
question is of great interest. Nearly half a century ago, it was our privilege to attend the midwifery lectures of Dr. John Highton, in London; and a better lecturer than Highton, is not in our memory. He discussed this question of removing the cause of these symptoms, and showed conclusively that in cases in which other means had failed, and the worst consequences were to be looked for, it was the duty of the physicians to remove the cause, viz., to remove the foetus from the womb. Highton related his experience, and dwelt on the opposition he had met with in consultations, to such measures as he knew could alone save life. More recently we have spoken with eminent men abroad, on this subject, and have met with objections to the practice; or, when it has been allowed to be proper, it has been after so much evil has been done that there has hardly been any reason to look for success from it.

We have felt it our duty to resort to the measure under consideration, and in every case recovery has been rapid and complete. We have known death to happen when the measure has been rejected by patient or friends, and where all other means have been faithfully used. In one case it was clear that death must occur, if things remained as they were, but in which the mother of the patient would not consent to the measure; unless the physicians who advised it would in the first place guarantee its success. The attending physician would not do this; and soon after our consultation we heard of the patient’s death.

In another instance, the lady lived in a distant State. She was a clergyman’s wife, and of the Church of England. She was reduced by nausea and vomiting to excessive weakness, and absolutely could keep nothing on her stomach. It was between the second and fourth months of pregnancy. The foetus was removed, and in twenty-four hours after, we found her heartily eating solid food, and she was soon well. The operation was performed on the same patient a second time under the same circumstances, and with the same result. Let it be remembered that this practice was not attempted until full trial had been made of the most approved methods of treatment, and after the best evidence that the disease was rapidly increasing. In another lady it was not until convulsive movements had occurred in the universal exhaustion, that the measure was adopted. This patient recovered, and this was a second trial of it in the same patient.

We dwell on these cases, because a grave moral question is involved in our subject; and to say that it is only in those cases in which life is clearly in jeopardy, that any physician who deserves the name, would for a moment entertain the question we are considering. It is then as a remedy, and only to be used under what we believe are really desperate circumstances.

Whether the cause was removed in Charlotte Bronte’s case, or whether she died of pregnancy, we know not. We know not
what was the limit of that "little patience, when all would go right." But as the disease continued unrelieved till death, may it not be asked if the cause of that disease did not remain undisturbed till it became the cause of death? The question is put, because in no like case which has come under our care, however unpromptising, has death occurred after the removal of the contents of the womb.

The Rectory at Haworth is now desolate. Its venerable head, in his extreme age, stands erect and alone, literally in the midst of the graves of all his house; and before him, in his church, is the simple tablet on which is recorded the names, the ages, and the death, of his wife and all of his children.—[Boston Med. and Surg. Journal.

What are Internal Hemorrhoids?

Preparatory to entering upon any question as to their treatment we must a little clear the way by a few words as to the real nature of internal hemorrhoids. That "internal piles," in their ordinary form, are dilated or varicose veins of the anus, may now safely be pronounced a relic of by-gone and very mistaken pathology. If cut across they bleed most profusely; but the hemorrhages is arterial, not venous; and if tied, there is little or no risk of phlebitis. On dissection they show scattered, small, venous cysts, but these are minute in proportion to the mass; and should a large coagulum be found, it has more the appearance of being the result of extravasation than the contents of a varix. They are not at all more liable to occur in those who suffer from varices in the legs, etc., or varicocele, than in others. The dilatatio venarum theory has, indeed, been specifically renounced by most of the recent teachers and writers on the subject. Mr. Salmon is very positive in his opinion on this point, and he is supported to the full by Mr. Ashton and Mr. Syme. And here the distinction between external and internal piles must be borne in mind; the former, a rare and comparatively unimportant form, are admitted by all to be venous. External piles have, when the skin is thin, the uniform bluish tint of a vein, which can not well be mistaken, while the purple color of the internal one rather resembles that of the intense congestion of almost strangulated mucous membrane. External piles may be snipped off, and there is no danger of bleeding after the vein has once emptied itself; internal ones, if cut away, bleed continuously and profusely, and their hemorrhage, as just stated, is arterial, not venous.

We come, then, to the question—What are internal hemorrhoids? and to this the answer must be, that they consist of prolapsed folds of the mucous membrane lining the sphincter, extremely vascular and hypertrophied and thickened by long constriction. In chil-
dren, the parts about the rectum, the sphincter, etc., are lax, and the mucous membrane is very loosely connected to the muscular one; hence their liability to large prolapse, which in them always comprises the whole circumference of the bowel. In adults, however, the sphincter is more firm, and the mucous and muscular coats much more closely connected; hence the great rarity of circular prolapse. From the necessity that the mucous membrane lining the sphincter itself should be capable of wide dilation during defecation, an arrangement has resulted, however, by which during the closed state of that muscle, it is thrown into longitudinal folds, which are smoothed out when it opens. Between these folds, which, first described by Morgagni, are known as Morgagni's columns, the mucous and muscular coats are more closely united to each other, whilst beneath them the intervening cellular tissue is, of course, loose. These columns vary in number from three to six. By reference to this arrangement, the reason why extruded piles almost always present the appearance of being divided into lobes is easy to be assigned. Mr. Salmon defines piles as prolapsed Morgagnian columns, hypertrophied and rendered vascular by constriction, and states that their divisions into segments corresponds in number with the number of the columns in the individual. Thus, then, we have it clearly explained upon anatomical grounds why children almost never have piles, and why adults so very rarely have circular prolapse, and also why adults who have circular prolapse never have "piles," as a complication; the latter fact being one, which, upon the old view of their being distinct conditions, it would be very difficult to account for. We have already adverted to the importance, in respect to treatment, of this view of their nature, and how well it coincides with the results of practice. No one would fear ill consequences from tying up a mass of congested and thickened mucous membrane, while every surgeon would shrink from the risk attendant on putting ligatures on bunches of inflamed veins.—[Med. Times and Gaz.

Epidermic Administration of the Sulphate of Quinine. By Daniel F. Wright, M. D.

I purposely substitute the term epidermic in this communication, for the more common expression endermic, to mark a difference in my mode of application in the case I am about to describe, from that usually adopted.

My patient was a little girl, about four years old, daughter of Mr. H. Fox, of this city. A mild attack of scarlatina had been succeeded by an obstinate consecutive fever, of a remittent type. The attempt was made to treat this with moderate doses of the sulphate of quinine, the administration of which was found utterly impossible, from the resistance of the child; indeed, the irritation
resulting from the attempt was so excessive as finally to compel me to acquiesce in the mother's opinion that it aggravated the fever. Still the periodic symptoms continued, and I was persuaded that nothing but quinine would relieve them; the question was, how was it to be administered? The endermic method was, I considered, contra indicated by the condition of the skin, which had been desquamating freely, as is usual after scarlatina. Finally, as the skin, from this recent desquamation, was in a state peculiarly favorable for absorption, I determined to try whether this could not be effected without the removal of the cuticle; accordingly I directed a sort of half-jacket to be made of coarse domestics, capable of covering the thorax and upper part of the abdomen, about two-thirds of the way round the body. This was saturated in a strong solution of sulphate of quinine, made according to the following formula:

\[
\begin{align*}
\text{B.} & \quad \text{Sulph. Quin.} & 5 i. \\
& \quad \text{Acid Sulph. Arom.} & 3 j j. \\
& \quad \text{Aqua} & 5 j. 5 vj.
\end{align*}
\]

\[\text{M. Sol. ft.}\]

And the mother was directed to saturate it again as soon as dry, without regarding the quantity used. While applied to the body, the whole was covered with oiled silk, to prevent absorption by the clothing.

The remissions had been occurring during the night and morning, commencing about midnight, and being most complete at about four or five in the morning; they then lasted till about eight A. M., and were succeeded by fever, which lasted till midnight.

To be sure of being soon enough, the "quinine jacket," as we called it, was put on at nine o'clock P. M., and directed to be kept on, saturated with the quinine solution, till I saw the patient in the morning. I purposely delayed my visit till ten A. M., (two hours after the fever usually arose,) and found my patient entirely free from fever. Thus encouraged, I directed the treatment to be continued till noon, and afterward commenced at nine P. M., and continued as before. The child never had a return of fever, and rapidly convalesced, without any unfavorable symptom.

I have presented this case primarily as affording a useful hint for physicians who may be similarly situated; but it was attended by a phenomenon highly interesting in a physiological point of view. Not more than half an hour after the jacket was put on, the child complained of a bitter taste in her mouth, and insisted, with great indignation, that quinine had been given her while she was asleep. This taste after a while went off, but was instantly renewed on her eating any thing; even the idea of eating, when excited by offering her food, brought back her taste, so that she experienced it before putting the food into her mouth.

Does it not seem that the blood of this child was saturated with the quinine to a degree beyond what can be effected by its inter-
Lactic Acid a Remedy for Dyspepsia.

A remedy which has for a long time been used by Dr. Nelson, of Birmingham, and subsequently by many French physicians, under the name of Pepsine, for the cure of dyspepsia, and other functional derangements of the stomach, has within a short time been prescribed freely by some physicians in London. It has been very favorably noticed by Drs. Ballard and Sieveking. Dr. O'Connor has also tested its value in those cases in which it has been recommended, but not with the success attributed to its use. He was led subsequently to have recourse to lactic acid, a remedy which he believed likely to be more beneficial in those affections of the stomach in which the so-called pepsine has been administered. Before using the acid internally, Dr. O'Connor, we understand, in order to test its digestive powers as compared with pepsine, placed an equal weight of animal fibre, in equal proportions of pepsine and lactic acid, in separate vessels, in an equal temperature, when he found that the fibre in the lactic acid was reduced to a pulpy state in a very much smaller space of time than that which was put into the pepsine. After this experiment, which he thought sufficiently conclusive of the superiority of the lactic acid as a promoter of digestion, he had recourse to its use as a remedy in those affections of the stomach before alluded to. The great number of patients with affections of the stomach pre-
Prevention of Bleeding after Operations upon the Rectum. By Mr. Salmon, Surgeon to St. Mark's Hospital for Fistula, &c.

In the operation for fistula and fissure, Mr. Salmon is in the habit of making very free and deep incisions, and his rule in the former disease, of cutting the base of the sinus as well as the sphincter, necessarily involves an extent of incision at least three times as great as that usually employed. Hence no unfrequent hemorrhage would result if certain precautions were not adopted. Of these precautions the first is the use of cotton-wool instead of lint, as a dressing. Immediately after the incisions are completed, a large plug of the finest jeweller's wool is introduced into the gut, and pressed gently into the whole length of the wound. There is some art in accomplishing this neatly and efficiently. A metal probe, the thickness of a quill, should be used, and the forefinger of the left hand having first been passed into the bowel, the latter is held well open, away from the wound; the tuft of wool is then pushed high up into the gut, and lastly pressed down on the line of incision. The wool must on no account be oiled, otherwise its object, as a restrainer of hemorrhage, will be defeated, since it is by its loose and absorbent texture that it forms so excellent a plug. Its softness prevents it becoming a source of irritation to the rectum, as a fold of lint of any size generally does. Each patient on being sent back to bed has a separate attendant allotted to him, whose duty it is to sit by him with a piece of sponge gently pressed against the anus, and to report any bleeding should it occur. No styptics are ever used; and the actual cautery, which is deemed the one resource, has been employed at the hospital but twice during the last two years. Continued pressure is the means which is almost invariably found efficient.—[Ibid.}
EDITORIAL AND MISCELLANEOUS.

We cordially give place to the following Communication on an important Ethical point. It is from the pen of one who reasons correctly and justly, because he reasons from observation and experience:—

MEDICAL ETHICS.

Messrs. Editors:

I was forcibly impressed with the correctness of the views of the Boston Medical and Surgical Journal upon a question of Medical Ethics, reproduced in your valuable number for September last (p. 577). The article in question was in reply to a correspondent who complains that he is "largely afflicted" by the reception of letters, often very lengthy and badly written, asking for professional advice, without the enclosure of the usual consultation fee, nor even of a postage stamp.

I do not recollect that the code of Ethics adopted by the American Medical Association contains any clause touching this question—and the omission may be construed into an admission that there could be no difference of opinion with regard to a proposition so self-evident as that "the laborer is worthy of his hire." If the professional opinion or advice of a man of standing and reputation be sought, it is because it is deemed valuable; and he is justly entitled to remuneration for his trouble. The generous and fraternal usage among physicians of all countries, of rendering professional services to each other without fee, will, I trust, never be abandoned. But the case is very different in which one practitioner is requested by another to give his written opinion for the benefit of a person not of the profession and who is able to pay the consultation fee. If the parties resided near each other a visit of consultation would be paid for by the patient, whether made at the suggestion of the patient or of his professional attendant. Upon what grounds then can it be expected that a written consultation, whether made at the suggestion of the patient or of his physician, should be unrequited? In most instances the former service would be less troublesome than the latter—and always more satisfactory, inasmuch as it is difficult conscientiously to prescribe for a case without seeing it, however clearly its peculiarities may be set forth.

If the attending physician honestly believes that his patient ought to have the benefit of additional counsel, his duty requires that he state the fact to the patient or to his friends, who will rarely hesitate to furnish the means of remuneration. If the counsel of one at a distance be sought, the letter should enclose the usual consultation fee, which is $10 in this section of country. As to the little matter of postage, it is hardly to be presumed that any gentleman acquainted with ordinary propriety would address
another upon business of his own, without sending a stamp for the letter of reply.

There are, of course, exceptions to all rules, in Ethics as well as in grammar. A pupil may write to his preceptor, or one friend to another, upon professional as well as upon other topics, without the enclosure of a fee. The rule above advocated is not intended to do away with the amenities of friendship, but to regulate business transactions. A physician's knowledge and reputation constitute his business capital, and he ought not to be expected to furnish it gratuitously when the party to be benefited is able to pay for it. No physician, worthy of the name, ever hesitates to do all he can for the indigent, as cheerfully as he does for the more fortunate. He is, therefore, doubly entitled to remuneration at the hands of those who have the means of contributing to his support; and practitioners who write for letters of advice ought not to allow their patients to forget this.

JUSTICE.

PRIVATE LIBRARIES.—The accumulation of a Library of Medical works is a most important object to every practitioner. It should begin with the commencement of his professional studies, and only terminate when his eye-sight has failed from diligent reading, or when he has lost all interest in scientific subjects—an event which cannot occur, if he uses the library he is accumulating. We have seen some queer accounts of Libraries: Professor Gibson, in his graphic sketch of the great Velpeau,* describes him as having access in early life only to his father's library, which consisted of but two books, a work on Farriery, "The Complete Drover," and a volume of Medical Receipts;—this, perhaps, is a little better than the "Library" described by the inimitable author of "Handy Andy," where old Squire O'Grady spent much of his leisure time; this "library" was comprehended in, so far as we can recollect, (we have not the catalogue by us,) "a pair of Spurs," "a Boot Jack," "a Fishing Tackle," "a pair of Antlers," and perhaps "a book on Stock-raising."—Velpeau made the most of his library; from his book on Farriery and his book of Receipts, his ambition was stimulated into active vitality,—he left his native village, went to Paris, became first the Scullion (this is too bad—he had "the run of the kitchen") in the family of the celebrated Dubois, then his office boy, then his pupil, finally his equal, and his, and almost every body else's superior in scientific lore, in the city of Paris—indeed, in the world. Velpeau accumulated and used a library. Dr. Gibson found him "in his study behind a pile of books which he was pitching with great vivacity from right to left, in search of authorities and quotations for a large work on Surgery, then in Press."

In the "concours" for the various offices in the gift of the Profession at

* See Gibson's Rambles in Europe.
Paris, it was at that time necessary for each contestant to present a treatise on some subject, kindred to the department in which he was candidate for a place; M. Velpeau, with an abundance of accurate knowledge in every department, produced his treatise;—through improper influences was at first defeated, but contested again and again, till finally he gained a position where his contests were no longer with individuals, but with the world—and in that contest he came off conqueror. We are not, however, preparing a sketch of M. Velpeau, but we are simply engaged in, what are only entitled to be called, “ruminations on the subject of private libraries,” and “the Blacksmith of Breches” came up naturally as a remarkable illustration of the wonderful results of an ardent and devoted attention to books.

Sir Thomas Carlyle,* in his own graphic style, thus portrays the relative value of books and other modes of gaining knowledge:—“Universities,” says he, “are a notable, respectable product of the modern ages. Their existence, too, is modified, to the very basis of it, by the existence of Books. Universities arose while there were yet no Books procurable; while a man, for a single Book, had to give an estate of land. That, in those circumstances, when a man had some knowledge to communicate, he should do it by gathering the learners round him, face to face, was a necessity for him. If you wanted to know what Abelard knew, you must go and listen to Abelard. Thousands, as many as thirty thousand, went to hear Abelard and that metaphysical theology of his. And now for any other teacher who had also something of his own to teach, there was a great convenience opened: so many thousands eager to learn were already assembled yonder; of all places the best place for him was that. For any third teacher it was better still; and grew ever the better, the more teachers there came. It only needed now that the King took notice of this new phenomenon; combined or agglomerated the various schools into one school; gave it edifices, privileges, encouragements, and named it Universitas, or School of all Sciences: the University of Paris, in its essential characters, was there;—the model of all subsequent Universities; which down even to these days, for six centuries now, have gone on to found themselves. Such, I conceive, was the origin of Universities.

“It is clear, however, that with this simple circumstance, facility of getting Books, the whole conditions of the business from top to bottom were changed. Once invent Printing, you metamorphosed all Universities, or superseded them! The Teacher needed not now to gather men personally round him, that he might speak to them what he knew: print it in a Book, and all learners, far and wide, for a trifle, had it each at his own fireside, much more effectually to learn it!—Doubtless there is still peculiar virtue

*“Six Lectures on Heroes and Hero-Worship and the Heroic in History.”
in Speech; even writers of Books may still, in some circumstances, find it convenient to speak also,—witness our present meeting here! There is, one would say, and must ever remain while man has a tongue, a distinct province for Speech as well as for Writing and Printing. In regard to all things this must remain; to Universities among others. But the limits of the two have nowhere yet been pointed out, ascertained; much less put in practice: the University which would completely take in that great new fact, of the existence of Printed Books, and stand on a clear footing for the Nineteenth Century as the Paris one did for the Thirteenth, has not yet come into existence. If we think of it, all that a University, or final highest School can do for us, is still but what the first School began doing,—teach us to read. We learn to read, in various languages, in various sciences; we learn the alphabet and letters of all manner of Books. But the place where we are to get knowledge, even theoretic knowledge, is the Books themselves! It depends on what we read, after all manner of Professors have done their best for us. The true University of these days is a Collection of Books.”

Thus speaks this original master mind of the importance of Books and Reading. At the present time and in our glorious country, no single book, nor a library of books, can “cost an estate of land,” but they come to us, are crowded upon us, at prices which it would seem, by their very cheapness, arouse our suspicions of their value. Books on all subjects, translated from all languages and the productions of the best minds of all countries, are accessible to every one who has the taste and the diligence to read them. Any one may have a library—any one may possess in his own house, what this great Thinker calls “the true University of these days,—a Collection of Books”—a domestic University, whose very atmosphere is improving and refreshing, whose teachings give tone and dignity to our bearing, and whose faithful cultivation establishes in our minds and hearts associations, approaching to a tender affection, for each one of its silent but potent members;—for our part, we never read a book, good or bad, (none are wholly bad,) but that we feel ourselves ever afterwards attracted towards it, and that it has laid us under an everlasting obligation, by some new idea we have gained, or some new train of thought it has put in progress. The time has come when the reading world is really the ruling world, for reading leads to effectual writing, and “the pen is mightier than the sword.” As in Government, so in Science.

On account of the unusual number of works sent us for review the present month, we have occupied most of our Editorial space with book-notices, to the detriment of our Miscellany. We hope to make this department fuller in our next number. Notices of several important works have
been crowded out for want of space. They also will appear in our December number.

A Theoretical and Practical Treatise on Midwifery, including the Diseases of Pregnancy and Parturition, and the attentions required by the Child from Birth to the period of Weaning. By P. Cazeaux, Member of the Imperial Academy of Medicine; Adjunct Professor in the Faculty of Medicine of Paris; &c., &c. Adopted by the Superior Council of Public Instruction, and placed, by Ministerial decision, in the rank of the Classical works designed for the use of Midwife Students, in the Maternity Hospital of Paris. Second American, translated from the fifth French edition, by Wm. R. Bullock, M. D. With one hundred and forty Illustrations. 8vo., pp. 992. Philadelphia: Lindsay & Blakiston. 1857. (For sale by T. Richards & Son.)

The first edition of this truly valuable work was published in 1840, in Paris. It was my good fortune the same year to obtain a copy, which I found of essential service in the preparation of my lectures. I desired very much an English translation as a text-book for my class, and would gladly have undertaken the task, had my engagements allowed. The first translation into our language, in the United States at least, was made by Dr. R. P. Thomas, of Philadelphia, in 1850, from the second French; which I have since recommended as one of our best text-books on Obstetrics.

Professor Cazeaux has recently published the fifth edition, which he has carefully revised and enlarged to double the size of the first: of this fifth edition the work before us is a translation.

The adoption of this work by the Royal Council of Public Instruction in Paris is sufficient evidence of its high reputation, while its great popularity is as satisfactorily proved by the fact that it has passed through five editions in French, besides those in the English and other languages.

While we believe this treatise is the most correct and comprehensive but concise exposition of the present state of obstetric science and practice, we would not subscribe, without reserve, to all the opinions and views of the author: for to cite one instance—

Professor Cazeaux is certainly mistaken in restricting the use of opium in puerperal convulsions to anemic cases, and in rejecting anesthetics altogether from their treatment; for these are unquestionably most invaluable agents, by the proper administration of which the mortality of this truly terrific affection has been very much diminished.

It would be unwise indeed to take offence at a few small defects, where there is so much to approve and admire: there are few books of the same size in favor of which so much, and against which so little, can be said.

This work was principally designed and is admirably calculated as a text-book for students; but the practitioner will find it very useful and interesting as a book of reference.

J. A. E.
We have several times made mention of the expected appearance of the above work and promised in it a highly interesting and useful Book. We are happy to inform our readers that, on a careful examination of it, we are far from being disappointed. It is the cream and the Romance of all that is interesting and startling in Surgical Literature, and as such is a most engaging and attractive book;—in this light, it may be called “Half hours in Surgery,” or “Surgical Recreations,” for none of the cases reported are tedious, and all of deep interest;—but in another light, it sustains a most important relation to the Reader. From the perfect system observed by its distinguished author, and for which he is so remarkable in every thing he attempts, we find in it, what may be considered “a complete Dictionary of remarkable and rare cases of Surgery,” which every writer or recorder of surgical facts must ever hereafter turn to and consult, before he records any case, however remarkable it may appear to him, as unprecedented or unique.

The work is embodied in Ten comprehensive Chapters, respectively detailing the striking points in cases, of Injury and of Diseases of the nine different regions into which the body has been divided—thus, the Head, the Spinal Column, the Face, the Neck, the Chest, the Abdomen, the Pelvis, the Genito-Urinary Organs, and the Extremities. “Chapter X.” is added for the record of remarkable miscellaneous cases, which is by far the largest division of the work.

The above arrangement we very much approve of, especially looking upon it as a work of reference; for now, should any one desire to consult the work with the view of finding some case analagous or identical with one of his own, it will only be necessary to turn to the particular chapter detailing the cases of the region which refers to his own case.

The work shows much erudition and great research and labor: Cases are there collected from the surgical records of every land and every tongue, and presented to the reader in a compact but comprehensive form—many of the author’s own cases being distributed throughout the volume.

As the author has complained of “embarras des richesses,” and frankly confesses that much matter which he had prepared was excluded for want of space, we hope the apology will be sufficient for those who may feel neglected, and we further hope that a second volume will be the result of this “superabundant wealth.” We can truly say of this work “that it should be found in every medical library.”

Every practitioner should possess some treatise on Diseases of the Skin. There is, perhaps, no class of affections which so often bring mortification and disgrace upon the regular members of the Profession as the class of “Cutaneous Diseases”—there is no class in which the Diagnosis is so uncertain, the Treatment so empirical and the Prognosis so entirely beyond all prediction, as in this particular class; and yet, when we consider closely the subject, we feel confident that “this ought not so to be.” Cutaneous diseases are, of course, all external, open to the examination of the diagnostician. Even the microscope can be brought to bear in the examination, and in all their various stages and phases, they are patent to the eye and to the touch, while remedies of every kind can be more conveniently applied to the locale of these affections than in any other class.

Notwithstanding all these great advantages, the generality of practitioners dread such cases—show great reluctance to undertaking their treatment—treat them, almost invariably, unsuccessfully, and finally neglecting them, they find their way into the hands of quacks and empirics, who, by some lucky chance, cure them, and heap well-merited disgrace upon the Profession. It is the general opinion—we mean, of course, the popular opinion—in many communities, that physicians do not understand these diseases; and the popular opinion is most shamefully correct—they do not understand them for the very reason that they do not study them with one tithe of the care they devote to every other class of affections. This state of things does not arise from the want of an advanced state of the science, in regard to skin diseases, or from any deficiency of excellent treatises upon this department; for there is no class of diseases in which the science has become more thoroughly, or has been for a longer time better established, than in this. The want of knowledge on the part of the practitioner, is from the want of reading; for certainly, the descriptions of no class of affections, can be more graphic, than those given in our systematic works of Diseases of the Skin. We were about to say, that few physicians possess a treatise on Diseases of the Skin;—this, perhaps, may not be true, for Wilson’s treatise has been through four editions in this country, proving that somebody must buy it, even though few may have studied the work carefully.

The present edition of this work is much enlarged, and presents to the reader the whole science of the subject. It is the best treatise on Diseases of the Skin—and in our opinion, one of the best and most complete medical works in the English language.

Accompanying the Text, Messrs. Blanchard & Lea advertise an Atlas of
Plates, exquisitely colored; we have not seen these, though doubtless, they will add much to the clearness of the descriptions in the Text.

We would, unhesitatingly, advise our readers to procure the work, and the plates too, and devote about two months to acquiring some definite and reliable knowledge of this class of diseases, so that hereafter they may approach them with some degree of confidence. "The next thing to knowledge," says the great Samuel Johnson, "is to know where you can find it." We will assure our readers that if they wish to come near to knowing all about Diseases of the Skin, they cannot do better than to possess Wilson.

**A Manual of Examinations upon Anatomy, Physiology, Surgery, Practice of Medicine, Chemistry, Obstetrics, Materia Medica, Pharmacy and Therapeutics**—especially designed for Students of Medicine; to which is added, a Medical Formulary. By J. L. Ludlow, A.M., M.D., Fellow of the College of Physicians, Member of the American Medical Association, and one of the Consulting Physicians to the Philadelphia Hospital, etc., etc. A new edition, thoroughly revised and much enlarged. With three hundred and seventy Illustrations. 12mo., pp. 816. Philadelphia: Blanchard & Lea. 1857. (For sale by T. Richards & Son.)

The above title fully explains the character of the work under notice. As the author has stated in the preface: "This Manual of Examinations" has for its object "to give at a glance the principal points necessary to guide the student in the prosecution of his studies, and to revive his recollection of subjects treated upon in more voluminous works."

Time was, when even this explanation would not save "a Manual of Examinations," where the whole Science of Medicine is crammed into a nutshell to be "crammed" into the heads of students from condemnation. That time has past; students are now rushed through in such hot haste, that he who is able to cram the most deserves the most credit, for the whole course is a cramming operation. Seriously, though, we would recommend this book as one of the best of its kind, and to every right-minded student a most valuable aid in acquiring the Facts of Medical Science.


This is one of those standard, well established works which has run through editions enough to prove the good opinion of the Profession. It needs no commendation from us. We would, however, make one remark here, for the benefit of students and younger members of the Profession (we take it for granted the older members have all read the book); the remark is this: that no works are so improving and so important, in the
beginning of a physician's career, as works on the general principles of Medicine. "General Principles" is the common sense of every science, and without some quantum of this philosophy special facts must ever remain in the mind of the gatherer, unlinked and undigested and, indeed, unavailable. The present treatise is one of the best, and is every way worthy the good opinion it has ever commanded from the Profession.

The Hand-Book of Practical Receipts, of Every-Day Use: A Manual for the Chemist, Druggist, Medical Practitioner, Manufacturer, and Heads of Families; comprising the Officinal Medicines, their uses and modes of preparation; and Formulse for Trade Preparations, Mineral Waters Powders, Beverages, Dietetic Articles, Perfumery, Cosmetics, etc. A Glossary of the terms used in Chemistry and Medicine, including old names, contractions, vulgar and scientific denominations; with a copious Index to all the Preparations. By THOMAS F. BRANSTON. First American, from the second London edition. 12mo., pp. 307. Philadelphia: Lindsay & Blakiston. 1857.

The present edition is the first appearance of this useful little work, in this country, though it has passed through two editions in England. From a careful examination of our copy, we feel warranted in giving the opinion, that it is a most convenient, comprehensive and useful book, either as a manual or as a book of reference. We do not hesitate to commend it to all for whose use the work has been prepared.


The present new edition of the above work brings it up to the latest period of the science. It has been the Text book of many Colleges throughout the Union for years; and this last edition, with its two hundred illustrations, is well calculated to sustain its deservedly high character.

Treatment of Sore Nipples.—A friend, whose judgment and experience entitles his opinion to much consideration, assures us that equal parts (by weight) of glycerine and tannin is the best application for sore nipples which he has used. It is also an excellent remedy for chaps and excoriations of other parts. The tannin dissolves readily in the glycerine. We hope this formula will be as widely known as the celebrated tincture of benzoin cure, which has, we believe, been quoted in every medical journal in this country.—[Boston Med. and Surg. Journal.]