A TRULY VIRTUOUS WILL IS ALMOST OMNIPOTENT.
money of all, all shall be served out according to their choice:—holding out at the same time, to each, the distinct idea of his own correctness, whilst the two opinions must in the very nature of things, be extreme opposites as truth and falsehood. Such practitioners “run with the hare, and cry with the hounds.” But to the case before us.

If the lectures of the month of October be, as they are said to be, “on interesting and valuable topics appertaining to each chair,” they should never be omitted by any student, because they are essential to the course of instruction; nor would it be good faith to them to offer or afford them facilities for so doing. But if they do not belong to the “regular course,” (and every thing belonging to a regular course should, as far as practicable, be in it,) they should not be offered as “interesting and valuable topics appertaining to each chair.” But there are many students who understand the merits of the six months course and are perfectly familiar with the fact that it is immensely more valuable than any four months course can possibly be; and these two are the most studious and valuable part of the class; with whom the protracted course is extremely popular. There are others also in every class who, looking at the end in view, and not at the means of attaining it, desire to arrive at the diploma point by any possible means, and especially the shortest route, and least study—sacrifice what else they may. If therefore, one of the two plans will not serve some individuals, the other will: and whilst the October lectures are recommended to the one as being on “interesting and valuable topics appertaining to each chair,” another is assured that if he omit them he will still have a “regular course,” and consequently one calculated to meet all his demands; or that he will have lost nothing by so doing. This is well calculated to suit all classes, orders, genera and species, it is still a paradox. Now we have no doubt but that the lectures which occupy the month of October in that institution, are indeed interesting and valuable as said to be. The difficulty is to know how, when they are so, they may be about as well omitted as heard, if it be not merely the working of a plan to endeavor to please the fancy of those students who will, and those who will not study.

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PART I.

ORIGINAL COMMUNICATIONS.

ARTICLE I.

Case of Anomalous Hemorrhage and Spasms. By Hon. Charles E. Haynes, M. D., of Sparta, Geo.

The peculiarities of the following case, and the apparent benefit derived from two remedies not in very general use, (Extract. Hyoscyam. and Extract. Belladonna,) have induced me to place a brief report of it at your disposal—to be published or not, at your discretion.

Miss S. G. is now just seventeen years old; the child of a farmer in moderate circumstances; her constitution has been formed by plain living and active exercise. She is of middle stature, moderately muscular, without the round and perfect finish which gives grace and beauty to the female form; complexion brown and eyes dark. She began to menstruate early in the year 1834, then in the fourteenth year of her age, and after two periodical returns, was attacked with spontaneous bleeding from the inside of the metacarpal joint of the right thumb. The bleeding continued about twenty to twenty-four hours, when it was finally stopped by a compress and did not return. Her mother re-
presents that several quarts of blood were discharged, and that the blood flowed in a stream like that issuing from a vein when opened by the lancet.

But a short time elapsed before spontaneous bleeding commenced from the middle of the forehead and continued at short intervals for about three months.

It is represented by the family that the whole quantity discharged could not have been less than four or five gallons. While the bleeding continued, the lips of the orifice projected, perhaps the fourth of an inch, of the color of blood, until the discharge was suppressed by a compress. Since that time, no further spontaneous hemorrhage has supervened. Not the least remarkable circumstance is, that the catamens returned with ordinary regularity and quantity during the whole period of spontaneous bleeding.

About last February, shortly before the menstrual period, small red ridges were observed upon her head and arms, which finally burst and left marks in the skin, resembling to the eye and the touch the scratches of briars, or of the claws of a small animal. These have continued to recur in connexion with that period, and always preceding it, until about the 24th of last month, when they made their appearance a few days afterwards, accompanied with violent spasms and excruciating pains of the wrists, knees and ankles. As she had occasionally suffered with spasms, and been relieved by moderate bleeding, anodynes, &c. the family resorted to these remedies, but without effect, and I was called to see her the day after. Here it may be proper to observe, that formerly, whenever the cutaneous affection above mentioned was fully developed, every other troublesome symptom subsided.

When I saw her at 4 p.m. on the 25th of July, I found her laboring under violent and frequently recurring spasms, pain in the joints, and the cutaneous affection imperfectly formed, complaining at the same time of such gastric distress as usually attends a suddenly suppressed eruption. Ordered sinapisms to the stomach and extremities without any visible relief. During that night and the next forenoon administered opium in almost every form, Aqua ammon. Tinct. fœtid, without any permanent alleviation—the large quantity of paragogic, laudanum, black drop, Dover's powder, &c. procured four or five hours quiet sleep in the course of the night, which was followed with pain and spasm as excruciating as ever. On the morning of the 26th, apprehending the existence of spinal irritation, applied an episaptic ten inches long, which drew well towards the evening.—About 11 o'clock, a.m. took about twenty-four ounces of blood, which was sisy without any apparent benefit. Late in the afternoon, I left her with directions that I should hear from her the next morning. No message was received until the 28th, when I was informed that she was no better.

I then prescribed extract hyosciam. in doses of two grains and a half to be repeated every six hours, and an ointment made of two drachms of extract, belladonna and an ordinary tea-cup full of lard. I did not see, or hear directly from her until yesterday, when I called at her father's and was informed that the spasms ceased very soon after the first dose of hyosciamus was administered, but that two others were given as directed, and no more. Although the spasms were relieved, she suffered severe pain in one of the knees which was immediately removed by a single application of the belladonna ointment.

She is now in ordinary health, but somewhat paler than usual. The cutaneous affection has not returned. Not doubting that her anomalous symptoms were connected with the state of the uterine system, have placed her upon moderate doses of tinct. aloe cum myrrh. and camphor.

Singular as her case has been, I should have forborne to state it to you, had it not been for the effect of the hyosciamus and belladonna. A single case does not furnish sufficient ground for safe philosophical induction, but I offer the facts for what they are worth.
CASE 1st. **Stangulated Hernia—Reduction by Taxis after 11 hours duration.**—The 26th of February, 1836, I was requested to see Adam, a negro man belonging to Mr. Samuel Clarke of this city, who had been ruptured many years. The hernia was a reducible bubonocele of the right side, and for which a common truss had been worn. About 1 o'clock in the day, the patient first experienced pain, and an inability to return the protruded intestine. It was 6 in the evening when I saw him, and after several unsuccessful efforts to reduce the hernia by taxis, I directed the part to be kept wet with sulphuric ether and a current of air to be applied with a pair of bellows. I returned at 8, renewed the attempts at reduction with no better success, and left the patient at 9. It should have been remarked, he was of intemperate habits, and that there was no constitutional excitement, or so little as to require the use of general means for its reduction. I was again sent for near 11 at night, and failing to reduce the intestine a third time, desired counsel and assistance. Dr. Dugas was called in; his efforts were also ineffectual, and before resorting to other measures, he requested me once more to try taxis, observing that Lisfranc believed that there were few cases of hernia that would not yield to it when properly applied and long continued. By gradual and increasing pressure upon the tumour with the fingers and hand in the direction of theinguinal canal, I had the satisfaction to feel the intestine yielding and finally to slip up with the peculiar gurgling noise into the abdomen, and this too in less than 15 minutes by the watch.

**Remarks.**—Here is a case, offering it is true, nothing very peculiar, but happily illustrating the importance of **perseverance** in the application of our means for relieving diseases. Taxis, the first, the most simple and most important agent for the reduction of hernia, had been employed in this case, and I really thought to its fullest extent, at least I know, until the fingers and hand were benumbed. But appealing to the watch, we were surprised to find how soon we became fatigued by the operation, and thereby deceived as to the true length of time it was continued. It is certain if taxis had been protracted a few minutes longer when first applied in this case, it would have proved successful. A little more **perseverance** then, would have saved time and suffering; and without it, the patient would in all probability have been subjected to a painful and hazardous operation with the knife. Do we always derive the full benefit from remedial agents, that can be obtained by a judicious perseverance in practice? Or are we not apt to become fatigued, and to cease our efforts before carrying them to the proper extent? We are pleased to contribute even one fact in support of the spirit of the age, which is, "whatever thy hand findeth to do, do it with thy might." What may we not promise for medicine and surgery by industry and perseverance?

CASE 2d. **Peritonitis and Cystitis following an extensive injury to the hypogastric region—Death on the fourth day.**—Jumba, an aged negro, then belonging to Judge W. W. Holt of this city, while engaged in pulling down an old house, was thrown upon his back by a piece of timber striking him across the lower part of the abdomen. This occurred on the 25th of February, 1837; and Dr. Cunningham was first called to see him. The patient had eaten his dinner about an hour before the accident; and about an hour after it he complained of pain in his back, and was unable to walk. There was no want of sensibility in the skin of the lower extremities; his feet were cold and pulse rather weak. A dose of castor oil was ordered, he vomited however, before taking it and had two defecations. On the next morning, March 1st, the pulse was still very feeble, the patient had violent pain in the back, and the lower extremities were cold. More opening medicine was given, which operated well, and the loins and extremities were rubbed with a stimulating liniment. At night he complained of strangury and had hematuria—by the use of the catheter a little bloody urine was drawn off.

The next day, March 2d, I saw him with Dr. C. at 3, p. m.—The patient was in a half bent posture, and complained of great suffering in the hypogastric region. As he had passed no urine
for several hours and percussion strengthened our suspicions that the bladder was distended, a catheter was introduced with great difficulty, but no water flowed through it. Suction was applied to its external extremity, still no urine was discharged—we then tried to inject warm water into the bladder, but could not succeed in throwing in more than half an ounce. The bladder was examined per anum, but no distention remarked. We agreed to give the patient an anodyne, and to make him as comfortable as possible—believing his death inevitable. He died the next day at noon.

**Examination 3 hours after death.**—The muscles of the abdomen and left thigh were very much contused and infiltrated with blood and serum. The peritoneum was extensively inflamed, and in the pelvic region of a violet colour. The bladder presented the same colour throughout its coats, which were thickened and contracted to the size of a walnut. There was sufficient effusion into the peritoneum and infiltration in the tissues of the soft parts, to account for the deceptive sound of percussion.

**Remark.**—We see by this case, that even the physical sign of a distended bladder, the dull sound emitted by percussion over the hypogastric region, (so often relied upon almost exclusively,) may lead to error in diagnosis.

**Case 3d. Death in ten minutes from a blow of the fist.**—At 8 o'clock in the evening of the—of May, 1837, I was requested with Dr. Dugas to examine the body of a man who had been killed a few moments before. The evidence at the Coroner’s inquest was, that the deceased, Burke, and another Irishman, while drinking in a grog-shop, began sparring, and he received a blow just below the left ear, which knocked him down. A vein in each arm was immediately opened by a by-stander, but no blood flowed; and in about ten minutes after he fell on the floor and expired.

**Examination an hour after death.**—A slight bruise was barely perceptible under the left ear. No dislocation of the cervical vertebrae—no external wound on head—but extensive effusion of blood on and in the brain, more particularly at its base on the left side, but reaching also to, and filling the lateral ventricles.

**Report of Coroner’s Jury.**—“That the deceased came to his death by a blow inflicted directly below the left ear, which ruptured a blood vessel in the head.”

**Case 4th. Laceration of the Liver from the kick of a horse—Death in less than 24 hours.**—We are indebted to Dr. Cunningham for the particulars of this case, in whose practice it occurred; and by whose request the post mortem examination was made.

Wm. Maddox, aged 25 years, of short stature and of intemperate habits, while engaged in his vocation, as ostler, received the kick of a horse in the left hypochondriac region, on the afternoon of the of May, 1837. He vomited soon after the accident, chiefly the dinner he had taken. Dr. C. saw him three hours after it, and found him in great agony, with cramps and spasmodic actions in the abdominal region, his pulse rather weak, and upon examination no external appearance of injury could be perceived. The patient directed the Doctor’s attention to a hernia of the right side of some years standing, but which could be even now easily reduced. He was ordered a draught of laudanum and an enema of salt and warm water. These were repeated several times, the laudanum being invariably rejected by emesis, and the enemata returning without fecal matter. Half a grain sulph. morphiae, and a mustard plaster quieting him, he was left for the night. The next morning at 6 o’clock, he was still suffering, though he had not vomited for some hours. The pulse was very weak, and the abdomen quite tense. He took a dose of castor oil, but did not retain it many minutes. At 9, he was suffering much from cramp and spasm—took 51 laudanum and applied 2 dozen leeches to the epigastrium. At noon, as the leeches had not bitten, he was cupped over the abdomen in four places, but not an ounce of blood could be obtained. Two drachms of tr. croton oil were now given, and at 4, p.m. a large quantity of salt and water was thrown up the rectum to encourage evacuation. These afforded no relief—he had no discharge of fecal matter from the bowels. Slight delirium now supervened, the breathing became short, the pulse ceased at the wrist, the head and neck were bathed in perspiration, a livid colour was observed about the anus, and the patient died about 5 o’clock—twenty-three and a half hours after receiving the kick.
Examination 19 hours after death.—There was considerable lividity about the head, neck, chest and back. The abdomen was very tense—signs of the scarificator and of the mustard plaster were the only remarkable appearances upon its surface.—We could not define the print of the horse shoe or foot. Crepitation was felt over the whole abdominal region, and the scrotum of the right side was greatly distended with gas. Upon opening the abdomen a large quantity of thin grumous blood rapidly flowed out, and I mentioned my suspicions that the liver was lacerated.

The quantity of blood effused into this cavity must have been near a gallon. In pursuing the examination, a rent in the middle of the left lobe of the liver was discovered. It extended from the anterior edge into the substance of that gland for about three inches on its convex, and near four on its concave surface.—There were also two or three small fissures on its concave surface distinct from the extensive laceration. The hernial sac contained nothing but gas—portions of the intestines were highly inflamed.

ARTICLE III.

Observations on Nepeta Cataria, by M. Antony, M. D.


This plant is a native of most parts of America, as well as Europe, and is not confined to chalky or gravelly soil, as has been said, but flourishes well in almost any situation; but affords a stronger aroma (in which probably its virtue resides,) in dry, gravelly and chalky situations. It is well known to the common people throughout the United States by the familiar name Catnip, by its peculiar fragrance, by the attraction it has for cats, which attack, eat, and otherwise destroy it; and also as a com-
many hours, or one or two days, its manner is still that of a sleep into which a person of the best health has just fallen. I have often been called to patients from a few days only, to one or two years old, on account of the alarm of friends from a continued sleep and entire suspension of voluntary power from this cause. The sleep is often so profound that the patient cannot be aroused to capability of sucking, or of performing any other voluntary motion until the effect of the anodyne has ceased; and if aroused in any degree, the instant the awakening means are suspended, the sleep returns with all its completeness of character.

I have seen an infant only two weeks old, on being fed with strong catnap infusion at five o'clock in the morning, for the relief of gripings which had troubled it through the night, sleep from a few minutes after taking the portion, until nine o'clock of the following day—a period of 29 hours. The alarm of the mother, in consequence of not being able to get the infant to nurse, or to arouse it from its sleep at all, caused me to be called to it when it had slept 15 hours. The mother had given the child seven drops of Bateman’s drops at bed-time the previous night with the effect of composing it for about 3 hours, after which it became wakeful and afforded manifest symptoms of griping distress until the catnap was given. By the profound sleep the mother was induced to think the dose of Bateman’s drops had resumed its narcotic operation to a great and dangerous extent, and for which she wished a remedy. Knowing that the catnap is commonly in domestic use, and believing the sleep was of that character, I enquired if any had been given, and was informed that the servant had been directed to prepare some in the morning, of which the infant had taken freely. On inspecting the tea I found it containing an unusually large proportion of the herb, and what had been given was administered at one time. The symptoms of the child did not seem to demand any prescription, and I made none; but advised that the little patient be allowed to sleep until he awoke, which was not until 9 o’clock the next morning, when he did so, as after an ordinary sleep, took the breast freely, and remained well.

Another case is present in my mind whilst writing on this subject, in which the child (18 months old) slept about fifty hours; in the latter part of which time however, she had been often aroused, by the anxiety of the mother, but never so as to exert volition enough to drink or take nourishment. To this child I was called after a sleep of about 30 hours. On finding it to be the catnap sleep, I only recommended the use of a dose of castor oil, and that the child be allowed to rest. She awoke at fifty hours after the dose, with no other trouble following her long sleep than a little apparent exhaustion, which was soon relieved by nourishment which she took with good appetite.

As an herb tea it is a pleasant diaphoretic, for which alone it is often used. But in those varieties of menstrual irregularity which we term dysmenorrhea, deficient, suppressed and retained menses, it is found fully equal, if not superior as an emmenagogue power to pennyroyal and savin, articles also in extensive use in such cases. And in its entire adaptation to the case, especially of dysmenorrhea, it is peculiar suited by its anodyne powers. For this purpose it is used by females at and a little before the menstrual periods, in the form of a pretty strong infusion, prepared of two or three drachms to the pint of boiling water, and this drank warm and freely.

I have no doubt but that the peculiar and valuable powers of this plant might be retained in a spirit, distilled in the manner of making essences of mint and other fragrant herbs; and in a syrup, the form most desirable, as it would be the more convenient for administering to children, and exempt from the stimulus of alcohol.

1837.] Remarks on the Cases of Dr. E. H. Macon. By Paul F. Eve, M. D. Professor of Surgery in the Medical College of Georgia.

In the 1st number of the 2nd volume of the Southern Medical and Surgical Journal just received, at the conclusion of an
interesting article from Dr. E. H. Macon, information is requested concerning three important surgical cases. Although much occupied at present, still as these cases may be considered more directly addressed to my attention, I cannot permit them to pass unnoticed; and would therefore, respectfully submit the following brief remarks:—

Case 1st. "A clergyman of Oglethorpe, whilst leading his horse by the foretop, was by a sudden effort of the horse, caused to suffer great pain at the insertion of the deltoid muscle. He has almost entirely lost the use of the limb, being unable to raise it higher than his breast, or move it in any other direction except forward. The limb has been examined by several physicians, none of whom can detect luxation or fracture. All ordinary topical applications have been made in vain."

From the very few particulars here published relative to this case, it is difficult to arrive at a very satisfactory diagnosis. There is a want of facts concerning it, from which to deduce a clear and rational conclusion. Several important particulars are omitted in stating the case, arising undoubtedly from the brevity with which it has been presented. For instance, it would be necessary to know in what direction the force was applied to the arm; what is now the actual state of the whole limb; has its sensibility been affected by the accident; can the elbow be brought to the side of the body; is there any difference in the upper extremities, in their length, &c.; what is the history, progress, &c., of the case?

But notwithstanding the few particulars given of this case, we will venture in our very concise examination of it, to apply the doctrine of exclusion. In the absence then of more direct and positive evidence to the contrary; 1st, it is not a disease of the nerves of the arm, because the patient can, at will, still use it to some, though it be to a very limited extent. 2nd, it cannot be an affection of the muscles, because the limb can be raised as high as the breast and moved forward—an injury of the deltoid would prevent any elevation of the humerus. 3d, it is not a fracture of the humerus, because of its immobility—it can be moved in only one, or at most but two directions. If the injury in this case be sustained and located in neither the nervous, muscular, nor osseous systems, and we may safely conclude that the tegumentary and vascular, are not concerned in producing the symp-

toms as described, what then must be its true pathology? I am inclined to the opinion that the shoulder joint must be affected. The articulating surfaces, or the os humeri itself may be diseased, but then motion ought in either supposition to be as free in one direction as another. I am therefore brought to the conclusion, that in this case there exists a dislocation at the scapulo-humeral articulation. And moreover, I am strengthened in this decision, from the three following circumstances, admitted in the short narration already quoted. 1st, the arm at the time of the accident was extended (leading the horse by the fore-top,) its most favorable position for luxation. 2nd, the pain at the insertion of the deltoid, may have been produced by that muscle having been stretched by the elongation of the limb—and 3rd, the ability to raise the arm as high as the breast, and to move it forward, are the very movements which can be performed, when the dislocation is one of the head of the humerus into the axilla. It may be only a partial luxation—such cases are recorded.

Case 2nd. "Mrs. L.**, in this vicinity, whilst stretching out a hank of cotton yarn, suddenly felt pain about the middle of the humerus. In a few weeks the biceps flexor cubiti became much contracted and still remains so, bending the fore-arm up to the breast. The limb is painful and almost useless. No dislocation or fracture can be detected."

Similar remarks with respect to the want of particulars, &c., in relating this case, are as applicable to it as to the one already noticed. The fore-arm must have been extended upon the arm, "whilst stretching out the hank;" the "sudden pain felt about the middle of the humerus," may be referred to the origin of the brachialis internus muscle; the contracted state of the biceps flexor cubiti, and the flexed position of the fore-arm, would induce me to suspect in this case, a dislocation of the ulna and olecranon process backwards upon the humerus. If since the accident it be impossible to flex or extend the fore-arm to its fullest extent, and should there also be an increased thickness observed in the elbow joint in an antero-posterior direction, with a corresponding diminution of its lateral diameter, then the diagnosis would be clear. By a singular coincidence of circumstances, I have seen within the last ten months, no less than four such dislocations as I suspect to exist in this case—the
olecranon process of the ulna removed backwards from the greater sigmoid cavity existing between the condyles of the os humeri. The fourth case was presented yesterday in the person of Mr. J. P. of Barnwell district, who received the injury by wrestling a year ago, and who came to town to submit to an operation for a disease of the eyes.

Case 3d. "In October a negro girl was struck by the falling of a tree in such a manner that her scalp was considerably lacerated and her left shoulder bruised and violently strained. No fracture of clavicle, scapula or humerus, nor dislocation, could be detected after the most careful examination. All topical applications from the use of which benefit might be hoped for, were used to no good effect. Six weeks after, the arm was entirely useless, but moved in any direction without the least pain. The motion of the shoulder joint was free and without crepitus. The paralyzed state of the parts about the joint afforded a free examination of the head of the humerus, which was always in place with the glenoid cavity. The force which injured the shoulder was applied from above."

This case is stated more fully, and we have a greater number of facts from which to make out an opinion. Its diagnosis too, ought to be more clear and satisfactory, and if I have hesitated in expressing an opinion concerning the nature of the injuries sustained in the two cases already referred to, I feel much better prepared to give a decided judgment on the one now under consideration. This girl, from the falling of a tree, received a lacerated wound of the scalp and a severe contusion of the left shoulder. The arm is now entirely useless, the parts about that joint being paralyzed. The case I think a very plain one. The nerves supplying the arm have evidently sustained a lesion from the accident. The only question about it is, what part of these nerves is affected—does the paralysis of the left arm arise from the injury which the head received or from that of the shoulder, for both were struck by the falling tree and that too at the same time. For this state of the arm to have been produced by the blow upon the head, it must necessarily have been on the right side, or in other words the lesion of the brain must exist in the right hemisphere. In this event too, the intellect of the patient ought to have been disturbed, and in all probability, the paralysis would have amounted to hemiplegia. The cranium may have been fractured, its internal table torn instance driven in upon the

brain, or the nerves (the axillary plexus,) may have been compressed or injured by some displacement, &c. near the shoulder joint, without its being detected by the attending physician. Be this as it may, we must admit in this case a nervous affection.

I have thus briefly noticed these interesting surgical cases, and I trust, in the spirit with which the information was requested; but whether I have been so fortunate as to point out their true diagnosis from a correct pathological view of them, remains to be determined.

Augusta, September, 1837.

ARTICLE IV.


Inasmuch as in nearly every case of disease, in almost every aberration from health, irritation or excessive excitation is present, of higher or lower degree, of greater or smaller extent, involving one or more of the tissues or organs, the most important, the paramount indication in the practice of medicine, is the reduction of excitation, the depression of morbid action. It is therefore of primary importance to know what the means are that cause this depression and the principles on which they act.

The position first advanced by Brown, that all vital phenomena are called into existence and maintained by stimuli or excitants acting on the excitability of the system, is now, we believe, universally admitted and regarded as the fundamental principle of all sound reasoning and correct theory in medicine. Assuming then that the manifestation of the phenomena of life, or in other words, excitement, is the result of excitants acting on the excitability, we readily perceive that it must always be depressed or diminished by abstracting the excitants or rendering the system less excitable—that is to say, to depress excitement,
the agents employed must act negatively by abstracting or withholding the stimuli that maintain it, or positively by diminishing the susceptibility of the system to be excited. The first we would denominate negative depressants or debilitants, the second positive depressants or sedatives. Besides debilitants and sedatives, there are other means which, though primarily excitant, by an indirect mode of operation conduce to the same end; these are revulsives and local excitants—the former cause a depression or diminution of excitement in one part by increasing it in another of less vitality—the latter, by increasing the action of the secretory organs, lessen the amount of fluids in circulation and thus secondarily produce depletion. We shall not, however, at present consider those indirect methods of reducing excitement, but proceed to institute an inquiry into the nature and mode of operation of direct depressants; these we have already said are divisible into two classes: negative, or those which depress excitement by withholding or abstracting stimuli, and positive, or those that deprive the system of its excitability and render it less susceptible of the action of excitants.

No therapeutist whose writings I have seen makes the proper distinction between positive and negative depressants; the term sedative is applied indiscriminately to both, or if debilitant be employed, it is in the same comprehensive sense, without regard to any difference between them. But when we examine more attentively the modus operandi, and the effects of the two kinds of depressants and consider the different circumstances and states of the system to which they are applicable, it is certainly very important that they should not be thus confounded together under the same head.

Opposed to irritation or super-excitement, there are three states of depression, resulting from very different causes: 1st, direct debility which is produced by the abstraction of stimuli; 2nd, indirect debility, or exhaustion from overaction—a state in which the excitability has been exhausted and will not respond to the impression of stimuli; and 3rd, sedation—depression induced by the action of direct sedatives—a state in which the excitability is diminished or temporarily destroyed. Of these, three varieties of depression, it is the first and third only, that we endeavor to induce artificially, in the treatment of disease; that is, we endeavor to reduce excessive excitement and control inordinate action, either by abstracting stimuli or by lessening the excitability—the means employed for the first purpose we designate by the term debilitants; those used to effect the second we style sedatives.

The general indication for the employment of debilitants or sedatives will be determined by the nature of the excitement, whether it depends on redundancy of stimuli or excess of excitability; thus in some cases and stages of inflammatory diseases, we observe the excellent effects of blood-letting and other methods of abstracting stimuli, and in other cases and stages the greater utility of opium and other sedatives, and of revulsives which are, as already stated, indirect means of producing sedation.

Debilitants are generally more applicable to the treatment of the first, sedatives to that of the latter stage of diseases of excitement; but there are many exceptions to this rule, for the incipiency of some cases is characterized by symptoms ordinarily observable only in the concluding periods of similar affections. In the commencement of febrile and inflammatory diseases, the system is usually replete with blood and the other natural excitants, debilitants are therefore indicated—the indication is evidently to reduce excitement, by withholding or abstracting all the excitants that have produced it or that may tend to maintain it. There is, however, one physiological fact involved, that should ever be borne in mind in the administration of Debilitants—which is, that excitability always accumulates in proportion to the privation of stimuli, hence the reaction, often violent, necessarily consequent on the abstraction of blood, or caloric, etc.—the excitement that succeeds the depression caused by all debilitant means—to this principle is attributable the extreme excitability of the stomach in persons from whom food has been long withheld, rendering perilous the ingestion of the very mildest nourishment—the very great excitability of parts that have been frozen or long exposed to intense degrees of cold and the danger of suddenly admitting to them the ordinary temperature—the excessive sensibility of the eyes to light, after it has long been excluded from them—&c. &c.

When debilitants are not timely employed, and morbid excite-
ment has been allowed to rage unrestrained, the natural result is indirect debility or exhaustion, a condition in which neither debilitants nor sedatives can be employed to much advantage, and our chief reliance must be placed in the use of revulsives, and those means that are most efficient in equalizing excitement. If on the contrary, debilitants have been freely employed and sedative means entirely neglected, there will most probably ensue a state, in which there is present high excitement with great debility—that is, we will find, although the patient's powers are greatly reduced, and he cannot tolerate farther depletion, still the excitement is excessive, not at all in correspondence with his exhausted energies—the case has assumed a typhoid type.

It is only by the judicious administration of sedatives and revulsives, that we can hope to recover a patient from a state so critical; it is only by the employment of debilitant and sedative means in proper association or succession, that is by repressing the excitability as well as abstracting stimuli, that it can always be prevented. It is upon this principle, by diminishing excitability, that the preparations of opium wisely prescribed, manifest such wonderful effects in inflammatory diseases, and are with propriety ranked amongst our most valuable resources—it was for this property that opium was so highly esteemed by the sagacious Sydenham and our own illustrious countryman, the venerable Rush—and it was from observing its happy influence in such cases that the late and justly celebrated Armstrong declared that, if the lancet be termed the right hand of practice in inflammatory diseases, opium in combination with calomel should be termed the left, so nearly do they correspond in efficiency and applicability, in the management of such cases, the correctness of which declaration the subsequent experience of the profession has most satisfactorily established. We shall now proceed to treat summarily of

DEBILITANTS.

The privation or abatement of the excitants that are essential to the production and maintenance of vital phenomena—viz, aliment solid and fluid, blood, caloric, oxygen, light, electricity and the exercise of the organs, constitutes the class of Debilitants:

under this head therefore, are included abstinence, blood-letting, cold, a deoxygenized atmosphere, exclusion of light, the means of abstracting or diminishing the quantity of electricity in the system or part affected and rest.

Abstinence—The suppression or regulation of diet is of all debilitants, indeed of all therapeutic resources, the most important; it is that by which we are enabled to accomplish most, in our endeavors to remove disease and reinstate the organs in the healthy performance of their functions. Without being in the least degree disposed to undervalue the efficacy of medicine, in which I have the highest confidence, I do not hesitate to say that we may, by the proper management of this mean alone, effect more in the treatment of disease, without medicine, than by the whole materia medica, without due attention to diet. Diet must constitute the basis of every remediate plan—the judicious treatment of no case can be commenced, until the quantity and quality of the patient's diet has been determined.

"Aliment (says Professor Jackson,) furnishing the materials of the animal solids, and differing so very greatly in its nature, in its properties, and in its effects over the actions of the economy, offers to the practitioner the most effective means of modifying the condition of the organs. Of all the remedial agents at his command, no other enables him with so much certainty to accomplish extensive and radical changes in the actual state of the organs, as the aliment, directed on a thorough knowledge of its properties, and mode of influencing the organic or nutritive actions. He is enabled through its agency, assisted by the various regulations embraced in regimen and hygiene, to revolutionize completely the whole organism, and to effect deep and lasting mutations in the physical and even moral nature of man. This result he can operate, by having at command the material elements of our composition, derived from external supplies, and withholding, supplying or regulating them according to the existing indications."

Our design at present is merely to consider the modus operandi of abstinence in reducing excitement, with which view it must be examined, with reference to its effects upon the stomach and upon the general system.

The stomach is one of the most highly vital of the organs and enjoys the most numerous sympathetic connexions with the rest; hence when the stomach is excited or depressed, the whole system participates in the excitement or depression: food is the natu-
The excitement thus produced is somewhat comparable to the reaction that follows blood-letting and the depressing effect of cold: both result from the accumulation of excitability consequent on the abstraction of stimuli.

During the continuance of acute diseases, digestion is generally suspended, the sensation of hunger is not perceived, and abstinence may be advantageously borne a length of time that would destroy life, in persons previously in good health. The following rule will perhaps be found subject to few, if any, exceptions—whilst the general excitement is above the normal point, abstinence from food, with the free use of diluent drinks, will prove beneficial, as long as the patient is not distressed with hunger. In chronic affections, the same rule will perhaps so generally apply—in cases attended with much debility, it may be necessary sometimes to administer nourishment, although all sense of hunger may be absent.

The modes of operation of abstinence as a remedial means may be summed up as follows:

1st. By a direct effect in reducing gastric excitement.

2d. By the sympathetic influence the stomach exercises over the other organs, as the brain, heart, &c.

3rd. By suspending assimilation, thereby reducing and impo- verishing the blood, the same effect being produced by blood-letting, only by a more slow and gradual process.

It would be an agreeable task, did our limits permit, to consider these different modes of operation of abstinence, in its application to the remedial management of various diseases; but we must hasten to the examination of other debilitant means.

Bloodletting.—Next to abstinence in importance and extensive applicability as a remedial agent and superior in power, is bloodletting; of all therapeutic resources it is the most potent; it is that by which we can effect the greatest immediate, and often the most happy, results; but its use is at the same time fraught with most danger. Its administration requires the most thorough knowledge of physiology and pathology, and the exercise of the most acute discrimination and profound judgment: when timely and judiciously employed, it is mighty to the subjection of the most terrific and overwhelming violence of disease; and the rescue of life from impending death; but when practised indiscriminately and
and imprudently, without the guidance of correct principles, it is the weapon of destruction, dangerous as a two-edged sword in a madman's hand. Blood has been very appropriately styled life's sanguine stream, for it imparts strength and conveys nourishment to every part of the system, and with its flow or ebb, life flows or sinks with equal pace—it cannot therefore be safely trifled with, or with impunity wasted.

While the remedial process of abstinence is slow, gradual, and safe, the changes wrought by the abstraction of blood are rapid; sometimes the most disorganizing excitement is instantaneously reduced, and perfect ease afforded from intense and excruciating agony—this frequently occurs in peluritis and other acute inflammations, while the blood is flowing from the arm; but by imprudent and excessive depredations of blood, the powers of life may be irrecoverably depressed, or the consequent reaction become violent and beyond control.

The proper employment of the lancet is one of the most difficult and embarrassing subjects in medicine; for high excitement is not always accompanied with exaltation of power, or compatible with the loss of blood, nor is a depressed state of the vascular system always an evidence of debility, or a counter-indication to the further abstraction of blood. Our prescribed limits will not allow us to institute an inquiry into all the principles involved in this interesting subject—as our design is simply to make a few cursory remarks on blood-letting as a therapeutic mean, in which respect it must be contemplated, with reference first to its influence over the heart and arteries, and secondly to its effect upon the system in general. Blood is the appropriate stimulus of the heart that excites it to contraction and maintains the circulation; its abstraction consequently, on the principle of withdrawing stimulus, diminishes the force with which it is impelled through the arterial system which is under the immediate influence of the heart; and as every part is pervaded by arteries the effect is therefore felt throughout the whole organism, but most conspicuously in those organs that are most abundantly supplied with those vessels and accordingly general blood-letting is most efficient in subduing inflammations of the brain, lungs, &c., whereas when the membranous visceras, as the stomach intestines, &c., that abound in capillary vessels, are inflamed, the same beneficial results do not follow the use of the lancet, and local or capillary bleeding is found most efficacious.

The therapeutic agency of blood-letting is readily comprehend-

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will be able to appreciate correctly the beneficial effects to be derived from it in disease.

Blood-letting operates immediately in reducing the excitement of an organ, by lessening the quantity of blood sent to it, and the momentum with which it is impelled into it by the heart—which reduction or depression is in proportion to the amount lost and the suddenness with which it is abstracted.

It has been long remarked that the system is affected more by the sudden abstraction of a small quantity of blood, than by the protracted withdrawal of a much larger amount; this is generally accounted for, on the supposition that time is thus allowed for the vessels to contract and accommodate themselves to the diminished volume of blood; but this appears too mechanical and not in accordance with correct physiological principles—it is much more rationally explicable, on the principle of the accumulation of excitability always consequent on diminution of stimulus. We would explain it thus—when the stimulus of blood is withdrawn slowly, the excitability accumulates so fast, that the excitement is maintained or subsides very slowly and imperfectly, sometimes not until frightful losses of blood have been sustained; whereas, when blood is drawn rapidly, time is not allowed for the excitability to accumulate—the heart, deprived of its accustomed stimulus, contracts feebly and ceases to afford the brain an adequate supply of blood to maintain its functions—hence syncope, which continues until the excitability accumulates and reaction is established, when the excitement, as stated above, becomes as high or higher for a time than before blood-letting was practised—which temporary excitation of excitement in inexperienced physicians are liable to regard as an indication to repeat the use of the lancet, which repetition is generally injurious and sometimes fatal. We observe then if blood be abstracted slowly, the proportional increase of excitability maintains the excitement, or at least prevents the debilitating effect from being so fully and promptly evinced, and if

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This should be carefully distinguished from the permanent rise and development of the pulse, often observable in congestive diseases during the abstraction of blood—this indicates prompt and copious depletion. An apparent pulse always becomes fuller and stronger as the blood flows from the vein, but a attentive observer will never mistake this for the excitement consequent on reaction.

drawn rapidly, although debilitation is very speedily produced reaction soon supervenes and causes the excitement to rise as high, or higher than before. The plan by which the best result shall be ensured from the employment of the lancet, the plan by which excitement may be most promptly and effectually reduced, is to abstract blood rapidly, to incipient syncope or until sufficient depression is produced, and then to administer a sedative which shall, by repressing the accumulation of excitability, prevent reaction which, as we have seen, often obviates or greatly retards the good effects of bloodletting.

After the subsidence of reaction, that is, after the accumulated excitability has been expended, the excitement will generally be reduced in proportion to the amount of stimulus lost; for although the amount of fluid abstracted may be soon replenished by external absorption, it is principally with water that serves to dilute and render the blood less stimulating; and even when assimilation is not interrupted, the sereous portion is renewed long before the resuscitation is restored—still time is always required for reaction to subside, when bloodletting is practiced without the conjoint administration of sedatives, and the depressing effect is much more slowly and imperfectly realized.

Professor D'ENGLISH, in his "General Therapeutics," appears to estimate very correctly the importance of combining debilitating and sedatives in reducing excitement, although in his classification he does not make the proper distinction between them.

"The advantage," says Professor D., "of attending a union of copious bleeding with sedative doses of opium can thus be readily appreciated. The abstraction of blood reduces the amount of stimulus in the sanguiferous system, whilst the opium keeps down the excitability of the nervous system."

And speaking of bloodletting in irritable habits, he observes: "It is in such irritable habits, that we find the advantage of adopting other sedative agents; it is in such, that a combination of bloodletting, short of producing syncope, with a full sedative dose of opium, is so serviceable; the bleeding diminishing the excitement of the vital manifestations, by acting on the nerves through the bloodvessels; and the opium preventing the subsequent development of the nervous excitability. This, I say, is advantageous in irritable habits; and, in strong individuals, the same plan pushed to a still greater extent, is equally successful and not the less philosophical, when employed for the removal of
internal inflammations. It is the plan, which, as I have before observed, is adopted with so much success, in acute peritonitis; the bleeding being carried so far as to make a decided impression on the system, and the opium administered in a full dose; a sedative influence is thus exerted on the body generally, and on the inflamed tissue in particular, under which the hyperemia is effectually subdued.  

By thus employing debilitants and sedatives together or in immediate succession, by abstracting blood and exhibiting the salts of morphia at the same time, we will be able to depress action and reduce excitement, much more effectually, more promptly and with much less expenditure of vital power and waste of blood, than by the employment of the lancet and other debilitant means alone. But we do not contend that this combination is always necessary or proper—there are cases in which it is not required and others in which it may be counter-indicated; yet the most excellent and happy results may frequently be derived from it. The secondary, but more permanent and important mode, in which bloodletting operates in depressing excitement is ascribable to its effect in diluting the blood, depriving it of its nutritious qualities and reducing its exciting power, in consequence of which the vital phenomena throughout the whole organism are manifested with less energy and activity, a general reduction of excitement and depression of action being affected in all the organs and tissues. The same effect is produced which we spoke of as resulting from abstinence long continued, only in a shorter time and to a greater extent. And to cause this dilution of the blood, the liberal use of diluent drinks is equally requisite to furnish the absorbents with aqueous fluid, when bloodletting is frequently repeated as when abstinence is long enforced.

We have now concluded our remarks on bloodletting, short and imperfect indeed, but it was not our design to treat the subject in all its details which would require volumes, instead of a few pages which was all we proposed.

Notas.—In a future number we will continue our remarks on debilitants and sedatives.

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Case of Retained Menstruation, with anomalous symptoms.

By Dr. D. F. Bailey, of Barnwell District, S. C., in a letter to the Editor.

Mr. Editor:—As your Journal is one of the most useful organs in the Southern states, for the dissemination of medical knowledge, I transmit to you the following interesting case which occurred in our practice a few months ago. We were called to this case on the 10th of May last. It was complicated with a derangement of the uterine system. There was at first no obvious cause, though on inquiry, we learned that it was consequent to a fall, in which the gluteus maximus and latissimus dorsi muscles sustained considerable injury. A bubo, about as large as a common walnut, was discovered in the inguinal region, which in the course of time became so troublesome as to require medical assistance. Dr. Tesser was called in, and believing the statement above related, did nothing else than treat it as an inflammatory swelling of a sympathetic nature. Having relaxed the tumor, and suspecting from the softness of its feel that pus had formed, he made an incision into it, in a longitudinal direction with the glands, which gave issue to a thick kind of pus mixed with blood, but did not answer the purpose he anticipated. After trying various remedies and meeting with no better success, he abandoned the case as incurable. In the deplorable condition which "a Dr.'s desertion implies," she was carried to Professor Ford, who examined, but did not do any thing for her, nor report her case. In this condition, she was brought from Georgia to us. She gave us the same statement as to cause and effect, and from the silence of those two preceding gentlemen, we were much perplexed to discover the pathology, and apply curative means. On examination, we were from circumstances, induced to believe its origin to have been from a syphilitic taint; but there was one circumstance which militated against this supposition, and that was, how she

*The patient was a girl, about 16 years of age, and owned as the property of Mr. Brigham, of Georgia, Burke county.
possibly could have contracted that complaint at the early age of twelve years. This is possible, I admit, but it is rare. The complaint was one of three or four years' standing. Giving full scope to our opinions, as regarded the cause and nature of the complaint, we modified our remedies accordingly; but mercury did not the least good; after continuing its use for an indefinite length of time with no advantage, we altered our prescriptions, substituting more active cathartics with a view to diminish the plethora of her system, as well as to remove gastric impurities; with these we were more successful. Observing that she labored under a suppression of the menses, we combined these medicines with emmenagogues, with greater advantage, and it is here the nature of the disease develops itself. Before the administration of emmenagogues, the secretion from the ulcer in the groin was of a fetid pale colour, adhering to the sides of the wound, and very rosy; but after the system was brought under their influence, the discharge became more copious, more healthy and thinner in consistence; and this was observed in three successive trials. But as soon as they were laid aside and their influence suffered to wear off, the discharge would be greatly diminished in quantity and deteriorated in quality. Hence I ask, may not the menstrual secretion have become absorbed and eliminated through this orifice, which may have become a vicarious passage for it? What manifestly renders this more probable is the phenomena observed in the augmented or diminished discharge of pus, in proportion as the dose of emmenagogues was increased or diminished. 2ndly, other medicines, of a different nature, not possessing this specific influence over the discharge: 3dly, there being no evacuation of any kind per vaginum, nor ever having been, until within a short time after the bubo was observed in the groin, when there was a slight show: 4thly, the increasing development of the mammas and pelvis, which was still more perceptible at each period. The patient told me that she had noticed some of the circumstances just enumerated for two years, especially the increased size of breast, the augmented quantity of the discharge from the sore at each menstrual period; but stated that the discharge then, differed from that which appeared to be occasioned by the emmenagogues, owing probably to the imperfect state of the secretory process at that time.

She also said, she never suffered any inconvenience from her menstrual periods which were attended with as little trouble as any other period of her life. From the progressive and uniform enlargement of her breasts and pelvis, she incurred the suspicion of being in a state of pregnancy. But on examination, this suspicion was found to be incorrect, besides her breasts had preserved their fulness for three months, varying in size only at the time already mentioned; and it is well known, that after the breasts are distended together with the other symptoms of labor, it will not be long from that period, before a new being is ushered into life. Her breasts have been, and still are much distended, without any of the symptoms of pregnancy. She is remarkably healthy. This sore must, by its long continuance, have become an habitual drain to the system—the menses must have been evacuated by a secretory process, through that source, or they certainly must have presented themselves to the organ, while the system was under the influence of the most powerful emmenagogues. But having very little time to discuss these points, I will proceed to notice some of the peculiarities of the disease. When first brought to me, she was laboring under a severe cold and debility. The ulcer was situated about an inch and a half below the superior spinous process of the ilium, and just over the femoral artery. It was three and a half inches deep[]/4 inches long and about 4 inches in circumference; it presented 4 fungous protuberances—one turned anteriorly, another posteriorly, and the 3d and 4th laterally, with indurated margins and of a highly phlegmonic character. From those protuberances, there sprung a great number of small papilla or vesicles—containing as it were, a semi-transparent matter, and from these or the subjacent parts, there was continually exuding thatropy irritating matter mentioned in a preceding place. The first indication in the cure of the local complaint was the removal of those fungi so essential to the cure by the second intention. We therefore resorted to the use of the most powerful caustics, which in the course of a month or such a matter improved the looks of the ulcer and entirely removed all those morbid growths for a while. Believing the ulcer would now heal favorably, we left off their use and endeavored to heal it up as a common sore, but no sooner was the caustic discontinued than they would
spring up with surprising rapidity. These we constantly removed, and believing them to arise from a morbid state of the basis of the ulcer, we had recourse to "tents;" by tents, I mean in this instance, a kind of bongie of a conical shape and with a passage communicating from one extremity to the other. These we introduced daily as low down as the ulcer would admit and through them we poured in the carstic. This had the desired effect of removing them almost completely. We then desisted from their use. Not long after their discontinuance, the patient complained of a severe pain in the hip. This happened in the evening. Next morning she sent for my father, but before his arrival she had drawn from the ulcer a number of gland-like bodies connected together by filaments all of which together were 4 or 5 inches long, round and excavated; the hollow continuing from one end to the other. The patient was much relieved by their expulsion, but the discharge for 3 or 4 days was of a reddish color resembling somewhat the washing of flesh. However she mended very fast, and in 3 or 4 weeks after it came out, she was discharged perfectly cured. It having healed up very favorably and without any ill consequences from the suppression of the discharge, she is now performing her accustomed duties. The most remarkable circumstance in this case, is the suppression of the menses with such little inconvenience to the system, and the healing up of the ulcer being attended with no danger together with the spontaneous discharge of the gland. On examination of the parts of generation, we discovered a laceration of the clitoris, together with a displacement of the hymen, and this is all that favors the suspicion of its being syphilitic. The passage from the os externum to the urethra was unobstructed, which proved undoubtedly that the menses must have been evacuated by a secretory process through the orifice in the ulcer.

PART II.

REVIEWS AND EXTRACTS.

An Examination of Phrenology, in two lectures, delivered to the Students of the Columbia College, District of Columbia, February, 1837. By Thomas Sewall, M.D. Professor of Anatomy and Physiology. Published by request. Washington city; B. Homans printer, 1837.

This little volume of seventy pages, octavo, comprises two lectures on the subject of Phrenology, a topic which has for many years occupied much of the time and efforts of both the learned and unlearned. Perhaps few individuals labored more zealously in the cause of true science during the last age than did Drs. Gall and Spurzheim of Germany for the establishment of the truth of Craniology and Phrenology. Nor should the world be ungrateful to them for the benefits bestowed on the neurological department of anatomical science; for it is a truth beyond controversy, that those determined and persevering investigations have given and preserved an impulse to anatomical research by which more truth has been developed relative to the brain and nervous system and their connexions with the phenomena of animal life, a part of science hitherto far in the rear, than had been previously. Nor has the impetus thus given lost its force even at the present day. We will say more—that we believe it will not be lost until the light of truth which now glimmers in the vista with attractive beauty shall lead on the lovers of physiology to the knowledge of the whole philosophy of the nervous system in all its relations to and connexions with human life. If, without this grand object mainly, or in any degree in view, they shall have contributed that to this end, without which, it might never have been accomplished; or if ever, certainly not so soon, Gall and Spurzheim will merit the grati-
An Examination of Phrenology.

nologyizing offices, and the fees thereof and the implantation of a space, if not a pungent sense of self-estimation in what of mind occupies each cranium whose eminences and depressions are subjected to the craniometer or the callipers, or the supposed sapient torch. It is a species of fortune-telling which has currency given to it, not only with the vulgar, but also with the superficially scientific—the skimmers of science, by the virtue of a gloss of science, which covers it as does the plate the base coin. They do not set out with the recollection that “all is not gold that glitters.”

And there is another thing in addition to many others too numerous to be named; which is, that it has become introduced into the parlour; and here, in the dork of science of all kinds, as well as of valuable sentiment, which is but too common in most circles at the present time, it is too great a convenience at the command of vacant minds, for the entertainment of the ladies to be readily surrendered. But we presume that the inculcation of truth in all faithfulness to his class was the purpose of Dr. Sewall, and not that of at one changing a world from error to truth.

In his first lecture Dr. Sewall gives us first a brief but faithful history of the subject, ascribing its origin, however, much to antiquity, instead of the latter half of the last century. As this may not have been made a subject of research by many, we will give his own words:

Whether he (Dr. Gall) was the originator of the science, or derived his first intimations upon the subject from some previous writers, is a question which I shall not discuss. Certain it is, that ideas, in many respects similar to those of Dr. Gall, were entertained and promulgated long before his time.

Aristotle, the Grecian philosopher, who wrote more than three centuries before the Christian era, considered the brain as a multiplex organ, and assigned to each part its appropriate functions. In the fore-part of the cerebral structure, he places common sense; the middle portion he assigns to imagination, judgment and reflection; the back part he makes the great storehouse or seat of the memory.

In the 13th century we are informed that the Archbishop of Ratisbon mapped out the head into regions in conformity with the divisions of Aristotle and others. In the 16th century this...
was done more fully than ever before by Ludovico Dolci, a Venetian. On this point the Dr. refers also to a work of Jo. Baptist. Porta, published in 1586, and which is now in the library of Harvard College, containing so many of the principles and illustrations of the phrenology of the present day, that it may well be questioned whether hints have not been drawn from this source by later writers. He proposes to discover the intellectual and moral character of man, by his physical organization, color, &c.

After coursing down the line of history through centuries and ages, shewing the great doubt of the justness of Dr. Gall's claim to originality in this matter, he comes at length to say:

"Whatever may be the truth with regard to the origin of phrenology, it is through the writings of Dr. Gall, supported by the untiring labours of his pupils and disciples, that the science has been widely spread through the civilized world."

We pass hastily over the remaining part of this lecture, in which Dr. S. gives so faithful and liberal a detail of all that phrenology claims, that we were on reading it, fixed in our opinion that he was going to prove himself an able advocate of the justice of those claims—claims which the advocates of phrenology have the vanity to tell us dignify it into a science so important to the well being of society, that it looks down with compassion on the shallow distinctions, and peurile speculations of Locke, Hume, Berkley, Hartley, Reid and Stuart; and that the discoveries of Newton himself were comparatively insignificant, &c.

Next, the principles on which the doctrines of phrenology rest their claims, are briefly and fully given—then a faithful detailed account of the propensities, the sentiments and the intellectual faculties, which with their thirty-four sub-divisions, or particular organs make up the principal machinery of phrenology—all of which with a view of the cranioscope and its application to the head, are beautifully illustrated by a plate introduced as a frontispiece.

Lecture 2. Having acquitted himself in the first lecture most generously towards the claims of phrenology, Dr. S. here becomes the able advocate of true science, by proposing to show how far phrenology is reconcilable with the anatomical structure and organization of the brain, the cranium, and other parts concerned. This he does from two considerations: 1st. From a belief that the anatomy of the parts concerned is the proper and only standard by which to ascertain its truth.

2d. That the metaphysical arguments on the subject, whilst they have been urged with great power, have too often been evaded, and that the public mind has not been enlightened as to the real merits of phrenology, by the usual methods of investigation—even the lash of ridicule under which it has been left to wither, having done but little in arresting its progress, or exposing its errors. After thus advancing his purpose and the considerations on which this purpose is founded, the doctor begins his assault by removing the rubbish out of the way, that he may fairly seize the metal and try its purity by unerring tests. He notices the extent of the ground phrenologists assume the right of occupying, and the numerous outlets for retreat with which they have provided themselves, in order that they may plausibly evade almost any objection to their science which may be advanced upon the common principles of reasoning. The ground of these outlets is fully laid open and the sophistry brought clearly to view. We have not room on the present occasion for a full detail of their just exposure, but cannot deny ourselves the pleasure of presenting one or two.

If an individual has a large head connected with unusual powers of intellect, the case is brought in proof of phrenology; but if the manifestations are very feeble, it is said that the great size of the head is attributed to disease, or that the brain is not well organized, or that other circumstances have tended to diminish its power. If a small head is connected with a powerful intellect, it only proves that the brain, though small, is well organized, and acts with uncommon energy, &c. Again.

There is a celebrated divine now living in Scotland, equally distinguished for his amiable disposition, gigantic power of mind, and great moral influence which he exerts upon the Christian world. This individual, it is said, has the organ of destructiveness very largely developed; and not having any counteracting organ very large, it is contended by those who are acquainted with the fact, that he manifests his inherent disposition to murder, by his mighty efforts to destroy vice, and break down systems of error. In this way he gratifies his propensity to shed blood. Again.

By a recent examination of the skull of the celebrated infidel Voltaire, it is found that he had the organ of veneration developed to a very extraordinary degree. For him it is urged,
that his veneration for the Deity was so great, his sensibility upon the subject of devotion so exquisite, that he became shocked and disgusted with the irreligion of even the most devoted Christians, and that out of pure respect and veneration for the Deity, he attempted to exterminate the Christian religion from the earth!"

Many such are the miserable subterfuges to which he shows phrenologists are bound to resort in order to sustain their cause.

He next proceeds to an examination of the principles of phrenology on the following five grounds:

1. How far phrenology is sustained by the structure and organization of the brain.

2. How far facts justify the opinion that there is an established relation between the volume of the brain and the powers of the mind.

3. How far it is possible to ascertain the volume of the brain in the living subject by measurement or observation.

4. How far it is possible to ascertain the relative degree of development of the different parts of the brain by the examination of the living head.

5. Notice a few facts which have been used in support of phrenology, and conclude with some general remarks.

Under the first of these heads our author gives a brief and accurate view of the anatomy of the brain, noticing in passing, the fact that the weight of the brain, which is generally about three and a half pounds, varies greatly; not only in different heads, but in heads of nearly the same size—that the mammary prominences and accompanying depressions of the convolutions of the brain do not, in any respect, correspond in size, form or position with the bases of the phrenological organs as mapped out—that the external part is pulpy, the internal fibrous; and that the brain is more vascular than almost any other part of the body. It is to be remembered that professor Sewall is at least one of the first anatomists of our country. We will give his conclusions from the enquiry, is phrenology sustained by the structure and organization of the brain?

"Neither," says he, "the central (pulpy) or fibrous part of the brain reveals, upon dissection, any of those compartments or organs, upon the existence of which the whole fabric of Phrenology is based. No such divisions have been discovered by the eye or the microscope. The most common observation is sufficient to show, that there is not the slightest indication of such a structure. Indeed, no phrenologist, after the investigations which have been made upon the subject, from the first dawn of the science to the present time, not even Gall and Spurzheim themselves, venture to assert that such divisions of the brain have been discovered." The absurdity of the idea of the organs as described by phrenologists is illustrated by the horizontal membrane, the arrangement of the lateral ventricles, corpus callosum, fornix, and other parts. The notion, then, of the division of the brain into phrenological organs, is entirely hypothetical, is not sustained by dissections, and is utterly inconsistent with its whole formation.

In the second place, he proceeds to substantiate the fact, that there cannot be any proportion between the volume of the brain and the mental powers. In proof of this position, he gives a tabular summary of Baron Cuvier's investigation on this subject, which shows that several species of monkeys have a considerably greater proportion of brain to the whole body than man: and if his opinions of the proportion of man's brain to the body, which is less than Cuvier's, be correct, and that it is, we apprehend any anatomist will determine most easily, then all the nine species of monkeys tested by Cuvier would be found more intellectual than man, some having one pound of brain for every twenty-two of the body, and none less than one in forty-eight; whilst man's proportion, according to Cuvier, is one to thirty, and according to our author one to forty or fifty. Again. The elephant, remarkable for his sagacity, has but one pound of brain to five hundred of body, the carp fish one to five hundred and sixty, and the shark only one to two thousand four hundred and ninety-eight. This tabular view shows that not only four species of monkeys, but three kinds of birds, and the dolphin, exceed man in the proportion of brain, &c. Other proof is drawn from observations on the brain of men, by which the fact is established, the number of large and small brains of men of equal enlargement of intellect are about equal.

3d. Here our author contemplates most completely, the possibility of ascertaining the volume of the brain in the living subject, by measurement or observation. In proof of the correctness of his position, Dr. S. presents views of the skulls of different individuals, from one eighth of an inch to that of an inch and a half in thickness, causing a difference in the central
cavity for the volume of contained brain in skulls of the same volume, apart from the contents by measure of the skulls containing, as follows:

**BRAIN.**

**Plate II.** A thin skull, (though of a sturdy waterman.)

- **III.** The skull of a delicate female, but double the thickness of the former, 51.72 "
- **IV.** Very thick, compact, and well organized, 46.21 "
- **V.** Averaging nearly three quarters of an inch, 34.79 "
- **VI.** A model from Spurzheim’s cabinet, 25.33 "

Making a difference in these five skulls, as follows:

Between II and III of

- **III.** 4,50 oz.
- **IV.** 10,01 "
- **V.** 21,43 "
- **VI.** 31,89 "

Making the greatest difference in the volume of brain contained in two skulls, of the same external dimensions, 31.90 oz., something more than one half. These experiments have been most fairly made, in the presence and with the assistance of Dr. Thomas P. Jones, and Prof. William Ruggles, gentlemen whose high scientific character insures the utmost accuracy in the results. Nor were they confined to these, but were extended to a great variety of Cranias, all tending to show that the external dimensions of the skull furnish no indication of the amount of brain. The following conclusion is then considered inevitable, “that no phrenologist, however experienced, can, by an inspection of the living head, ascertain whether an individual has a skull of one inch, or one eight of an inch in thickness; nor whether he has 56,22 ounces of brain, in volume, or only 25,33.”

The fourth enquiry of our author is, “how far it is practicable to ascertain the degree of development of the different parts of the brain by arrangement, or examination of the living head.” He here again reminds us, that phrenology and craniology are _professedly_ sufficient to enable the experienced phrenologist, to judge of the natural amount and _general character_ of the intellect of individuals, from an inspection of their heads. The _amount of intellect_ being estimated by the _size of the head_, while its _character is determined by the form_.” Here again, Anatomy interposes numerous obstacles to the practical phrenologist, only the more important of which he notices. Of these, the separation of the internal and external tables, forming sinuses is particularly noticed; and his eighth plate is a view of a horizontal section of the skull of an individual, well known to the author, who had often remarked his head as eminently displaying the external development of the perceptive faculties. His eye was deeply enmeshed under a full projecting brow, and the organs of form, size, weight, color, order, number, individuality and comparison, were uncommonly well developed. His locality was uncommon,” and our author would, “upon the principles of Phrenology, have pronounced him a Rubens in painting, a Humboldt in arrangement, and in form, size, and weight, a Wren, a Douglas, or a Simpson; whilst his comparison and individuality would have placed him by the side of Dean Swift, and the Earl of Chatham; and his locality represented him as quite equal to Columbus, Newton, Volney, and Sir Walter Scott. But most unfortunately for phrenology, as well as for the individual, Prof. S. discovers, as he clearly illustrates by the horizontal section of the skull, that the frontal sinuses extend over the organs of individuality, form, size, weight, color, locality, order, time and comparison, by the separation of the two tables of bone at some parts to the extent of an inch, and the cavity thus formed, so capacious as to measure one and a half fluid ounces. So that instead of cerebral _developments_, it is most evident that there were _depressions_.

Having far transcended the limits which we intended occupying by this article, we regret that we cannot accompany our clear and rational author to the end of the second lecture, which becomes constantly more and more conclusive, and finally settles the matter, by the tests of the stern facts of anatomy, that had the _depressions_ instead of the _eminences_ of the cranium been declared by phrenologists as the evidences of peculiar faculties &c., the science would have been at least not less true than it is at present.

We will conclude this article by a recommendation that all who are desirous of knowing truth and avoiding error on this subject, if they have not time nor talent, nor opportunity for investigating for themselves anatomically; or even if they have,
that they will read Professor Sewall's two lectures, comprised in seventy octavo pages. For ourselves, we have ever withheld our confidence in the justice of the claims of phrenology, from our conviction of its incompatibility with the stern truths of anatomy. And we are, since reading Dr. Sewall's book, more than ever convinced that there is no more difference between a time and a tune bump, than there is between a "wine and a brandy bump"—both being about the same thing in cause, condition and consequence.

Royal Academy of Medicine.

Session of twenty-third January. Extraction of a tooth during magnetic sleep. A Medical Journal had mentioned the fact of the extraction of a tooth during a magnetic sleep, in the case of a woman twenty-five years of age, feeble and so impossible that the least cause produced with her permission and sanction. M. Oudet, a member of the Academy, and who had been the operator, was interrogated on the fact. M. Oudet said that he had extracted a great molar carious tooth of a woman who appeared in a profound sleep; that the operation had not caused, nor seemed to cause any pain: at least she manifested no external sign of it; and, on awaking, appeared astonished at the question, whether she had suffered, during the extraction of her tooth? thinking she yet had it.

The operator, however, declined drawing any deductions from the fact which he merely stated.

This communication provoked, on the part of a great number of academicians, numerous protestations against animal magnetism.—Annuaire Général de Medicine.

Session of thirty-first January. Amputation of a breast during the Magnetic Sleep. M. Jules Cloquet, whose name had been mentioned at the last session with respect to a woman from whom he had excised a cancerous breast, during the magnetic sleep, repeated to the Academy the same details which had been before submitted to it. In this woman, there existed not only a cancerous mamma, but the axillary glands were found to have become affected. Two incisions, of from nine to ten inches in length were made to circumscribe the tumour; the vessels were ligatured, and the axillary glands extirpated. The operation was long and severe, as great care was necessary to protect the axillary artery from injury. The woman did not utter the least complaint. M. Cloquet could not observe in the expression of her features the slightest trace of emotion. When interrogated at different times, she replied that she did not experience any pain. The wound was healing, when in consequence of a ride that had been recommended by the magnetiser, she was seized with a pain in the side, symptomatic of an effusion, and died the twenty-eighth day after the operation. During all this time, the magnetic sleep had been interrupted but once, and was then promptly re-produced, the patient having, during her state of freedom from the magnetic influence, expressed the most intense astonishment at the results of an operation which she had unconsciously undergone. The dressing had been made without her knowledge. The ride had occurred while she was immersed in sleep; and, in fine, it may be said with rigorous truth, that she died while sleeping.—Ibid.

Session of fourteenth February. Animal Magnetism. M. Berna communicated to the Academy, that he was prepared to shew the phenomena of animal magnetism to those who might desire to observe them. After some opposition, the Academy decided that a committee should be appointed to witness the experiments of M. Berna. This committee will be composed of M. M. Bouillaud, Emery, Oudet, Roux, Cloquet, and Frederick Dumas.—Ibid.

Influenza. M. Lepelletier de la Sardie, occupying a double capacity, the one at the central bureau, and the other at the Hotel Dieu, has had an opportunity of observing a great number of persons affected with influenza; the number amounting in twenty days to one thousand and fifty. Besides the occult cause, the epidemic predisposition, he recognises atmospheric vicissitudes, and particularly cold humidity, among the causes of influenza. The disease, according to him, consists essentially in an inflammation of the bronchial mucous membrane, but there is a nervous element which distinguishes it; it is a spasmodic bronchitis. Influenza may assume different forms, but the same characteristic symptoms may be always easily detected. M. Lepelletier does not admit a benign and a malignant influenza. In itself, it is always benign, and when serious accidents occur, it is in consequence of some complication. In two hundred cases, M. Lepelletier observed twenty-five complications of pneumonia; two of pleurisy, three of gastro-enteritis, two of acute rheumatism, and two of parotiditis. He has seen a phthisical patient suffocated by the invasion of the spasmodic bronchitis, and die in a state of asphyxia. He has made similar observations in catarhal old men. Influenza may also be a very serious affection in apoplectic subjects, not only on account of the cerebral congestions which the cough provokes, but also in consequence of the general prostration of blood-letting.
Pneumonia or pleurisy is the complication that is most frequently fatal, especially because venesection does not exert its usually beneficial effects. He has found that the plan of Rasper, who combines emetics in large doses with saignee evacuations, is the most efficacious. He has also derived advantage in catarhual old men from the administration of the white oxide of antimony. M. Lepelletier has remarked particularly the capacity to resist the action of emetics. In eighteen patients, two only vomited. M. Lowyer Willermay, also regards influenza as a mild disease, and has derived advantage from the employment of venesection where the pulse was full and developed, and the respiration oppressed. The duration of the disease is not more than three days, the blood presents a consistent coagulum and sometimes a bloody coat. M. Recamier refers to the epidemic of influenza that occurred in 1803, and which was very fatal. The progress of the disease was then marked by a cutaneous phlegmasia. He regards influenza as a disease of the nature of the eruption fevers, and for this opinion he relies not only upon the coincidence of the cutaneous phlegmasia which characterised the epidemic of 1803, but also upon the totality of the symptoms which he has found to be analogous in both cases. The catarrh of influenza is, in reality, similar to that which occurs in scarlatina; if, in 1837, the cutaneous eruption was not general, erysipelatous redness was frequently observed, and pustules of the lips almost invariably. It is known that even in eruptive fevers, the eruption does not always exist, and that the nature of the disease is not thereby changed. Besides, this eruption may be internal, for in 1803 it resided not only in the integuments, but also in the digestive mucous membrane, and the intestinal eruption possessed all the characters of the lesions so well described by Roemer and Wagner. Whenever an epidemic rages severely, it leaves indelible traces behind it. Thus M. Recamier observed, that intestinal evacuations were multiplied after the epidemic of 1803. After cholic, are not algid symptoms and those of cyanosis observable? He distinguishes in the phenomena of influenza three principal forms. In the first, the inflammatory form, the individuals affected being generally strong and robust, present a full and resisting pulse, the cephalalgia is intense, the respiration is embarrassed, and a sensation of constriction as if by a bar exists at the base of the chest. In this form, venesection is indispensable. He has repeated it four or five times, and has seen the blood become more coagulable in proportion as the evacuation was renewed, a character different from what is observed in pleurisy or pneumonia, and which seems to be peculiar to influenza. In the second form (the bilious) the mouth is bitter, the tongue white, partly covered with mucosities, the pulse without strength or resistance, and the morbid action transpires in the digestive apparatus. Emetics are here indicated, and their effects are immediate. M. Recamier has seen all the symptoms disappear in twenty-four hours after this medicament. Purgatives are much less efficacious, which is easily explicable since emetics, besides the evacuations which they occasion excite a diaphoresis, the true crisis of influenza. The third form is called nervosa by M. Recamier, the nervous suffering is extreme, the patient enjoys no sleep, fugitive pains traverse the extremities and the trunk, the pulse is small and depressed, and the agitation considerable. In these cases the lancet is absolutely contra-indicated. In this form, the disease is very serious, and the patients sink before any means can produce reaction. In these cases, the employment of baths has been most successful in his practice. M. Pierry admits two phases in the epidemic; he has seen the pulmonary phlegmasia extend more and more profoundly, and being confined at first to the first bronchial divisions, it reaches in the end their ultimate ramifications. M. Pierry has employed, but without success, emetics in large doses, in those cases complicated by pneumonia which he has particularly observed in old men.

The loss of blood, even when practised copiously and at short intervals, was not more successful. M. Boilland, without rejecting the idea of a special epidemic cause, finds in the existing condition of the atmosphere a sufficient explanation for the disease and its propagation. He does not deny that epidemics impress their character upon all the intercurrent diseases; but this opinion, however, has been exaggerated. He has not yet seen a sufficient number of cases to authorize him in pronouncing an opinion upon the nature of the pneumonia which is developed in influenza; but he is in the possession of some facts which tend to prove that venesection repeated after his method must be equally successful in pneumonia attendant upon influenza, and in the more uncompliated pneumonia. M. Boilland cites especially the case of a physician of sixty eight years, in whom venesection repeated at short intervals, caused the very rapid disappearance of the mishaps of a very serious pneumonia. He confesse, however, that since the invasion of the epidemic, more deaths have occurred in his wards, than had taken place in the preceding eight months. — Archives Général de Medicine, for Feb. 1837.

Spontaneous perforation of the left Ventricle of the heart. Autopsy by M. Medici, professor of physiology in the University of Bologna. A saddler, aged sixty, of a good constitution, robust, and enjoying habitual good health, was admitted April
The evidence in favor of animal magnetism accumulates on all hands. Events which have lately transpired in a neighboring city, leave to ridicule no excuse to amuse herself with facts, which reason cannot comprehend. The question is now, not how to change the laws which govern human belief, but to show how these surprising phenomena do not contravene anything hitherto known of the functions of the brain and nervous system;—a necessity the more imperative, since, if the obsolete notions that the soul leaves the body and wanders through the earth, as in the Stygian shades, be revived, as there is reason to fear from the tenor of some articles in the periodical press, it is impossible to foresee what may be the consequences, even in this enlightened age, to the very constitution of civil society.

With the hope of removing the grounds of such an assumption, and, in some degree, of obviating other difficulties connected with this subject, the subjoined observations are offered. Whoever is disposed to examine them attentively, though he may think that a simpler and less abstruse method might be taken to account for the phenomena, will admit, it is believed, both that the conclusion follows directly from the premises, while the premises are the least exceptionable of any that can be adopted. Supposing the nervous system to be the chief medium of a subtle and elastic fluid, to which it maintains a relation analogous to that which obtains between glass or any transparent medium and light, regulating its vibrations, the white substance serving as a conductor, and the grey and white together serving as an excitor, when stimulated by the blood, all the phenomena of the mind, as external sensations, internal ideas, and volitions, may be as readily conceived to be attended with an undulatory motion in that fluid, as any other state of the brain. This ethereal fluid would then constitute the mind or soul, the brain being in all animals but the material condition necessary for its manifestation. The existence of such a fluid has been rendered almost certain by the experiments of physiologists. But I hope it will not be considered out of place to add here a few considerations, which appear to me new, and strongly confirmatory of the hypothesis.

When we observe the image formed upon the retina by an outward object, we are led to infer that the image, thus painted has some connection with the impression produced on the mind; but the inversion of the image overturns the hypothesis. When we compare the eye of the eagle with the eye of man, in order to discover on what depends the superiority of vision of the first,
we perceive no essential difference, except that its retina consist of a number of folds or lamellae, giving it a great extent of surface compared with man's. Nor can we imagine a reason for this structure, on the supposition of the image impressed on the retina being the cause of the sensation or perception of the outward object. But when we take into view the wonderful effects produced by the galvanic machine, owing simply to extent of surface (supposed to enable it to accumulate a great quantity of fluid,) by supposing a similar fluid to accumulate on the retina, the harmony between the structure and function of the part is evident. One class of philosophers say that the mind is in proportion to the size of the brain; another, that it is in proportion to the number and depth of its convolutions. Both assertions coincide with the opinion that it corresponds with the extent of its superincumbent atmosphere.

It is an established fact, that the nervous chords of sensation and volition increase in size in proportion to the function they have to perform in different animals, and in different parts of the same animal. The brain, the organ of thought, is larger in man in proportion to the nerves that issue from it, than in any other animal. The optic nerve is the largest in the human body, and has the greatest number of filamentous threads. Man is the most thinking animal, and vision is the highest and most intellectual of the senses. Whatever sense is most acute, its nerve is largest. Where muscular action is strongest, and oftenest called into exercise, there the muscular nerves are largest. Now a small nerve might transmit an idea, sensation, or volition, as well as a large one, for anything that we can see to the contrary; but when we see an electro-magnet increase in power according to the number of wires that are wound around it (the sinews of nervous filaments,) and are told by the natural philosopher that they serve to accumulate the fluid, the adaptation for a similar structure in the nerves, to transmit a similar fluid, is obvious.

Should we infer that this was the true function of the nervous tissue, our inference would be confirmed by the fact, that the powers of the mind, of sensation, and muscular action, are strengthened by being exercised, as the strength of the magnet increases by having weights attached to it. This fluid may also vary in density, as well as quantity; or the number of particles within a given space may increase, as well as the extent of its superincumbent atmosphere.

* Some assert that the grey matter is the matrix or generator of the white; others, that it is the seat of the mind; but has not the attachment between the two its analogy to the outer and inner plate of the galvanic battery, and may not the extent of the superincumbent atmosphere be for the purpose of exciting a great amount of fluid?

surface, giving rise to an accumulation of the fluid of the same density; and if so, the phenomena would correspond with the effects of what is called, in electricity and galvanism, increased intensity and increased quantity. What can be a more striking evidence of the circulation of a fluid, which, if its existence were presumed, would be invisible, than the state of Somnambulism affords? Here, one set of nerves act with uncontrolled energy, while another is almost as inert as dead matter.

Believing, from such an accumulation of evidence, that we are justified in assuming this hypothesis as a ground work of reasoning, I would now proceed to show how far it is necessary to presuppose the existence of an analogous fluid without, and will first refer to the following paragraphs from Brewster's work on Optics.

"In the undulatory theory, an exceedingly thin and elastic medium, called ether, is supposed to fill all space, and to occupy the intervals between the particles of all material bodies. The ether must be so extremely rare as to present no appreciable resistance to the planetary bodies which move freely through it. The particles of this ether are, like those of air, capable of being put into vibrations by the agitation of the particles of matter, so that waves or vibrations can be propagated through it in all directions. Within refracting media it is less elastic than in vacuum, and its elasticity is less in proportion to the refractive power of the body."

"When any vibrations or undulations are propagated through this ether, and reach the nerves of the retina, they excite the sensation of light, in the same manner as the sensation of sound is excited in the nerves of the ear by the undulations of the air."

"Differences of color are supposed to arise from differences in the frequency of the ethereal vibrations."

"The theory of undulations has made great progress in modern times, and derives much of its support from an extensive class of phenomena, that it has been received by many of our most distinguished philosophers."

Every step made in the progress of science tends farther to generalize the laws which regulate the motions and affections of matter. Gravitation, electricity, magnetism, light, heat, chemical attraction, have approximated so far towards unity, that it is easier to say in what they resemble each other, than to point out in what they differ. Laplace demands but a plastic ether to mould the nebulous matter, floating through space, into all the conditions which his Celestial Mechanics require for their application; while Lamarck and Sir Humphry Davy, by a similar agency, prepare the earth with all the forms of animate and inanimate matter.
The number of undulations of an elastic medium, or of different elastic media impinging on each other, in a given time, increases in proportion to the density of the medium; in the same proportion, the extent of each undulation diminishes. If the undulations of a fluid in immediate contact with the retina, of which 37,640 occur in the space of an inch, and 458,000,000,000,000 occur in a second of time, create the sensation of redness, the density of the undulating fluid without the eye may diminish indefinitely, so long as that within increases in the same ratio, and the same number of undulations be made by the one medium impinging on the other, and consequently the same sensation be excited. What is true of one is true of all other sensations.

Now if we suppose that ethereal fluid, which Newton thought the cause of gravitation, to be identical with that which Huygens thought the cause of light, it must act through opaque as well as transparent bodies; but as its density is less in opaque bodies, or its undulatory power weakened, the reason why it exhibits the phenomena of light in one case, and the phenomena of weight in another, would be, because the number of undulations in a given time were fewer in the latter, than in the former instance.

But admitting a fluid to occupy the interstices between the particles of the retina, or to cover its surface, on which the ether impinges in its vibrations, giving rise to a second series of vibrations on which the sensation immediately depends; if its density be increased (as we believe takes place in somnambulism), the number of vibrations, as we have seen, will be increased in the same ratio, and there is no inconsistency in supposing that the slow undulatory motion of gravitation without, may produce that precise number of vibrations within, which excites the sensation of redness, or any other sensation. Since, then, gravitation extends from Boston to Providence, with a power (like the law of illumination) inversely as the square of 40 miles, when it is asserted that a somnambulist in the latter place has the panorama of our city before her, and can direct her attention to any part she chooses, and describe it minutely, the fact may be explained by combining two theories, which, if not established, are at least regarded as the most plausible in physics and physiology, viz: that which assigns light and gravity to the undulations of a fluid pervading all space, and all matter, and that which supposes a similar fluid to circulate in the nervous system of animals. For by the nature of the fluid without, its undulatory power must be diminished, by diminished density, or what has the same effect, by the irregular collocation of the particles of opaque matter, requiring, to produce the phenomena of light that increased density and consequent vibratory power of the fluid within, which all the appearances in the state of somnambulism compel us to believe actually exist. It does violence to no established law, but to our preconceived notions. And it is necessary that either our preconceived notions should give way, or a mass of evidence be rejected, the most positive and authentic in kind, and constantly accumulating in degree. It should be borne in mind, that animal magnetism is not the only subject that is inexplicable on the common notions of the animal economy. An extensive variety of facts, linked together under the terms of sympathy, of fantasy, of antipathy, of irritation and counter-irritation, concerning which there is little or no doubt of their authenticity, point to the nervous system as the source of some unexplained mode of affection. Nor should hereditary predisposition be overlooked in this connection; nor even the question of embryonic influences, against which the only substantial argument is our own ideas how Nature ought to disregard herself in our presence, rather than the careful and humble observation of what she does. These words are but general terms, and, like the term inflammation, are expressive of something that lies deeper. As they are now used, they con-
vey no more real knowledge than do the names of the genera of plants, of their properties. If we could forget these terms, when reasoning about the conditions to which they refer, and imagine the nervous chords to circulate a fluid, for which their structure is as strikingly adapted as the vascular to circulate blood, we could lose nothing of what we already know, and might, possibly, learn something additional.

Will the adoption of the electro-galvanic fluid explain these mysteries? To assert that it will, unerringly and immediately, would perhaps have no other effect than to expose one to ridicule. The reasoning on which such an hypothesis must rest, is very complex in its nature. Facts are abundant, but their relations are intricate. Every argument must be grounded not on certainty, but on greater probability. And at first, it will be next to impossible to make due allowance for disturbing causes; still, an approximation may be made towards estimating its bearing on most, if not all, of the functions of the animal economy. The heterogeneous mass of facts, which physiological experiments as well as pathology, have of late years brought to light, can be simplified and reduced to some sort of order, if not actually reconciled, by this view. At present they are a "caput mortuum," serving no other purpose than to perplex and distress the student. Nor is he taught to regard them with a clearer or more favorable eye, by the disputes and unfrequent recapitulations of different professors of the healing art, even in the same college. What can afford greater evidence of the want of a more comprehensive hypothesis as a guide to their researches?

A great deal of ink has been shed to prove the danger of theory getting a head of fact; but comparatively little, to exhibit the evil of facts getting a head of theory. And if by hasty generalization, science sometimes gets along too fast, can she not, from want of it, creep too slow a rate? Let the speculations about ghoasts, holgoblins, witchcraft, disembodied spirits, and devils at six and sevens, which somnambulism is calculated to revive, if its phenomena cannot be referred to natural laws, answer this question.

I cannot enlarge on these points. At some future time I may advance some reasons, why what is called the manipulatory process of magnetization is neither inconsistent with sound philosophy, nor without its analogy to other sciences. Before closing this communication, I would, however, add, that though what has been said above presupposes the fluid to exist in the nerves only, it is not necessarily confined to that part of the system. It exists in all the solids and fluids of the body, the nervous sustaining to the other systems some such relation as the prime conductor to bodies around it, or as transparent to opaque bodies in optics,—a medium for greater density of fluid, and greater freedom of motion,—and the fluid itself may, like the cellular tissue, represent the image of the whole body: and oscillating from within outwards, and from without inwards (obeying in these motions, the laws which in crystals regulate reflection, refraction & produce so many interesting phenomena,) may thus be the secondary agent, in the hands of the Creator, of the form of our bodies and bodily organs, as well as of the functions of the mind. On this hypothesis the equilibrium of fluids explains those experiments of Magendie, in which the cura of the cerebrum being cut, the animal moves forwards; the cura of the cerebellum, backwards; and the section of either one of them gives a tendency to a lateral motion. It may serve also to reconcile the views of Bell and Magendie on the one hand, and Bollingeri on the other, in regard to the function of the anterior and posterior of the spinal marrow. It accounts for the curvilinear course of the fibres of the brain, in the mutual action of counter-currents, and for the pons varolii, septum lucidum, fornix, mamillary eminences, the decussation of nerves; assigna a better reason for the ganglion of the posterior chord of the spinal nerves, than any hitherto given; and taking the beautiful curves exhibited in crystals by polarized light as the analog of starting point, tell why organized beings are founded in form, instead of angular. In tenuiss, palsey, catalepsy, and every variety of nervous disease, it will be found to go far towards explaining what heretofore has been considered inexplicable. Any one, at his leisure, can verify these statements. It is sufficient here to give them without tracing each individual fact to its relation with this hypothesis. But lest it might seem, at first view, that these are mere assertions, made without due examination, I will dwell for a moment on one, which both on account of its intrinsic beauty and because it occurred to the writer as an after-thought, may be considered almost as a crucial experiment of the whole theory.

This fluid, it is supposed, by its undulations and ant, and by its currents and counter-currents, moving through the particles of organized matter, and exerting an attraction or exciting movement among them, disposits them in the forms of our bodily organs. Now let us imagine, after the optic beds and corpora striata have been formed, two currents passing horizontally from the sides of the brain towards the centres, on the under surface of the corpus collicus; they would meet at the centre, and be deflected perpendicularly downward, in the direction of the septum lucidum. Meeting with a repulsive surface on the optic beds, the fluid would there accumulate for a moment, from the fornic, bringing its edge by its oscillations against a counter-re-
pelling fluid, with the fimbriated bodies, and be impelled as it were, most easily in the direction of its four crura. Passing down its anterior crura, and falling perpendicular upon another part of the fluid more dense, it would by undulating upwards and downwards, make a cupped depression, which would serve as a mould for the mamillary eminences. An idea of this mould one may have by blowing perpendicularly upon the surface of a fluid through a small orifice. In like manner the formation of the pineal gland, the infundibulum, the pons varolii, and the convolutions themselves, may be traced with almost mathematical certainty.

It is usual for the person who advances a hypothesis, to give his name in connection therewith. But as the publishing of my name would add nothing to the weight of the arguments which have been presented, I hope will not prevent their obtaining a hearing. A systematic form will be given to the views which are here but indicated, as soon as time and circumstances will permit. In the meanwhile, at the expense of being regarded as a visionary and enthusiast, I commit them to the candid consideration of the medical public, with a firm conviction that while the art of medicine progresses uniformly, but slowly, by a rational empiricism, the science itself will be revolutionized, and reconstructed on the basis of these hitherto disregarded phenomena: may, more, that they will furnish a key to unlock the inmost recess of the labyrinth of nature, and unfold the richest field for scientific research that the mind of man has ever ventured to explore,—the one which is destined to lead him to a just estimate of his rank in the scale of being, and of his relations to all things around him, and which will enable him to unloose the seals of the last volume of the series of Natural Religion, and read therein that Himself and the Polypus the Crystal and the Lily, the Earth and Chaos, the Stellar Heavens and the Nebulous Mass, are but links in one undivided chain of formation and evolution, of which the different physical sciences are but the names of its integral parts.—*Boston Medical and Surgical Journal*.

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**Nitrate of Silver**

This article which has been hitherto considered as belonging chiefly to the surgical pharmacopoeia has, of late been placed before the public as a therapeutic agent claiming the particular attention of the general practitioner.

Dr. Boudin has lately called the attention of the profession to it as an antiphlogistic of valuable powers in inflammation generally, and more particularly that of the mucous membranes. He has also adopted its use with decided advantage in an epidemic fever of typhus character with follicular enteritis. Of upwards of fifty patients treated by this medicine, only two died, a success rare indeed. He considers that two important points have been established by post mortem examinations of these two fatal cases, viz. that the medicine did not add any irritation to the inflammatory action of the disease, but had promoted the cicatrization of the ulcers; and that on being administered by injections (which are generally considered as not passing beyond the ilio-coccal valve,) communicating its grey color to the lower portion of the ilium.

The formula used by Dr. Boudin was 3 or 4 grs. of the crystallized salt dissolved in ½ vi. of distilled water and administered by injection; or crystallized nitrate of silver grs. vj., water g. s. dissolve and saturate with gum tragacanth, or starch, and make 24 pills. Dose 1 every half hour.

He considers it a common error to suppose that the action of nitrate of silver is confined to the part with which it is in contact, inasmuch as the same greyish color which was produced, as its proper and ordinary effect in the large intestines with which it was in contact was also observable above the ilio-coccal valve, in the lower part of the ilium.
It is not less our pleasure than it is our duty to state thus the valuable results of Dr. D.'s experience with this medicine, as of great importance in a certain kind and stage of action, with which the practitioner occasionally meets, and who has been compelled to trust in the virtues of means far more doubtful.

Nor is it less our duty to object to the principle which appears to be claimed for the action of this valuable agent. Dr. Bouin will be recollected, speaks of and testifies to the remedial powers of nitrate of silver in "inflammation in general," thereby making it truly and decidedly antiphlogistic, or capable in small quantities, of weakening the system by diminishing the action of the vital powers. A misnomer in medicine is often productive of consequences over which humanity weeps. We could name some melancholy instances: but we will illustrate by a supposed example.

Had Dr. B. prescribed arsenic under the belief that it was a febrifuge from its having the power of preventing the return of a paryosim, under circumstances which needed an emetic or a bilious purge, he would have found his prescription followed by a continuance, or increase of febrile symptoms, or jejunal obstruction, or hydropic disposition, or both—thereby proving at the expense of his patient, that he used a tonic when an operative portion was needed.

Not less important is a misnomer in pathology. The existence of idiopathic fever is denied, and a general febrile action called "sympathetic fever," originating in local irritation of the stomach or intestines or both, is advanced as the true pathology of fever. The term gastritis, or enteritis, or gastro-enteritis is therefore given to it—words which mean a phlegmonous inflammation in those parts. These names then as used of late in pathology make up the very language which declares pathological truth. What are the unavoidable consequences of a fair reasoning from the premises thus settled? As surely as any just conclusions can be drawn by fair reasoning, they are, not only the careful and rigid avoidance of every efficient medicine, on account of the apprehension of increasing by its use, the gastric or enteritic inflammation; but a total neglect of the secretions, in the expectation that on withholding from the part, irritants of all descriptions, the inflammation will

subsist. Here, a word, as gastritis for instance, which means an inflammation of the stomach—neither more nor less—characterized by symptoms of "pyrexia, anxiety, heat and pain in the epigastrum, increased when any thing is taken into it, vomiting, hiccup, pulse small and hard, and prostration of strength, &c." is used to mean an ordinary pyrexia, without any specific characters whatever; and which, when produced, exists for a few hours only, and then intermits so completely that the most powerful stimulants and tonics are comfortably borne in the stomach until the regular period of return arrives;—a character perfectly incompatible with the term gastritis. Such is, in few words, the origin, and the sum and substance of antiphlogism: and who can calculate the vast extent of mischief thus effected by the wide-spread and captivating doctrine of local origin?

Not less liable is a misnomer in therapeutics to lead to the most injurious prescriptions. We are satisfied of the fact, that the medicine under consideration is not, properly speaking, a sedative, or refrigerant power,—that is to say, it is not one of those very few active powers whose operation is to weaken the actions of the system by diminishing the activity of the vital powers. Most of the antiphlogistic means at the command of the practitioner are the withholding or withdrawing of the active powers. Yet there is good reason to believe in the existence of a few known powers which tend directly to the reduction of action, as prussic acid, laurel water, and (perhaps) antimonials &c. But all the phenomena of its operation on the living fibre from its severest cautery, down to its valuable efficacy in a collyrium, tend to prove that nitrate of silver is uniformly an astringent or styptic power, being in common with others of the same class rendered corrosive when in a concentrated form.

In its prescription, therefore, we should be careful to determine that state of the disease in which we may reasonably expect good effects from styptic, and not confound it with that which needs "antiphlogistic" operation. These states are extremely different; the latter being the earlier, and the former the latter stage of the same disease, the remedial means must therefore be adapted to each with as distinct decision.

We do not believe in the gastric or enteritic origin of ordinary
Nitrate of Silver.

pyrexia. Nor do we believe in the existence of a genuine gastritis or enteritis at all in ordinary pyrexia, only as being themselves symptomatic or secondary. We do believe that these inflammations can indeed exist primarily, from various causes, as the impression of cold, worms, chemical and mechanical violence, as from worms, indigestibles, concentrated acids, alcoholic drinks, large doses of acid, irritating medicines, as nit. potas., &c. &c., and that, these occurring in conjunction with suitable predisposition, may, and do involve the general system in febrile action. But when these do exist, their course is steady, and often rapidly onward, in the true character of inflammation, until they arrive at some one of the various terminations of that kind of disorder, action, without the least tendency to intermit or remit, more than a pleurosy or a pneumonia uncomplicated with any degree of bilious character; nor are they found, in a large proportion of instances, amenable to the most rigorous antiphlogistic treatment.

Anteopy does, indeed, reveal much valuable truth—truth which should not, must not be disregarded; but its developments require to be reasoned on. When we find ulcerations in the mucous membrane of these, they do declare their antecedent or cause, inflammation, to have existed; but if these ulcerations are at the follicles they do declare an inflammation of these follicles, or follicular enteritis to have existed. This, then, is peculiar—not in the character of ordinary or genuine gastritis or enteritis, which extends itself with regular continuity to a greater or less extent of surface, and which may, indeed, be said to "radiate" from a beginning point in many instances, and extend over a considerable surface. Who ever saw the intestines of one who died from injuries inflicted on them by worms, but observed a regular and uninterrupted extension of inflammation up and down the canal from each such. So it is with enteritis from other causes, as cold or any thing calculated to act on a greater extent of surface. But it is not so with the inflammation which is commonly the result of pyrexia. This is follicular and the effect of other derangements of the system. One, then, is comparatively general, whilst the other is locally confined to the glands of the intestines. But both have their

action and their declining or decreasing state of action as distinctly as conjunctivitis; and who thinks of applying alun ear, or diluted alcohol, or solutions of the vitriols, or of nitrate of silver to this membrane in the early stage of an active inflammation? Yet if we could be made to believe that cayenne is truly an antiphlogistic or a simple dudicum, surely we should not hesitate to apply it. But in the subsequent stage, when the vessels are debilitated by the continuance of excessive action, and resolution is succeeding, or even passive congestion remaining, a styptic power, as some of those just named, is found to greatly accelerate the cure. And if ulceration shall have supervened, and remains chronic, from that debility of the part which is consequent to active inflammation, the same kind of power exerted on the part will tend greatly to the lessening of that deposition in the part whereby the ulceration is kept up. Hence, the use of catechu, kino, kreasote, and other astringent powers and hence the ulcers in Dr. B.'s two cases, which terminated fatally, were progressing to cicatrization under the application of nitrate of silver.

Thus it seems evident that the nitrate of silver is not antiphlogistic, but phlogistic in its action, and that, as such, it is only admissible in that state of action which is benefitted by stimulation or styptic operation.

Hahnemannism and Thomsonianism.

In a late number of this work, we alluded to a recent meeting of the London Medical Society, at which a discussion took place on Dr. Uwin's paper in favor of the "homeopathic doctrines." We now give below, the statements of Drs. Ure and Addison.

Dr. Ure had seen the practice of Hahnemannism in Germany, at the very fountain-head of the "art," and it was not successful even there. The doctrine of "similia similibus curatur" was almost as old as the hills. Theophrastus was its advocate, but it fell into oblivion, and was only revived by Hahnemann, whose disciples blazoned abroad their "cures," but kept secret the deaths which occurred in their practice. Prince Frederick of Swartzenburgh, died under the care of HAHNEMANN though the "new light" gentleman said that his highness was
Hahnemannism and Thomsonianism. [Sept.
guided to his last home by the allopathists. An old lady also
died under this treatment, in whom the globule of medicine was
found in a carious tooth, which circumstance was considered to
afford a reason for her death, the salvatory medicine not having
reached the stomach. He thought that one point in the practice
of Hahnemann had been overlooked—the rigid enforcement of
diet. To many articles he strongly objected. Coffee was one
which, in particular, he anathematized, asserting that Nape-
oleon and Byron both fell victims to the use of that beve-
rage.

Dr. Addison would not consent to argue on a subject which
was so utterly beneath notice, but wished the world to know in
what estimation that society held the practice of Hahnemann—
that its followers were either fit for lunatic asylums, or practised
with the most sordid motives. He (Dr. A.) was a very loyal
man, and had always been so; but he could not help saying
he considered that the profession of this country had been gross-
ly insulted in the highest quarters, by the preference there shown
to the employers of this foreign mystery. Did the court ever
send for lawyers who dealt out the law in Algebraic fractions, or
bishops who preached by the square root? He did not mean to
say that the blame was to be ascribed to the royal persons them-
selves who set this example in medicine; but those who were
about them deserved the severest censure, for aiding and abet-
ting Hahnemannism in the palace.—(Boston Medical and Sur-
gical Journal.)

Hitherto we have said very little on this subject, 1st, because
we had nothing good to say; and 2ndly, because it seemed unne-
cessary to say anything bad or indifferent concerning such
utopian, not to say absurd notions; for we would not dignify
such stuff with the name of doctrines. But when such men as
Dr. Uwins present to the London Medical Society a paper in
favor of Homoeopathy, and it is made a subject of serious discus-
sion by such men as Drs. Ure and Addison, it is time to take
sides on this subject; for the London society is not without its
influence. It is true that in the discussion, Drs. Ure and Adis-
son gave the subject a good share of justice. But (en passant)
by our credulity we are forced to enquire if this Dr. David
Uwins is the same Dr. David Uwins who but the other year
(1825) published a, very sensible “compendium of theoretical
and practical medicine; comprising with the symptoms, diagno-
ses, prognoses and treatment of diseases, a general review of phy-
siology and pathology,” &c. &c. If he be, as we are inclined to
believe, it may not be forgotten that he then declared that no one
could be more sensible of the respective merits of such authors,
as Good, Gregory, Temple, and Thomas, than himself. He
then spoke of each in terms of ample justice, saying of Dr.
Gregory’s Elements, “it is impossible to speak with undue
praise”—of Dr. Temple’s practice of Physic, it “has too long
enjoyed a high reputation to need any encomium from my pen,”
&c.

The principle claimed by Hahnemann is, indeed, as Dr. Ure
very correctly observed, “almost as old as the hills.” Traces
of it, have, in all times been found amongst practitioners as well
as the common people. Our own observation on this subject
does not, however, go farther back than the last of the eighteenth
century. The medical maxim then, was “the hair of the same
dog is good for the bite.” So strong, indeed, was the faith of
the country people in its truth, that we have known great pains
taken to procure the hair of the same dog; and in some instances,
the dog was killed when it could not be otherwise obtained.
Even at different times in the present century, we have, on being
called to wounds from a dog-bite, found them dressed with the
hair of the same animal which had inflicted the wound. This
has always seemed to us a relic of the days of the seventeenth
century, when the wife of Wm. Hinnis was hung in Rhode
Island for a witch.

We have met, in later years with some (otherwise) respectable
practitioners, whose fixed principle as far as they found it prac-
ticable to carry it out, was “like for like,” in all cases; as
emetics always for the cure of emesis, cathartics for catarrh
bleeding for hemorrhage, &c. &c. This was very good, “simi-
lar similes curantur” stuff, as to the kind of remedy.

As to the discovery of the virtue of the infinitesimal
doses of the medicines this class of practitioners use, we have not the
least objection, either on our own behalf, or that of any of our
friends to leave the whole of its glory to Hahnemann, or any
of his followers, now and forever. We can bear no testimony
towards disproving his claim thereto, than the occasional observa-
ion in our early days, of pebble soup, for the cure of certain
diseases—a preparation, the formula for which was to collect a few white pebbles, wash them very clean, and boil them a certain length of time in pure spring water. The history of medicine, however, affords us some very near approximations to the infinitesimal doses, as in the ancient usage of drinking water out of a human skull for epilepsy—the annulment of yore, as the abracadabra, &c. This history affords us another approximation in the practice and principles of some of the ancient physicians, to a belief in the competency of nature to do all things necessary; an instance of which by no means inconsiderable, is found as late as the days of Stahl under the name of "Animia Medicina," and still later under that of the "vires nature medicatrix," and still later in the "Diète absolue" and the "Medicine Expectante." These, however, were the productions of men of science, but they were erratic stars—a kind of monomaniacs. But when the totally illiterate attempt to display literature—when fools attempt science, we may well expect anomalies, prodigies, transcendentals, and lots of curious things as are contained in the little old book called "Aristotle's Master Piece," which, in our early day, we have occasionally seen carefully kept by old country matrons for their instruction in midwifery, and female complaints; and from which, doubtless, Thomson took his knowledge of the "four elements." We were not therefore in the least surprised at the forth-coming of what is called "Thomsonianism" or "Botanic Medicine," and which, had he pored one month over Cordier's, or Nepra's, the author would have called Contraria Contrarius. Our surprise in this case was excited by that curiosity in human nature, in obedience to which it must always try a new thing; and the more strange and unaccountable, the more sure the trial. That this disposition should have extended so far as to collect fifteen thousand memorialists in one state, and eleven to fifteen in another, to pray the legislatures to legalize such stuff, already the most stupendous, and, at the same time, absurd system of imposition and quackery that ever pervaded the civilized world—and that there should be occasionally a man found in the ranks of medical science;

* Indeed we are assured by Thompson himself, that what he knew of Midwifery he learned in a few minutes conversation with an old woman.

who should know better, and still is so lost to science, intellect, or honesty as to offer to practice for his employers on either "system." And still more, however, have we been surprised that the Legislature of an enlightened state should legalize the practice of such imposition and manslaughter on the unsuspecting citizens whom it is their duty to protect. But we were utterly astonished at the man himself, with his character and opportunities, when HAHNEMANN openly pronounced his "similia simillibus curantur principle and infinitesimal formulae." These two "systems," both the productions of the present century and age—one in Europe, and the other in America—we should consider, had we believed that their authors had knowledge of each other's views—the one, a counter-plot of the other. We should, had not humanity so much at stake, feel disposed to put them both together as great curiosities for the present age, and call them Risibles. But for humanity, surely we should not care how many thirty-cent books Thomssonians should impose on the foolishly credulous for twenty dollars each;* for we should be perfectly content that those who are incapable of receiving wit otherwise, and gratuitously, should buy it at any price they please. Bought wit is said to be the best, if not bought at too high a price. But we do hold that the tears wantonly wrung out of weeping humanity are worth too much for such a sacrifice.

But after all, it is said, and with much truth too, that they get a great many patients. This is however, not a strange truth, and the rationale of it is best explained in the brief dialogue between the London physician and quack, which was about as follows:

Physician. Pray sir, what is the reason that without any laborious study, or expense for education you are, thus unprepared, enabled to have, as you certainly do, so much more practice than I have? I have expended my patrimony, and the prime of my life in preparation for the correct and useful discharge of my professional duties.

* We understand that the book can now be bought for ten dollars. Thus goes down this sinful Babylon; and down—down it will go, until the printer nor even the potter will be paid for his labor.
Quack. Why doctor, I'm surprised at you to ask so simple a question; surely you have not reasoned a moment on the subject.

Physician. Yes, I have often wondered at the fact, but could never account for it.

Quack. Then I am the more surprised, and will make it perfectly plain to you in one minute. We live here, you know, near together, and you are very well acquainted in our neighborhood. Now, sir, pray tell me, what proportion of the heads of families nearest around us do you consider both wise and prudent in determining a choice of medical talent. Do you suppose sir, that more than one in twenty is such?

Physician. About that proportion, I should suppose.

Quack. Very good, sir, you are about correct; the fact is that for this reason, where one would, by his good sense be able to determine on employing you, twenty would call on me.

Inula Helonium in Leucorrhoea.

This article (Elecampane) is spoken favorably of in the Revue Medecale, by M. De Leng, in the treatment of Leucorrhoea, as well as in some similar affections. He used it in a decoction of 3ij to 5iv of the root to four cups of water reduced to three. Of this, the whole was taken a day, in three doses. M. De Leng thinks an infusion may be as efficacious.

We should be pleased to find so simple and innocent an article as elecampane root, prove very successful in this case; and hope it will be extensively resorted to; as it may be tried in safety, even from the loss of time in cases of this kind, which are ordinarily not put under regular prescription, until the whole routine of domestic means have been unsuccessfully resorted to. Any definite successes with the remedy, accompanied with an accurate history of the case, its cause, duration, kind and manner of discharge, the menstrual condition, &c. &c., we should be particularly please to receive; as such might be the means of giving us different views of the theory of those cases, from those we now entertain.

MEDICAL INTELLIGENCE.

MEDICAL COLLEGE OF SOUTH CAROLINA.—We regret that by some cause unknown to us, the announcement of the annual course of Lectures in this institution did not come to hand prior to the publication of the August No. of this journal. It would have given us pleasure to have noticed it under our head of medical intelligence, with others.

This institution is under the guardianship of the Medical Society of South Carolina, whose president is ex-officio, president of the college and its government is vested in a board of trustees consisting of eleven medical gentlemen, who derive their appointment from the Medical Society. Dr. J. B. Whiting is now the acting president. It has six professorships, filled as follows: B. B. Strickland, M. D., Professor of Anatomy; Elias Horsey Doss, M. D., Professor of Surgery; Thomas Y. Simons, M. D., Professor of Theory and Practice of Medicine; Henry Alexander, M. D., Professor of Inst. of Medicine & Materia Medica; Wm. Hovey, M. D., Professor of Chemistry and Pharmacy; Francis Y. Porcher, M. D., Professor of Obstetrics and Diseases of Women and Children.

Demonstrations of Anatomy, by B. B. Strickland, M. D., Dean of the Faculty, Thomas Y. Simons, M. D., Clinical Lecture. At the Alca-House, Edward Elfe, M. D.

At Marine Hospital, Wm. G. Ramsey, M. D.

In the “Announcement” by the Faculty, we are informed that the annual course of Lectures for the ensuing season will commence on the second Monday in November.

In addition to a commodious edifice for the purpose, its Museum and Laboratory are said to be amply supplied, and a Library of about 2000 volumes, and opportunities for clinical instruction are afforded for the benefit of pupils.

MEDICAL PREMIUM.—The New York Medical Society, at a recent meeting, passed the resolution that one hundred dollars be offered for the best dissertation on the following subject: "Diseases of the Spine, their causes, symptoms, and best mode of treatment." Dr. John B. Beck, Jas. R. Minn, Richard Pennell, Jno. C. Childs and Thos. Downes are appointed the Committee on Prize Questions for the ensuing year.

Dissertations are to be sent to the Committee before the 1st of January, 1838.—Best. Med. & Surg. Journal.

MANSlaughter BY THE STEAMER.—John Morggriddle a kind of chief among the steamers, and the principal of a Thompsonian Infirmary at New Bedford, (Mass.) has been arraigned for manslaughter in the case of Mrs. Eliza Howland of that town.
The unfortunate subject of this fatal quackery, was, with the exception of a periodical head-ache, in pretty good health. This chief administered his "numbers," Isobelia, Cayenne, &c., &c., in the usual rapid succession. The patient died apoplectic—the corpse remained heated a long time—was examined and every important organ found congested with blood. These facts are given in the N. Y. Gazette, the Evening Star, and the Saturday Evening Post. The legal examination was expected to be long and tedious; and as it is but the beginning of these prosecutions, may terminate in the exercise of mercy to the guilty wretch. But facts will multiply, and the observations will be made as they daily occur will be duly regarded and investigated. Then will the just indignation of an insulted and injured community burst with retributive vengeance on the heads of these reckless impostors.

There are always those who, for a few shillings will step forward to "clear the guilty and to vanish crimes," but the reign of reason will come. Judges, juries, and legislators will see the sad error of a legislation which spreads ruin on every hand; and as in England with Morrison's pills, so will convictions of manslaughter, be found after a little on every corrupt docket.

This case reminds us of one which occurred very recently in our own immediate neighborhood, in which death was produced in a very similar manner. The unfortunate subject in this case was a very worthy young mechanic from Baltimore. He had been a little complaining from the effects of a slight cold and perhaps a somewhat bilious habit; but was about the house on the morning of the fatal day. The steamer prevailed on him to be taken through a "course of medicine" as he is pleased to call his treatment. The day was one of the warmest in July or August last—(the thermometer rising daily to 93 or upwards.) Blankets, hot rooks &c., were collected in abundance for the external "therapeutics," in due obedience to the bill of rights granted by the legislature; and what they call the "warm tea only," when the patient escapes death, (and which is well known to consist mainly of African cayenne,) for internal heating—also agreeably to their bill of secured rights. They were liberally applied and administered, in a small close room; a la mode de Thomson, during which the temperature of the room was considered to have afforded a "caloric" power of about 300 degrees for the skin and lungs, in addition to the internal administration of exciting means. In this state of things, and doubting, when the steamer was indulging a full hope that the "caloric" would operate to good effect, the unfortunate young man happened (strange to tell,) to take a violent apoplectic fit which continued a long time and terminated in death. We were summoned in great haste to him at 2 o'clock P. M. found him perfectly livid from apoplexy; and groaning in death, he breathed his last before his arm could be bound for bleeding.

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PART I.

ORIGINAL COMMUNICATIONS.

ARTICLE I.

Observations on the Pathology and Treatment of Enlarged Spleen. By A. C. Baldwin, M. D., of Saint Clair, Burke County, Georgia.

In those sections of the Southern states which favor the generation of fever, the spleen is peculiarly subject to disease. As the result of neglected intermittent or remittent fever, its enlargement to a greater or less extent is almost inevitable. Be the attack ever so mild, if the case is left to nature, the spleen will measurably participate in the deranged state of the system, and will be the last organ to recover a healthful condition; and even, under the most judicious method of treatment, such a result is by no means uncommon. Forming as it were the second link in a chain of morbid action, and being itself a consequence of prior disease, in its turn, it forms a foundation for other and more troublesome affections. Passing over those of minor importance, the number of dropical cases which result from it are too numerous to have escaped the observation of practitioners generally. It is therefore a little surprising, that