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"Je prends le bien où je le trouve."

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A Chapter on Ulcerous Diseases of the Legs. By Charles T. Quintard, M.D., of Macon, Geo.

We do not hope to advance any new or original ideas, thoughts, principles, or suggestions in this chapter, on ulcerous diseases. We have no "new mode of treating old ulcers," but rather what may be called an old mode of treating new ulcers. From the time (1776) that Merk published his "De curationibus ulcerum difficilium præsertim in cruribus obviorum," we have had "line upon line—precept upon precept: here a little and there a little;" we have had essays, lectures, monographs, and books of all sorts, sizes and kinds, to tell us what ulcers are, and what they are not—what will cure and what will not cure them; and it is not, therefore, strange that the present mode of treating ulcers should be somewhat different from that pursued by Merk, Thomson, and the profession of the last century. Original ideas are often nothing more than those which arise in the mind, from the peculiar light in which old doctrines are viewed. It is well, however, now and then to reconsider old and established truths, that they may be reinforced, and new ones discovered. This is just what we shall endeavor to do; so we warn our good readers to expect nothing new.

An ulcer is a solution of continuity in any of the soft parts of the body attended by a secretion of pus, or a discharge of some sort. This discharge is affected, and determined and con-
trolled by a variety of circumstances, which may be either local or constitutional.

Constitutional causes act most frequently in any and every variety of ulcer. Dr. Thomson, in his Lectures on Inflammation, remarks, "that every ulcer, strictly speaking, is of a local nature; but there are ulcers which, though local in their appearance, are connected with, or dependent upon, diseases which affect the general system.—(Vide Lec. on Inflamm., p. 427.) Peculiar diathesis, such as the scrofulous or syphilitic, although they may not be the exciting cause of the ulcer, have so great an effect on its character and condition, that we may with propriety speak of the scrofulous ulcer, the syphilitic ulcer, &c. If a person be suffering from an ulcer on the leg, and contract the venereal disease, it sometimes happens that the sore looses its healthy action, and assumes the appearance of an irritable ulcer. If a person accustomed to the use of intoxicating liquors have a sore on his leg, its character is determined by the degree of his indulgence. In healing an ulcer we endeavor to produce healthy granulations, and this is done by attending in the first place to the general health or state of the system, and afterwards to the state of the part affected. If a vitiated state of the constitution prevent the healthy local action, and the consequent formation of healthy granulations, constitutional treatment is requisite; whereas, if the cause of the morbid action exist in the part itself, no general treatment will suffice to remove it. Where there is any syphilitic taint, or scrofulous diathesis, or varicose condition of the superficial veins, we find it difficult to heal any ulcer; or when the constitution has been affected by the excessive use of mercury or intoxicating drinks, neither time nor the most refined local applications, nor best adapted remedies, will be of any use in healing the ulcer, for the cause is not local, and they will never produce the strong, round, small and florid granules indicative of a healthy character. Nutrition may be defined the operation of the nutritive faculty conducing to the substance of the animate body by augmentation. There are many ways in which the nutritive faculty may act. It may act generally or locally; but a healthy general action is at all times necessary to a healthy local
action. If we say we have an ulcer in a part whose action is healthy, we understand it occurs in a person of good constitution, and also that the vitality of the part is sufficient to repair the breach of continuity by inflammation, suppuration, granulation and cicatrisation. Nature's process will in most cases be sufficient to cure the disease, unaided by the surgeon, and he oftenest shows his wisdom who watches nature's motions closest without interfering when there are no obstacles in the way. It is by imitating a natural process, that we succeed best in our cures; for when we find the energies of the body insufficient to overcome all the obstacles in the way, we have more of nature's laws to guide us in assisting her. How is it, when one of the lower animals receives a wound, the blood flows for a time, then coagulates, protects the surface from external violence, a new skin forms, and the scab falls off? What better guide can we have in directing our efforts. If we have a healthy sore, why not let nature heal it; and if it be so that no scab is formed, surely all we have to do is to imitate nature and form an artificial one. Simply a little dry lint that will absorb the moisture, and lapis calamin., or an ointment of chalk, with a bandage applied moderately tight, will do better than any thing else. We know that in the animal organism a change is constantly taking place, and that the phenomena of life may be kept up in substances which, introduced into the system, serve to the increase of the mass, or to replace the matter consumed in the "furnace of the body," which must continually be supplied. "Every abnormal condition of supply or waste, in all parts, or in a single part of the body, is called disease." Now it is by keeping up an equilibrium between the two forces that a normal condition of the economy is established; but this equilibrium is not only necessary in the general system, it must be as perfect in every organ and part of the system; for in a state of health, each part is as perfect in itself, and the vital force has as perfect control over every part as over the undivided whole. Surgeons no doubt often prevent and hinder the formation of natural dressings, having more confidence in themselves than in the powers of nature, "and therefore have," as Mr. Hunter says, "introduced a practice of making sores of all
wounds." They may feel the necessity of obtaining a scab, and know that it is best to imitate nature, but unwilling to trust the slow but certain operation of its laws, they endeavor to replace "the matter consumed," and hence

"but skin and film the ulcerous place,
Whiles rank corruption, mining all within,
Infests unseen."

What obstacles have we to overcome in curing ulcers on the legs! Sir Everard Home says we have them occurring "in parts which are too weak to carry on the actions necessary for their recovery. In parts whose action is too violent to form healthy granulations. In parts whose action is too indolent. In parts which have acquired some specific action. In parts which are prevented from healing by a varicose state of the superficial veins of the upper part of the limb."*

Now all of these are more or less controlled by local and constitutional causes, and it is necessary in treating any and every ulcer to find out the cause. Mr. Spender says the obstacles to be overcome are chiefly the following, viz:

1st. Varicose veins.
2d. Adventitious deposits.
3d. The form of the ulcer.
4th. The existence of constitutional disturbance or debility.†

The several circumstances mentioned by these two authors would at first sight seem to guide and direct the surgeon in the treatment of every variety of ulcer—and so they would, were the characters upon which the distinction is founded uniform in their appearance and readily distinguished one from the other.

Let us for a moment consider the 2d variety of Sir Everard Home, on ulcers in parts where powers are too weak. They are known by the appearance of the granulations, which are larger than those of the healthy ulcer—of looser texture—semi-transparent and not disposed to form skin. They are particularly liable to be effected by any change in the constitution or general health, and are also affected by atmospheric changes.

Thus, when the weather changes from dry to moist, this sort of ulcer is apt to put on an unhealthy appearance, and is coated over with a kind of lymph “resembling melted tallow.” Hence, in treating them we are obliged to pay particular attention to the constitution, in order to ward off the injurious effects of external agents, and so to strengthen the system by tonics, that the part affected may be the better fitted for local applications. Frequently the granulations rise higher than the edges of the sore, and although we may use every means at our command to prevent this too great luxuriance, we are sometimes baffled. Pressure by a pledget of lint and a tightly applied bandage, will in most cases succeed; a bandage properly adjusted, reduces them to a level with the surrounding skin, gives firm support to the limb, and diminishes the extent of the sore.

Nothing is easier than to distinguish an irritable ulcer from one that is indolent. It has a physiognomy that cannot be mistaken. The ragged and projecting edges, the surface, the thin ichorous discharge, and the sensibility, all designate it; but we often see the indolent ulcer taking on these appearances from irregularity of diet, too great indulgence, irregularity in the various functions, or any change in the general health. To illustrate: Bridget S., aged 26, came under my care with three large ulcers on the right leg. She was accustomed to the use of intoxicating drinks, and was very much debilitated. I ordered,


One to be given every four hours, with a poultice of linseed meal, on which was sprinkled tinct. opii., to be placed over the sores. After taking the pills she had a free evacuation from the bowels, and in twenty-four hours from the application of the first poultice a marked improvement might be seen in the appearance of the ulcers. I ordered sulph. quinin in doses of 2 grs. three times a day. With this she began to improve rapidly: several sinuses which had been formed were laid open, and the parts were in all respects looking well. On the 26th day the ulcer was not larger than an inch and a half in
circumference—on the 28th day it was from six to eight inches, with an ugly ill-conditioned appearance. I was somewhat puzzled at this rapid change, and looked about for the cause. I questioned her closely, thinking she had been at her old habits of drinking,—but no, she had not tasted a drop; her bowels were well, and she had eaten as usual. I then enquired if she was regular in other respects?—if she menstruated? She replied, "O! Doctor, I had a good show the day before yesterday, but it stopped of a sudden, and my sore has been getting worse ever since—it bleeds and pains me." This of course was a solution of the mystery. I was fortunate enough to direct my remedies successfully, and restore "the show," without much difficulty, but the ulcer had resumed its old character, and it was necessary to make some local application to remove the sloughing parts. To do this I used nitric acid, which cleaned it off well, and by the application of a few poultices, and balsam Peru, obtained good and healthy granulations, so that I left off all local remedies on the 25th day from the time it began to deteriorate. The cause of the ulcer was a cut received in an "encounter matrimonial," which from a vitiated state of the system assumed the character above described. The nature of the ulcer had no connection with the state of the limb, but was dependent solely upon a variation of the general system. There was no varicose condition of the veins, nor adventitious depositories, nor unnatural condition of the structures in the neighboring parts. There can be no doubt "that both the indolent and irritable description of sores originate from the same cause, and that such cause is frequently a varicose state of the veins."—(Vide Spender, p. 28.)

No person who has been accustomed to treat ulcerous diseases in a large hospital can have failed to notice the frequency with which they are preceded by diseased veins. Mr. Spender gives the following as the result of his observations, in those cases which have fallen under his own inspection:

79 varicose, consisting of 41 simple, 27 very irritable, 11 very indolent.
21 non-varicose, 15 do. 4 do. do. 2 do. do,
Of the whole number, 68 females—32 males.
Of the varicose, 59 " 20 "
Of the non-varicose, 9 " 12 "
I examined 60 male patients under my care at one time, and out of the whole number there was but one who had not been accustomed to drink more or less—all but eight had had some form of lues: some had been "soakers," some "drunkards," and a few only "moderate drinkers." But five were under 30 years of age, while the others varied from that to 80. They were all from the lower classes of society, if such an expression may be allowed in this "democratic country," and some of them were sui-generis. Such being the fact, it will naturally be supposed their constitutions had suffered somewhat in the rugged pathway of life. What the twin-sisters, scrofula and syphilis had left undone, debauchery and excess had well-nigh completed. Of the 60 cases, 37 had varicose veins, and 23 non-varicose. The proportion of simple ulcers, &c., was about the same as in the table given above.

It is true, varicose veins have never been thought the leading cause of ulcerous diseases of the legs; neither Wiseman, Benj. Bell, Mr. Baynton, Dr. Underwood, Mr. Whately, or Sir E. Home, have attributed to diseased veins any effect in the production of ulcers; and Sir E. Home, who has written more on this division of the subject than all the other writers, says, "Ulcers occur in many patients, but more frequently in tall people, on the inside of the leg, just above the ankle. They have their origin from some accidental cause." An ulcer, no matter how produced, upon a limb in this state of enlarged veins, is known to be exceedingly difficult of cure, and is very apt to break out again after it has cicatrized. It becomes an important point to know what connection there is between an enlargement of the veins and ulcerous diseases, because such knowledge must exercise a very material influence on our application of remedies. The views of Mr. Spender on this subject are so far novel, that he goes beyond every other writer and says, "It is not sufficient that the varicose be considered as one kind of ulcer in common with others, called, as may be, irritable or indolent; but it should be viewed as the parent of the others whenever it exists along with them." Now, we think it would frequently by the parent of illegitimate offspring; for there are many cases of both the indolent
Quintard, on Ulcerous Diseases of the Legs. [January,

and irritable sore occurring in persons whose veins are enlarged, where the prime cause has no connection with the state of the veins, and which in their course do not, so far as we can judge, exercise any material influence on the local disease. The irritable ulcer may exist without any disease of the veins, and so also may the indolent, and that varicose veins and these two varieties of ulcers may exist at the same time, yet having no connection, we believe, from observation and experience. Take the following case:

Mr. J. C., had enlarged veins on the right leg. While exercising with a straight, sharp-pointed sword, accidentally pierced his leg, and made an incision two inches long. The wound was dressed and was healthy in every respect. He contracted syphilis—had primary sores and buboes. He had connection with a woman two days before he received the wound, but the chancres did not make their appearance till the day following it. The evening preceding their appearance, he had indulged pretty freely in wine. On the third day after the reception of the wound (being the 2d after the appearance of the chancres) I noticed dark, unhealthy spots, and an ill-conditioned discharge about the wound, which very soon put on all the characters of a truly irritable ulcer. The remedies were at once directed to what was considered the cause of the evil, namely, the syphilitic disease: it was cured without much trouble, and under favorable circumstances. At the same time I made local applications to the sore, which so soon as the venereal influence was removed, assumed its original character of a healthy sore, and was healed without difficulty. If varicose veins were "the parent" of all indolent and irritable ulcers, why did the wound assume a healthy appearance before the chancres, &c., showed themselves?—or, if they in all cases influence such ulcers, why did it put on a healthy character immediately after the venereal influence was removed? We admit that this was an exception, perchance, to the general rule; but we believe there are many such exceptions. Varicose veins weaken the limbs, and thus indirectly predispose them to ulcerous diseases, and under many circumstances, they are undoubtedly the cause of such diseases, and as Mr. Spender says, "the parent of in-
and irritable ulcers." The treatment indicated is that which will give firm support to the limb, making equal pressure on all parts, and such as will most diminish the calibre of the dilated veins, with remedies which in their nature are most conducive to bring about a healthy action, under the varying disposition of the sore. The treatment of ulcers having connection with varicose veins, be they indolent or irritable, differs widely from that indicated when the sore exists independent of diseased veins; and though tight bandaging is beneficial in nearly, if not all, indolent ulcers, its good effects are produced directly on the ulcer, and not indirectly, as when the ulcer is produced by a varicose condition of the superficial veins. In an ordinary indolent ulcer, distinguished by the hard, round and prominent edges—the smooth, glossy surface, dotted here and there with flakes of coagulating lymph: we may see how admirably adapted is the practice introduced by Mr. Baynton, which we shall have occasion to speak of immediately. Bandages in this variety of ulcer are beneficial in depressing the prominent edges and approximating them; the sides are drawn more closely together, and thus the cicatrix is not so large, nor is the sore so likely to break out after it has once cicatrized. In the application of bandages, surgeons cannot be too particular. If a bandage is wrinkled, or put on unevenly, it may do considerable harm. In fact, any dressing which the surgeon may think proper to apply, whether it be the lace stocking of Wisemar, the adhesive plaster as used by Baynton, or the common roller bandage, must be well applied, if he expect to derive full benefit. A bandage little over two inches wide, will, in general, be easiest to apply, and not so likely to wrinkle as a wider one. Bandages of flannel are in some cases preferable, from the elastic nature of the material. In the application of bandages we should always keep in view the indications, and we may thus the more accurately judge of the degree of pressure required. In those cases in which the edges are not elevated above the surface of the ulcer, the benefit derived is in the approximation of the edges and the support given to the limb; but where the edges are so elevated as to require depression, the adhesive straps used, as recommended
by Mr. Baynton, effect this object with great facility. He was led to adopt his peculiar mode in the application of adhesive plaster, from having frequently observed that the probability of an ulcer continuing round, depended much on the size of the cicatrix which remained after the cure appeared to be accomplished; and from well knowing that the true skin was a much more substantial support and defence, as well as a better covering, than the frail one which is obtained by the assistance of art. But when he had recourse to the adhesive plaster, with a view to lessen the probability of those ulcers breaking out again, he little expected that an application so simple would prove the most efficacious and most agreeable means of obtaining the desired object. He gives the following description of this method:

"The plaster should be prepared by slowly melting in an iron ladle a sufficient quantity of litharge plaster, or diachylon, which, if too brittle, when cold, to adhere, may be rendered adhesive by melting half a drachm of resin with every ounce of the plaster; when melted, it should be stirred till it begins to cool, and then spread thinly upon slips of smooth porous calico, of a convenient length and breadth, by sweeping it quickly from the end, held by the left hand of the person who spreads it, to the other, held firmly by another person, with the common elastic spatula used by apothecaries; the uneven edges must be taken off, and the pieces cut into slips about two inches in breadth, and of a length that will, after being passed round the limb, leave an end of about four or five inches. The middle of the piece so prepared is to be applied to the sound part of the limb, opposite to the inferior part of the ulcer, so that the lower edge of the plaster may be placed about an inch below the lower edge of the sore, and the ends drawn over the ulcer with as much gradual extension as the patient can well bear; other slips are to be secured in the same way, each above and in contact with the other, until the whole surface of the sore and the limb are completely covered, at least one inch below, and two or three above the diseased part.

"The whole of the leg should then be equally defended with a piece of soft calico, three or four times doubled, and a band-
age of the same, about three inches in breadth and four or five yards in length, or rather as much as will be sufficient to support the limb from the toes to the knee."—(Vide a Descriptive Account of a new method of Treating Old Ulcers of the Legs, by Thomas Baynton, 2d edit., 1799.)

Mr. Whately used very little variety of dressing, and with some exceptions, pressure was principally relied upon as the means of cure. Mr. W. gives a preference to fine flannel rollers, somewhat less than four inches wide. It is no doubt true that Mr. Baynton was as successful in the treatment of varicose ulcers, as in that variety of indolent, having no connection with a diseased state of the veins, for his applications were such as had a direct influence on both sorts. The great principle involved in the treatment of indolent ulcers is to have an equal and even pressure, so that the limb may have, as nearly as possible, a natural condition, a firm support.

The second great remedy in the treatment of indolent ulcers having no connection with the veins, but such as are prevented from healing by adventitious depositions, peculiarity of situation or condition of surrounding structure, is the formation of a lesser ulcer to take the place of a greater one, the establishing of an issue. We shall not attempt to discuss the various theories which have been put forth as to the propriety of "drying up" of old ulcers, but continue our attention to the effect produced by establishing a permanent discharge from the neighborhood of the diseased tissues. Great care should be taken in the placing of issues. They may be near, but not upon a joint. Cases are recorded in which diseased action has been increased by their introduction in the neighborhood of joints or large venous trunks. It is a practice which has been handed down to us from the old fathers. As long ago as the days of Claudius, in whose reign the celebrated physician Colurnella lived, we find it was the practice of "cattle doctors" to establish issues in the ears of the cow, in order to cure a distemper which afflicted that animal. Colurnella gives the following description of the practice:

"Praesians etiam remedium cognovimus radiculae quam pastores consilginem vocant. Ea in Marsis montibus plurima
nascitur, omnique pecori maxime est salutaris. Sæva manû effoditur aste solis ortum, sic eni nlecta majorem vini ereditur habere. Usus ejus traditur tulis; ãnea subulâ pars auriculæ latissima circumscriptitur ita ut manante sanguine tanquam literæ C ductus appareat orbiculus. Hoc et intrinsecus et ex superiore parte auriculæ eum factum est, media pars descripti orbiculi cadsur subulâ transitur et facto foramini prædicta radicula inferitur quam, cum recens plaga comprehendit ita continet, ut elabi non possit: in eam deinde auriculam omnis vis morbi, pestilensque virus elicitur, donec pars, que subula circumscripta est demortua excèdat, et minime partis pæturâ caput conservatur.”

When this practice was first adopted for the cure of ulcers, we would not attempt to show. It was, doubtless, at a very early date. Experience has shown us that it is not at all times wise to heal up ulcers which have been of such long standing as to accustom the system to the drain made upon it. “I have often,” says Dr. Parry, “seen various thoracic affections, as pulmonary consumption, asthma, carditis, or hydrothorax arise from the spontaneous or artificial cure of ulcers, perpetual blisters, or fistulæ.”—(vide Elem. of Pathology, &c., p. 386.) These are cases of which the surgeon must judge. If a patient fear to have a large “six by eight” ulcer healed up without some diversion or outlet, the surgeon should in all cases relieve the anxieties of his mind. The patient dreads to have the “matter driven into the system”—he has heard of evil

* We have also discovered a small root, which the shepherds call lungwort. It grows abundantly upon the Marsian mountains and is very wholesome for all kinds of flocks. It is dug with the left hand, before sun-rise, for being gathered in this manner it is believed to possess greater virtues. The manner of using it is this: The broadest part of the ear is circumscribed with a brazen-pointed awl, in such a manner, that the blood flowing forth a small circle appears, drawn as it were of the letter C. When this has been done both on the interior and exterior part of the ear, the centre of the described circle is perforated by the same instrument, and a puncture having been made the fore-named root is introduced—which when the fresh wound receives, it retains in such a manner that it cannot escape: into that ear, then, the whole power of the mala

dy and infected virus are introduced, until that part which was circumscribed, sloughing, falls off, and the head is preserved by the loss of a very small part of it.
effects following it—or perchance he has read that the "bad humours" exist in the blood, and become separated from it and poured out at the ulcer. But no such thing does happen—the quantity and quality of the pus or matter depend on the nature and extent of the ulcer which secretes it. It is from pure blood circulating in the minute vessels opening on the face of the sore, that the discharge is furnished, and its purulent nature is acquired after it is secreted from the capillaries. It is therefore improper to speak of "driving it into the system"—and in healing an old ulcer, we only restore to the system so much blood as was required to form the pus. Now, it may be dangerous to restore this quantity of blood to the circulation without establishing some other drain; for we may thereby cause apoplexy, and a train of evil consequences which ought to be avoided. Some would have us adopt as a safe-guard, low diet and frequent evacuation of the intestines; but this is attended with more uncertainty and inconvenience than the issue, and is therefore not so desirable. It may be said, that in forming an issue, we but exchange one sore for another. This is true, to a certain extent; but we make exchange for just so long a time as we may desire—it is far easier to cure the issue than the ulcer. If by the issue, we can heal an ulcer which resists all other treatment, common sense would lead us to adopt it; we do not have so large a secreting surface, and we thus restore the blood to the heart, little by little. We will suppose the cause of the ulcer to have been removed, and we have the effect only to deal with. The cause may be transient, but the effect is lasting: it is this lasting effect which is to be removed; but in its removal, we are to beware lest we establish in the system causes for general disease, and difficulty more dangerous in its effect than that which has just been destroyed.

In the progressive motions of nature, the state of things at the present moment, becomes the cause of the state of the next moment, and each motion is determined, and receives a distinct impress from the motion which preceded it. We know how trifling a thing will derange the general system, and how uncertain are most of the articles of the materia medica in their operation on the system—are we then justified in restoring to
the circulation a quantity of blood, without having the certain means of controlling its action on the animal economy? Do we not run some risk in healing up an ulcer which has been for ten or a dozen years, with no other safeguard than an injunction on the patient to observe a very low diet, and perfect regularity in evacuating the bowels? We know that patients may feel a longing to have the ulcer removed; but poor human nature is often too weak to resist the temptations of the table. The surgeon, as we have said, must judge of these matters by the peculiarities of each case. If there be no reasons why the sore should not be healed, and it resists the application of the adhesive plaster, the bandage, sol. nit. argent, and all the other remedies which are of benefit in indolent ulcers, a small issue, made by pinching up the skin, perforating it with the lancet, and then introducing a pea, will assist nature in its efforts, and soon enable her to do the work of reparation. Poultices, unless imperatively demanded, should never be used; they weaken the parts, lessen the strength of the granulations, and hinder the healing. The balsam Peru is so slightly stimulating and so soothing, that it is a remedy often very beneficial. The lotio nigra, and lotio flava, are both appropriate in particular cases. The pulv. sanguinariae; rhei, opii; lapis calamin., &c., &c., and are all to be used in those sorts of ulcers which may be healed by simple applications. Fomentations are seldom of use—certainly not to the extent recommended by some writers. A wash of creosote has the credit of being a great "flesh producer," but it is questionable to what extent. We must find out the cause of the ulcer in all cases, remove it, and our efforts will meet with more success than if we went blindly to work.

There is one variety of ulcer we seldom meet with, and therefore seldom see described. We have met with but three cases of the kind—viz., the Circular Callous Ulcer in the bottom of the foot. Prof. Mott, in a case published in the New York Medical and Surgical Register, in the year 1818, vol. 1, states that, "its peculiarity consists in a remarkable horny hardness of the thick cuticle of the bottom of the foot, and in its being more or less of a round form." A great degree of
Insensibility may be said to form one of the characters of this ulcer. The case recorded by Dr. Mott, presented the following characters:—The patient was admitted into the New York hospital on the 2d of December, 1817. Three years previously he fell and bruised his knee just below the patella; the injury was slight, and did not interfere with the motion of the joint, though it gave him some pain. A few days after the accident, an ulcer broke out on the outer-side of the knee; three others followed this successively, the second making its appearance a few days after the first got well. They were all superficial, and there was no discharge of pus from their surface, but of a serous fluid; they were all long in healing. The last occasioned much pain, and produced a swelling of the ankle which remained several months, and prevented his walking. About six months after the accident happened to the knee, just as the last ulcer was healing, and about two years previous to his admission into the house, he perceived that the part immediately over the first joint of the great toe was swelled and considerably inflamed, though it had never given him pain. The swelling continued to increase, and at length the integuments ulcerated; the ulcer became circular, and about an inch in diameter; it extended to the ligaments of the joint. From this period to the time of his admission it remained nearly stationary, seldom giving him any pain, or preventing him from taking his usual exercise. Lotions, astringent and stimulating, were tried, scarifications, &c.; a circle of skin was removed from the edge of the sore, but a few days would restore it to its former shape and dimensions. Its cavity was several times filled with pulv. cantharides, and kept in for a number of days; this gave rise to no pain, and effected no change—at least never to dispose it to granulate from the bottom. At length the following ointment was used:

R. Acetas Cupri, . . . 5iss. M.
Adipis, . . . . 5j.

In about six weeks this effected a cure, and on the 27th of May he was discharged. In September following he returned, having a precisely similar ulcer, in the same situation, succeeding an attack of intermittent fever.
Patrick Malone, æt. 33, street musician; strumous habit; noticed "a pimple" on the cushion of the heel, which he pricked with a pin; the integuments ulcerated, and he was unable to put his heel to the ground in walking; complained of an aching in the ankle-joint; ulcer about one and a half inch in diameter and very deep. From constantly walking on his toes, the glands along the course of the vena saphena became irritated and very much enlarged. There were about twenty of them, extending from the ankle to the upper third of the thigh; the largest, about the size of a goose egg, was in the popliteal space; those nearest the groin were the smallest. He stated that a piece of "proud flesh" had grown from the centre of the sore, which had been burned out by a surgeon. When he came under my care, he was very much debilitated; the ulcer had existed six or eight months. Perfect rest was enjoined, good diet, and the following mixture given internally:

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\begin{align*}
\text{B. Iod. Potass.,} & \quad 5\text{ii.} \\
\text{Ext. Cicut,} & \quad 5\text{iss.} \\
\text{Syr. Sarsarar.,} & \quad 5\text{iv.}
\end{align*}
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Tea-spoonful ter in die. Locally, the lunar caustic was used, without stint. It occasioned no pain—nor was there any benefit derived from its use. Incisions were made completely through the ulcer and the edges of the sore pared off; poultices were then applied, which started a few feeble, pale, flabby granulations—they, however, soon gave way. The edges of the ulcer were then scarified, and Sp. Terebinth applied, which for a time, gave the sore a healthy appearance. Finally the whole ulcer was excised, and the wound healed without difficulty. To the enlarged glands the Tinct. and Ung. Iodin. was constantly applied. They gradually disappeared and the patient recovered his ordinary health, so that he resumed his usual occupation six months from the time the first application was made. I excised the ulcer, because I thought the cause of its indolent nature existed in the part itself. As often as incisions were made through the tough integuments, granulations would spring up for a time and then be absorbed—I determined, therefore, to remove the whole, and obtain if possible a healthy action, or rather give nature an opportunity to cure
the disease—for, as John Bell well observes, "it is an old but a becoming and modest thought, that in our profession we are but the ministers of nature."

We cannot close this article without alluding to the rapid strides which have been made in all kinds of surgery, since John Hunter developed the great first principle of the science, the doctrine of adhesion. "Now it is not uncommon to find after operations, a union of the severed parts to a considerable extent, in twenty-four, thirty-six, or forty-eight hours." Besides this, how much pain and suffering has been saved to the unfortunates, who become the subjects of the surgeon's knife. It is not strange that John Bell was sceptic when told that Mr. Hunter had succeeded in inserting a human tooth into the comb of a cock, and it was nourished and remained. Mr. Bell totally disbelieved the facts, but upon visiting the Hunterian Museum at the Royal College of Surgeons, one day, with Sir Astley Cooper, the preparations upon which he first fixed his eye were the sections of the cock's head, upon which the baronet good-naturedly observed, "Ah! he does indeed stare you in the face."* It was not strange that John Bell was sceptical, for in those days, the "sympathetical curers" were nearer the true philosophy in the art of healing wounds, than were the surgeons: the former threw the "powder of sympathy" into a basin of water, kept the wound clean and cool—while the latter indulged in cruel practices, and prevented nature in all her efforts to bring about a cure.

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**ARTICLE II.**


Much has been, and is being said, and written, in relation to the recommendations of the Medical Convention to debate the standard of requirements for the attainment of a diploma to

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practice medicine; and as it cannot be expected that all great and important matters of public interest will meet with immediate uniformity of action, we propose to offer a few general remarks on the most important suggestions of that body, and to throw out a few hints as to what we conceive to be the best mode of effecting the objects in view.

That the standard of medical education, generally, is much lower than could be desired, is admitted by all who reflect correctly on the subject; and that it is greatly in consequence of the mode of teaching, the number of lectures delivered in a given time, and the indifferent and loose manner of examining the candidates, for the degree of M. D., no one, we think, can successfully deny.

To graduate, in medicine, has ever been an easy matter, with the medical student, in this country; and when we reflect upon this fact, in connection with the short time in which one is permitted to prepare for the degree—the hurried, and crowded manner in which the lectures are presented to the mind, and the almost uniform success of the applicant, for the degree, it is quite conclusive, to our mind, that a large majority of those who graduate are but ill-prepared to engage in the very important, and responsible business of the practice. The natural consequence of a deficient medical education, on the part of the young graduates of the country, is, necessarily, to lower the standing of the profession, in public estimation, generally, and to open the door for the ingress of quackery and imposition into our ranks.

We believe, upon reflection, that it would be almost, if not altogether, the unanimous voice, of all candid and experienced practicing physicians, who have graduated after three or four years' application, under the present system of teaching, that the time in which one is permitted to graduate is too short—the term of lecturing too short, and the different departments of instruction too diffuse, and too much crowded, one upon the other, to permit a large majority of medical students to acquire a sufficient amount of knowledge to guide them, safely, in the rules of scientific deduction, in after life, let their preparatory education be what it may; for no educa-
tion short of a sound medical education should be taken in exchange for the degree of M. D. If the applicant be in possession of this knowledge, no matter when, where, or how he obtained it—if he complies with the requisition of the schools, he is a fit and proper person for a diploma, and is the only kind of a graduate likely to prove an ornament to his profession, and a safe, faithful, and judicious ministering servant to the calls of humanity.

It is too much the case, at the present day, with a goodly number of medical students, to merely prepare themselves to graduate, without much regard to the matter of a preparation to practice their profession afterwards; and it is such an easy matter, with the assistance of a key or two to the questions usually asked, to pass through the ordeal of an examination, for the degree, that, after all is said, many, for the most part, are essentially deficient, as to those qualifications necessary to constitute sound practitioners; and, in nine cases out of ten, they ever remain no better. This is shown to be, generally, true by the large number of rejections of medical gentlemen who apply for admittance as surgeons and physicians to the army, after they have received their diplomas. Here their medical education is thoroughly probed to the bottom, and by medical gentlemen who are not one whit more responsible for the result of their examinations than those who examine for the diploma or license.

Men may talk and write about a knowledge of Latin, Greek, Philosophy, the Mathematical Sciences, and a thousand other things, as being essential to elevate the standard of medical education, and it is all very good, so far as it goes, but if the standard is ever raised, the work must first commence in the medical schools, and not in the literary colleges.

Under the present system of teaching, good preparatory qualifications are no certain guarantee, to the profession, that the medical student will acquire a good knowledge of medicine. He may be an Euclid in the Elementary Mathematical Sciences, a Virgil in Latin, a Homer in Greek, and a Newton in Philosophy, and yet be a mere Quack in the Science of Medicine. Now since it is the aim of the Convention to elevate
the standard of professional education, how is it to be done? and how is it to be fixed upon a firm and secure basis? are the questions to be settled.

The plan proposed is objectionable, in our view, or rather it does not seem likely to effect the end aimed at, because it mainly proceeds upon the assumption that the people, in mass, are educated—that they are intelligent enough to be judges as to the fitness and qualifications of professional men for the business of their calling, when in fact the people, generally, are far from being educated. And any plan, or system of recommendations, which falls short of aiming at, and of being so arranged, as to effect the diffusion of a universal education—such an education as will make the people judges in these matters, at least to the extent of not being imposed upon—we venture will prove utterly worthless.

An examination into the causes upon which the necessity for calling such a Convention is predicated, has brought us to this conclusion. The cause of this necessity is evidently the facility that exists, in the medical profession, for the practice of fraud and imposition. And what is the cause of this facility? Evidently the ignorance of those upon whom these frauds and impositions are practiced. Remove this ignorance, therefore, and you at once remove the cause of this facility; and remove this facility, and you at once elevate the standard of learning and professional acquirements. We certainly do not mean by any thing we have said, nor do we wish to be understood to object to the proposition that is involved in the objects of the Convention—viz., that the practitioners of medicine should be, generally, better educated, and that some plan should be adopted in order to bring this about. We have always felt that it was very desirable that the most of young men should possess more general learning than is usually the case, on entering upon the study of the learned professions, especially that of medicine; but before you can bring this about, you must first create the necessity for it. No man will give two dollars for a thing when he can get it for one. The very same reasoning, in a great measure, holds in regard to education generally. To obtain an education, requires the sacrifice of both time,
labor and money, as well as the luxuries of ease and indolence. But few men will go through all this labor, expense and time, and deprive themselves of all those luxuries, to acquire a thorough knowledge of their profession, when, at the same time, they may accomplish their object at a much less sacrifice; for it is not to be denied, that nine out of ten, who engage in a profession, especially that of medicine, do so in order to make money; and men generally are apt to choose that profession which their talents, or the wishes of their friends, incline them to think they can do best at; so if the people will employ them—will give them money—why the sooner they get at it the better. Such men never think of elevating their calling by elevating themselves, in knowledge, and learning, and the requisite qualifications for its duties. Hence, the world is being flooded with half made Doctors.

No better proof of this fact is needed than what is universally known, and to the disgrace of humanity it can only be spoken,—that so great are the ignorance and credulity of mankind, generally, in regard to diseases and medicines, that not more than twenty years ago, not a few sensible people concluded they could practice the healing art, successfully, without any previous preparation at all, and did, in fact, enter upon the practice, and succeeded well, that is, obtained reputations for skilful Doctors, and succeeded in inducing many to believe that they knew as much, of the human system, and the nature of disease, and remedies, as those who had spent their lives in the study. And this is not all. The reason why this practice does not obtain now, to the same extent as formerly, is owing to the little light that has been forced upon the people, by the absurd preparations of the Thompsonian or No-preparation system, and not by any thing good or inherent in the people themselves.

It is true, that some now engage in the profession of medicine for the sake of the profession, and for the love they have for learning and science; but they are but few, and by no means, at all times, the most popular. Such practice the healing art, not to make money, but to relieve suffering humanity, but yet they make money, because they practice. Such men
are an ornament to their profession—they are the honest inquirers after truth. Their range of vision is not confined within the circumference of a dollar; but they look out into the works of nature as developed in both man and the universe around him, and think themselves fortunate to be permitted to pick up the pebbles that lie on the beach, without pretending to be in the midst of the ocean of knowledge. And these are the men who redeem the profession from the odium cast upon it by quacks, and shallow-headed M. D.'s

It is said (and we think truly) that the morality of rulers takes its character from the morality of the people they rule; and if the people are corrupt the rulers and law makers will be corrupt also, and *vice versa*. The same rule holds equally good in the *professions*; so the inquiry which has already been anticipated still forces itself upon us—why be other than the people require you to be to accomplish your ends with them? Why put a professor out of a college, to teach a child its letters, when one less learned, and who will do it for much less money, will do it for you. It seems to us, therefore, clear and answerable, that until the people themselves are better educated, so as to require in their physicians a higher standard of literary and scientific knowledge, all attempts to induce the attainment of such a standard, in the profession, generally, apart from such a requisition from the people, will prove abortive. But as there is no probability that such a requisition *will* come from the people, unless their natures change, which is not likely, the question naturally presents itself—what is to be done. We will answer this question by saying, that the Medical faculty have it in their power, under even the existing state of things, to accomplish much towards this desirable object. They know very well, if a young man be fit to be entrusted with the lives of his fellow men: they may know well enough if he be fit to practice medicine—whether he know any thing or enough of his profession to justify them in giving him a diploma. Let the Faculty do their duty, *here*, to humanity, and the demands of their profession, irrespective of mothers' and fathers' favorite sons, to the contrary, notwithstanding, and reject all who are not really qualified to assume the weighty responsibilities of their profession.
By the adoption of this course, mountebanks, who are stuck up at every corner of the streets, in both town and city, and many of whom are roaming over the length and breadth of the land, hoodwinking the people, with their nostrums, for any and every disease, would get no passports; and if the people be fools enough to entrust their lives and the lives of their children to men who have not with them the recommendations of a medical faculty, let them take the consequences.

There are many other reasons why the medical profession is at so low an ebb, and so little respected by the mass of mankind; and one is, the astonishing rage of parents to push their sons into a profession, and especially the medical profession. It seems to be conceded that a man must have some sense and some learning, at least, to be even a petty lawyer; but it is also conceded that any sense, and learning, at all short of idiocy, is a sufficient quantum to entitle the aspirant to a seat among the Doctors. This results from the fact that quackery meets with less opposition in the medical, than in any other profession. A lawyer, to practice with success, must understand the principles of his profession, or he cannot succeed. He may sometimes get an important cause on the "issue dock- et," but if he gains it, even after that stage, it is owing to the integrity of the court, and not to his knowledge of the principles involved. Not so with our profession. The grave is the Quack's friend. Here it is too frequently the case, that the shallowest pate gets credit for the most skill, and astonishing to say, acquires the reputation of a successful practitioner from no other cause than because he loses two-thirds of his patients. Such men have the singular tact to affect learning, because they never display any, and induce the multitude to believe them wise because they are silent, or if they ever speak on subjects, connected with the profession, they speak in a language which neither their patients nor themselves understand. To such men the three score and ten, the aged daughters of Eve, and, we may add, many of the sons of Adam, of the same age, frequently apply the adage that "a silent tongue makes a wise head"—not knowing, or recollecting, as Shakspeare has hinted, that even silence is not always "commendable;" since it may be
"foolish if we are wise, but wise if we are foolish." Such men too often deal largely in the technicalities of their profession; in fact whenever it is possible for them to answer inquiries, touching their profession, or the nature and names of disease, or the philosophy of their treatment, by the use of Latin phrases, are sure always to be used, and yet no proof could be more convincing, that they are ignorant of the matters inquired of, than by answering those inquiries in a language which those by whom they are propounded do not understand. Such men, too, may be known by their joining in to every whim and notion, however incorrect, that may be entertained by the patient himself concerning his disease, (though disgraceful to the profession,) by their lending too ready an ear to the calumnies, that may be detailed against their successful and more scientific rivals, and sometimes going so far as to originate those calumnies themselves. In short, such men study how to get practice, not how they may deserve it.

We never knew a physician, who deserved practice, who did not get his share; but we have known many to get more than their share without deserving any.

In our calculations, therefore, as to the means by which the standard of learning, requisite for admission into the profession, is to be debated, we must not lose sight of the materials upon which that profession is to act: we must make the materials good, in order that the product of their manufacture may be good also—we must elevate the people before we can reasonably expect that the people will prefer elevated men.

The term of pupilage should be much longer than is now required; the term of lecturing should also be prolonged to at least six months instead of four; there should not be more than four lectures delivered per diem; the student should be required to dissect more, and to devote more time to clinical studies; and the professor should require, in exchange for the diploma, a vastly greater amount of medical knowledge than has hitherto been the case. No man should be allowed a permit to practice, either in the way of a diploma or a license, without he be well acquainted with the fundamental principles of the profession, which can be known by a proper and thorough course of examinations.
The effect of this would be obvious to us all. At least, a good academical education would be so essential to the requisition of the required amount of medical knowledge, that but few, comparatively, would engage in the study of medicine without, at least, a tolerable understanding of Philosophy, the elementary Mathematical sciences, Latin, Greek, &c. If they did, they would expect to make these departments of learning a part of their studies (and such a thing is very practicable) during their medical course, as is now often done in some of the countries of Europe. This is the only plan, by which to check fraud and imposition among us, and to elevate the standard of medical education. In fact, the influence of such a change of requirements, in the medical schools of our country, would, whilst it recoiled upon the literary colleges, induce a greater proficiency in science, philosophy, and general literature, among the young gentlemen from these institutions; for it is a lamentable fact, nevertheless true, that many who pass through the Literary colleges are mainly deficient in Philosophy, History, Latin, Greek, the elementary Mathematical sciences, &c. And so if there can be no reformation in the medical profession, without high scientific learning, on the part of the students of medicine, before hand, then, according to this theory or plan, the Doctors of Medicine should spur up the Doctors of Science to the business of manufacturing better scholars to make medical Doctors of, and consequently, the medical reformation, to be permanent, must first commence in the literary, and not in the medical colleges.

As to the learning one gains from school education, it serves only as a small capital to put him in the way of beginning learning for himself afterwards; and we believe every person of sound scientific attainments, is finally his own teacher; and it is right that it should be so, for if it were otherwise, the rich would buy it all and there would be none for the poor.

We wish it distinctly understood that we place a due estimate upon literary qualifications, and equally admit that they add very materially to the easy and successful acquisition of a profound medical education. But we do not admit that even an entire want of them, on entering upon the study of medi-
cine, necessarily implies an inability, on the part of the medical student, to acquire a good practical knowledge of the profession; for there are now numerous instances of worthy, judicious and scientific practitioners, throughout the United States, whose education, before they entered upon the study of medicine, was little more than a smattering knowledge of reading, writing, and common arithmetic, with a very imperfect knowledge of their own language.

What is the great object in granting diplomas, if it is not to turn out men who understand the fundamental principles of the healing art? If it is known that the candidate for graduation is radically in want of this knowledge, it is a violation, on the part of the teachers of medicine, of the trust of a confiding community, to grant him a permit to practice, whether he be a graduate of a literary college or not. On the other hand, it would be an equal violation of right, propriety and interest, to refuse a diploma, to one who was well qualified to practice his profession, on the ground of his not having, previously, acquired a certain knowledge of Philosophy, the elementary Mathematical sciences, Latin, Greek, &c. Hence we conclude that the surest and most successful mode, to elevate the standard of medical education, would be to be governed almost, if not entirely, by the amount of medical knowledge possessed by the candidate, when he applies for graduation, and not by what he may have, of either literary or medical knowledge, when he enters upon the lectures.

Since, then, it seems almost an impossibility to fix a standard of preparatory education for the medical student, by which the different schools of the country will act in conformity, and since a large majority of them possess at least a moderate education, and since experience confirms the fact, that a good practical knowledge of the profession can be, and has been, in many instances, acquired with an exceedingly scanty quantum of the rudiments of learning, before hand, we would suggest that there be no attempt made to establish a standard of preparatory requisites, for the medical student; but that any, from the literary graduate down to the rustic ploughman, be permitted to enter upon the study, if they may desire it; but, by all
that is just and sacred to society and to the claims of humanity, we are opposed to the granting of a diploma, or a license, to any but such as really and emphatically merit it.

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**ARTICLE III.**

**Case of Fracture of the Cranium with Injury of the Brain.**

By Erwin H. Oakman, M. D., of Columbia County, Ga.

The following case came under my observation when a student of Medicine, in the office of Dr. James O. Hagood, of Barnwell village, South Carolina.

On Monday, the 22d of July, 1844, Dr. Hagood, while riding through the village on horseback, was requested to see Adam, a negro, belonging to Mr. Allen, who had received an injury on the head. A small cut, about three quarters of an inch in length, over the frontal bone, near two inches above the left eye, was to be seen. Adam, upon being asked how he received the wound, replied, that while carrying a quarter of beef, he fell down, and struck his head against a fence-rail. Dr. H., thinking the injury a slight one, directed him to be taken to his office, and request me to dress it. Removing the hair for several inches around the cut, and drawing the edges accurately together with adhesive straps, over which I placed a dossil of lint, smeared with Turner’s cerate, and over this a bandage. The wound was not probed, as there was considerable tenderness of the scalp, and no indication of serious injury. I saw no more of Adam until the evening of the 23d, when Dr. H. was requested to visit him, and he was represented as being quite sick; he was found complaining very much of pain all around the wound; the scalp was much tumefied, and very tender to the touch. He distinctly said, when questioned, that he had no pain in the head, but altogether on the outside, passing his hand over the tumefied parts. There were no symptoms indicating injury of the brain. He was directed to take a dose of sulph. magnesia, and have the part covered with a bread and milk poultice. On the morning of the next day he expressed himself much relieved—there was
no fever, and the pain in the scalp was much easier; the poultice was directed to be continued. Dr. H. called to see him on the 25th, but he could not be found, having left his master's lot—the 26th found him still complaining of the tumefied scalp. The wound now presented an unhealthy appearance; there was no suppuration; bloody serum was oozing from the orifice: directed strict attention to poulticing. On the 27th, Dr. H. and myself visited Adam, and found him standing at the kitchen-door; he was ordered to go to his room, which was some twenty steps from where he was standing; he walked as if intoxicated—the Doctor and I thought he was, knowing his intemperate habits, and that he was off his master's premises the night previous, and in the neighborhood of the grog-shops. When he got to his room and sat down, his master asked him if he had been drinking; he said he had. There was some excitement about his pulse, which Dr. H. attributed to the effects of the spirits he said he had taken. According to Dr. H.'s directions, I took about sixteen ounces of blood from his arm, and gave him a combination of tartar emetic and nitrate of potassa. In the evening, found him entirely delirious, with a strong hard pulse—by request of Dr. H., bled him "ad deliquium animi," and gave an active purge. About three hours after this, he was sleeping easily; pulse much softer. On the 28th, found him sinking rapidly: he died about 4 o'clock in the afternoon. Dr. H. examined his head the next day at 9 o'clock. Just above the temporal ridge, and a little anterior to the coronal suture, was an incised wound, three quarters of an inch in length; a little anterior to this, was an extensive fracture of the cranium, forming an opening in the scull, an inch and a quarter in length, and three quarters of an inch in breadth, the longest diameter, extending obliquely upwards. A loose piece of bone covered the opening accurately, with the exception of a fissure in the lower and outer corner, made by the instrument which produced the injury, which penetrated the brain, carrying before it, and burying in the substance of the brain, several small spiculae of bone. The entire anterior portion of the left hemisphere of the cerebrum was a complete disorganized mass, resembling turbid blood, intermingled
with small portions of brain. The whole exterior of the brain and its membranes, showed the effects of inflammation—the blood-vessels being highly injected.

This case is very interesting to the pathologist, presenting one of those "anomalies which we occasionally read of, but seldom see," of so serious an injury of the brain, not resulting in immediate death, or even producing symptoms, calculated to excite the least alarm, until they supervene, as the immediate precursors of death.

The instrument that produced the injury, was (as stated by a witness) a large mill-saw file, with a heavy turned handle, weighing upwards of a pound, and about eighteen inches in length; it was thrown a distance of ten or twelve feet, by a white man who flew into a passion with Adam, because he let fall a piece of beef which he had employed him to carry. The negro when struck fell to his hands and knees, immediately got up and said he was not much hurt. Adam was bribed to conceal the true cause of his injury from his master. The injury was received the evening before I first saw him: he went to his usual work after I dressed his wound, and continued to walk about, until six or eight hours before his death, which took place on the eighth day after he received the wound. He died from the effects of inflammation of the brain, the existence of which was not manifested until the morning of the 28th, and then in such a doubtful manner, as to induce Dr. H. to attribute the excitement in his pulse to the effects of ardent spirits, knowing him to be an inveterate drunkard, and that he had it in his power to procure spirits whenever he wished it. There was not at any time the slightest indication of compression: no insensibility: in fact he did not take to his bed until a few hours before his death. The history of this case is made out from notes taken by Dr. H. after the post mortem examination, together with my own recollection of the case.
ARTICLE IV.

Notice of an Epidemic Dysentery. Reported by Drs. Smith & Martin, of Atlanta, Georgia.

An epidemic has prevailed the present season, in and about Atlanta, where our observations have been confined, of a dysenteric character, and when other diseases occurred they were more or less complicated with it. Its intractability had caused the physicians no little mortification, as many cases, despite the most vigilant attention and energetic measures for its relief, have terminated fatally; in its uncomplicated character we found it obstinate, but yielding at length to proper remedies, but when it supervened on measles, which have also been prevalent, it was attended by a fatality truly alarming.

The causes which usually give rise to this malady are cold and moisture, or a cold, wet season, succeeding a hot, dry summer; but in its present advent it has reversed the order, as it has prevailed extensively during the dry, warm fall, which has succeeded the remarkably wet summer months. The disease most rife in the latter summer months, particularly on the large water courses, were of the intermittent class—the cold stage long and severe; it yielded readily, however, to proper remedies, and where it prevailed most extensively, we have heard no complaint of the Dysentery. It is of its complication with Measles, of which we wish particularly to speak through your valuable periodical, and if we can happily elicit from some one or more of your gifted contributors, some instruction as to its successful treatment, we shall feel highly gratified that we have called attention to the subject.

Our first case was a stout, hale young man, aged 26, to whom we were called on the breaking out of the eruption. The rash was well developed, pulse quick and soft, cough troublesome, and fever moderate.

We prescribed a gentle purgative of Ext. Butternut and a pectoral syrup, for the cough, and advised extreme caution in the avoidance of exposure to cold in the progress of the disease. His convalescence was rapid, and on the fifth day he was enabled to be out attending to ordinary business, and un-
happily exposed himself to cold, by getting his feet wet, and at night was seized with griping pains in the bowels and discharges of bloody mucous. We were called on the next night, twenty-four hours after his relapse, and prescribed Calomel and Dover's powder, a blister over the chest, and as the irritability of the stomach was considerable, a large sinapism over the epigastrium and abdomen. He seemed better the next morning when we left him; but an exacerbation of febrile symptoms and increased intestinal irritation occurred about 11 o'clock, A. M., the extremities became cool, and an evident tendency to congestion of the lungs manifested itself, by the throwing out the arms from under the bed-clothes and an inability to expand them fully. Mustard baths were then resorted to, and frictions and plasters to equalize the excitement. The remedies used afforded temporary relief; but at 2 o'clock at night, the exacerbation again occurred. The most vigorous measures were again used, and were repeated from time to time, as the exigency seemed to demand, until Sunday morning, about 10 o'clock, he breathed his last.

It may be proper to mention, that anodynes were given and anodyne injections administered, and from the change in the dejections we were encouraged to hope for a different issue, as the dysenteric character of the evacuations was removed and they became more copious and unattended by tenesmus. At no period of the attack did we feel justified in resorting to the lancet, as the arterial excitement was never great nor the fever ardent.

During the illness of the young man, three sisters were seized with the bowel affection, and after three or four days, the eruption of measles appeared on them. We were not called on to prescribe for them until the eruption began to abate and the affection of the bowels to increase. With these patients the disease partook more of the appearance of Diarrhoea, as the stools were larger and unmixed with bloody mucous, but were of a serous character and generally devoid of fetor. Anodynes were freely administered, mustard baths and plasters resorted to; anodyne injections were given repeatedly; blisters of cantharides applied over chest, bowels, and to the
extremities. But all remedies proved unavailing, and they sank, the one after the other, on the fifth and sixth days.

In all, there was the same congestion of the lungs, and the relief afforded by remedies was alike temporary—there was the same periodicity in the exacerbations, and, we grieve to record, the same fatal termination.

We have heard of many deaths from the same disease, and presume there were the same symptoms as in the cases we have attempted to record; but we have never before witnessed such fatality connected with a disease, which generally yields to the mildest measures, and often requires no medical aid.

PART II.—REVIEWS AND EXTRACTS.

ARTICLE V.

On the Action of Medicines upon the Animal System.

By M. E. Millon.

M. M. Millon and Laveran have been turning their attention of late to the investigation of the action of Medicinal Substances upon the Animal System. Their first Memoir upon the subject was presented to the Academy of Sciences of Paris, about three years ago, and an analysis of it may be found in the first volume (N. S.) of this Journal, extracted from the London Lancet. In this they examined the effects of the double tartrate of Potash and Soda, of Sulphate of Soda, Sulphur and Salicine, together with the modifications which they undergo in their passage through the system. The subject of the present Memoir is the Permanent Retention of Antimony in the living organs; and it seems to us to be so important that we think we cannot do the readers of this Journal a greater favor than by laying the whole of it before them.

Permanent Retention of Antimony in the living Organs.—(Presented to the Academy of Sciences on the 22d June, 1846.) Translated from the February No. of the Annales de Chemie et de Physique.


In studying the passage of Antimony through the system when given in the form of an emetic, M. Laveran and myself have had occasion to note its permanent retention in the different organs, and its gradual elimination after a long time. This observation leading us, as it did,
to attribute to the economy the faculty of retaining certain principles foreign to the composition of the organs a longer time than had before been suspected, made it necessary to follow it up and ascertain more particularly the precise length of time to which it could be extended. Legal Medicine is greatly interested in this subject—and Pathology no less so. We have every day reports of cases of Poisoning of protracted duration—with equal care should we chronicle the facts which tend to demonstrate that a very minute quantity of any metallic substance, when once introduced into the tissues remains permanently there, and may be transmitted, as we shall see, from the female to its young.

In order to make correct observations upon this subject, the ordinary cases occurring in disease are not sufficient. We have found it necessary, therefore, to administer the emetic to dogs. For this purpose six dogs were kept up and so fed as to support a long confinement. To the daily food of each dog were added a few grains of tartar emetic.

The first trials with the emetic enabled us to determine, first, the comparative value of the methods proposed for detecting the antimony in the tissues; secondly, to establish the fact of its introduction into the different organs of the body; and thirdly, to prove its retention in these organs during a certain limited period of time, to determine which, however, a new experiment was necessary, in which six other dogs were kept up for many months.

In those dogs which died during the first week of the experiment the antimony was found in the liver, the heart, the muscles, the coats of the intestines, and the lungs. The brain, the bones and the fat, were entirely free from any traces of it. At the end of fifteen, twenty and twenty-five days, the amount of the metal in each organ was found to be the same, its quantity not being sensibly diminished. We must add, that in these early cases of poisoning from antimony, the proportion absorbed by the liver was comparatively enormous. 600 grammes of different tissues in which antimony was found, furnished scarcely as many spots as 100 grammes of the liver.

Before entering into a detail of these new experiments, however, which appear to me sufficiently interesting to be given in full, I will describe the method which I have employed for the purpose of detecting the antimony in the tissues. This method consists in the employment of hydrochloric acid and the chlorate of potash. By causing them to act successively upon the organic matters they are almost entirely destroyed. The antimony is precipitated upon a very thin lamina of tin. The two metals are then dissolved, and we introduce the solution into Marsh's apparatus.

But to be more particular. We weigh 50 to 100 grammes of the tissue to be examined for example, the liver, the intestines or muscular flesh: it is cut in pieces, while fresh, and introduced into a glass vessel containing one litre, and upon this we pour pure fuming hydrochloric acid to an amount equal in weight to one half of the organic
matter. The mixture is then placed upon a sand-bath, not hot enough, however to cause the acid to boil. After digesting in this way five or six hours, it is then made to boil, and immediately we add to the mixture small bits of the chlorate of potash. Fifteen or sixteen grammes of the chlorate is added to every 100 grammes of the organic matters. This addition should be made while agitating the mixture, and should consume about fifteen minutes.

As soon as the chlorate has been introduced, the fluid should be filtered while boiling hot. Upon the filter will be found a yellowish or brown matter, resenoid, insoluble, but varying according to the nature of the tissues. The filter with the insoluble matter is now to be washed in a little distilled water, and into the filtered fluid, which is limpid and often colorless, we place a thin lamina of tin. If the antimony is abundant, the tin will be strongly blackened; if not, it will be barely tarnished, and will be covered over by some black spots. However it may be, after keeping it in the fluid for twenty-four hours, we remove the tin and introduce it into a small flask, and pour upon it a quantity of hydrochloric acid sufficient to dissolve it in the cold after a few hours. Should a few blackened portions remain undissolved, we decant, and by the aid of a few drops of nitric acid the solution is effected, and we mix them afterwards with the dissolved mass.

The quantity of tin dissolved should not be too large, but we may reduce as much of it as we wish by successive precipitations upon lamina of tin having a very small surface.*

I pass now to a consideration of the experiments upon the six dogs which were kept up for many months after the use of the antimony.

On the 8th day of January, these animals were put upon a regimen consisting of bread and pieces of meat. Their rations were mixed every day with a solution of tartar emetic. Each dog ought to have received, according to the common ratio, about 4 decigrammes of the tartarized antimony for his part each day. At the commencement of the experiment the dogs evinced a very strong appetite, which seemed to be increased by the use of the new condiment; but in a short time we witnessed very opposite results. Their voracity was replaced by a marked disgust, and on the 24th of January two of the dogs refused to eat. The proportion of antimony was now diminished to one half; but on the 28th† the use of it was given up, the dogs did not touch it again in their food, and yet all of them showed a very marked leanness. Thus the antimonal regimen, which lasted ten days, furnished to each day about three grammes of the emetic.

After having given up the use of the antimonal, and returned to or-

* This method is very much like that which has been proposed by M. M. Fresenius and Babo, for the detection of any species of metallic poison, but I have not been able to arrive at a similar result by the employment of the hydrochloric acid and the chlorate of potash. I have attempted many times to apply it to the detection of arsenic, but have never been satisfied with the results.

† In the original the 15th is given instead of the 28th, but it appears to me to have been so clearly an error of the press, that I have ventured to substitute the 28th.
ordinary food, four of the dogs regained their appetites, and by degrees their former healthy condition; but there were two which could not overcome the effects of the metallic poison. They continued to exhibit a complete inappetency, were reduced to the last degree of emaciation, and on the third of February one of them died. Its body was extremely emaciated; the organs generally did not exhibit any great alteration except the liver, which was friable, and remarkable for its volume. It was weighed, and compared with the total weight of the body we found the proportion to be as one to 12—(1:12.)

As this ratio appears to me very interesting and worthy of note, I will state at once, that in the cases of dogs in a good state of health, we have found the following proportions between the liver and the mass of the body.

<table>
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<th>Liver Mass Ratio</th>
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<tr>
<td>1:32</td>
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<td>1:40</td>
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<td>1:24</td>
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In regard to the distribution of antimony into the tissues of this first dog, it was general, without any apparent preference, for one or another organ: the liver, the muscular flesh, the coats of the intestines, the lungs, the brain—all seemed to be equally filled with it. The animal seemed to die from a sort of antimonial diathesis.

The second dog lived a few days longer, but died on the 10th February. During the few last days, he was affected with a continual nervous tremor; the hinder legs were also affected in a singular manner, they would all of a sudden give way, and the progress of the animal would be instantly arrested. Yet the organs did not present any striking alteration. The liver was friable, as in the preceding case, and voluminous, being in the ratio of the mass of the body of 1:10. The antimony was in this case also found in every part, but the brain seemed to have retained rather more than any other organ.

Our observations were now confined to the four surviving dogs. At the end of twenty days they were all restored, their appetite and natural vivacity having returned. One of them got away and was not again examined; another died suddenly. A post-mortem examination showed that his death was occasioned by the passage of a lumbricus through the coats of the intestine into the peritoneal cavity in which it was found. A search for antimony, in this case, showed a very peculiar distribution of the metal. It was found in a very notable proportion in the liver and in the fat, but it was particularly accumulated in the bones. It is necessary to state here, that this dog died of a true accident six weeks after having taken the antimonial, and that he had improved already a great deal in flesh. The antimony of course had lodged in organs where its retention was consistent with the regular exercise of all the functions. This remark acquires a peculiar value when we take into account the very similar distribution in the last two dogs which were killed, one after three and a half and the other after four months. I must declare also that the metal was in these, in as large proportions as in those which died during the very earliest periods of our experiments.
In the dog which was killed three months and a half after, having ceased the use of the antimonial, the metal was found in the largest quantity in the fat. The liver contained some of it as well as the bones and the other tissues; but 50 grammes of the fat furnished as much as 500 grammes of all the other tissues put together. The ratio of the liver to the general mass had been restored to the normal state of 1:27.

In the dog which for four whole months had taken none of the antimony the metal was found accumulated in the bones; the liver contained also a large quantity of it: all the other tissues gave very little traces of it. One hundred grammes of the bones yielded a quantity of the metal sufficient to cover over with perfect metallic spots the surfaces of three porcelain cups with a diameter of ten centimetres. The liver had attained a relative volume of 1:24.

I will conclude these observations, which so strongly attest the permanent retention of antimony in the living tissues, by mentioning the case of a young bitch to whom the emetic was given during five days, and about fifteen days before the birth of her young ones. The dog and her young were killed immediately after birth, and the livers of the puppies were found to contain a notable quantity of antimony.*

It is not an easy matter to know what conclusion should be deduced from the preceding experiments. Some of them introduce new elements into certain questions connected with medical jurisprudence, the value of which will be at once perceived; others belong rather to the domain of pathology.

Although the antimony seems to become organized, we cannot yet affirm that it is ever fixed in our tissues: neither must we suppose, in advance, that the facts revealed by the administration of antimony will also hold true with other metallic poisons. We must wait on experiment. So to affirm that a metal detected must have come from a recent ingestion, or to fix its origin and the moment of its introduction into the economy, it is necessary to wait: we must address ourselves to the task and vary our experiments.

In regard to the distribution of antimony in the organs, I have been struck with its relation to the physiological effects which have been mentioned above. Has the antimony penetrated simultaneously all the important organs, such as the lungs, the brain, and the coats of the intestines, the animal yields to the general poisoning, and seems to die all over at the same time from the effects of an extreme emaciation. Has the metal been lodged in the brain? we find the same general disease, but death takes place under an array of nervous symptoms which indicate the principal seat of the poison. Let the metal, on the other hand, be deposited in organs of less sensibility and less general sympathy; such as the cellular and osseous systems, and the effects of the poison will soon be effaced, so as to lead us to suppose that it was entirely eliminated.

* In this bitch the ratio of the liver to the body was 1:17—in the puppies, five in number, the following were the ratios:—1:20, 1:24, 1:20, 1:17, 1:20.
From this novel development in relation to poisoning by antimony, we are naturally led to suspect similar conditions in cases of poisoning with lead. May it not be by a kind of special localization that some privileged constitutions escape the poisonous effects of the last metal?—and does not the concentration of morbid symptoms upon the abdomen, upon the nervous system, or upon the limbs, show that the lead occupies corresponding regions?

This is one of the numerous methods by which may be explained all those affections in which the presence of noxious principles, foreign to the economy while in the normal condition, is for the present suspected rather than demonstrated.

The enormous development of the liver, in consequence of the administration of the antimony, is also a fact which must not be passed over unnoticed. The percussion of the organs is at present practised with so much skill that we shall not be long in ascertaining whether the use of the antimony in man is attended likewise with the rapid enlargement.*

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Case I.—Abortion—Placenta retained—No ill effects. On 1st September, 1822, Mrs. S. had an abortion, having menstruated about the middle of May, it being the only time since the birth of a child. The foetus was expelled, but the placenta retained. The umbilical cord remained attached to the placenta for about twenty-four hours, then separated. No fetor or offensive discharge followed. The woman recovered her health in the usual time, no unpleasant effects appearing at any time; nor was any thing which could have been suspected to be the secundines, at any time observed. The woman lived many years, and bore four children.

Case II.—Abortion—Placenta retained—subsequent Hemorrhage and Death. Lucy, aborted on 10th May, 1840, being three months pregnant; the foetus expelled, but no secundines. She seemed to improve about as well as usual after such accidents, and had returned to her employer, and been engaged in her daily work, when on 15th June she was seized with a violent flooding. It was supposed she lost a gallon of blood in a very short time, and a great deal subsequently. I saw her on

* Certain raisers of Geese in Strasbourg buy sulphuret of antimony for unknown purposes: have they been the first to find out the influence of antimonial preparations upon the development of the liver, that they are so expert, producing it in geese intended for the making of pies? The retention of antimony in the organs will be a discovery, therefore, of great importance to gastronomy.
the 17th, when the hemorrhage had nearly ceased, but she was stupid; great paleness of the mucous membrane of the mouth; paralysis of the lower limbs; pulse rather full, but irritable. Continued to sink until death, which took place on the 21st. Stupor, and paralysis of the lower limbs and of the bladder, continued till death.

Case III.—Abortion—No Secundines found—Subsequent Hemorrhage.—August 15th, 1847, I was desired to visit Mrs. C., who I found had lost a good deal of blood from the uterus; was doubtful as to pregnancy. Upon examining the coagula, found a foetus apparently of about two months, which corresponded with her history of her menstruation. No secundines could be found. 17th—the hemorrhage, which had nearly ceased from the expulsion of the foetus, recurred very freely, and continued for some hours, and then abated. I examined a considerable quantity of the coagula, but could detect no placenta; but I had not an opportunity to examine all the coagula. As the hemorrhage had subsided, and as nothing could be felt at the mouth of the uterus, I felt justified in hoping all had passed. She went on very much as is common after abortions, except that a slight discharge continued, until 3d September, when an alarming amount of hemorrhage again took place. Still nothing was to be found at the os uteri. The sponge, impregnated with vinegar, was used, and powders of lead, ipecac, and opium administered; which seemed to arrest the flooding. When removed, the sponge had a very offensive smell, and was colored black, which could not be washed off. A small, but very offensive discharge continued about a week, for which injections of chamomile tea, with a particle of lime infused, were used.

Remarks.—These cases have caused considerable reflection in my mind. It would seem, from what I have read upon the subject, that the retention of the secundines, at an early period of pregnancy, need not give rise to any apprehension of danger. Thus, Rigby (System of Midwifery, p. 359) says—"Cases of abortion have occasionally been observed, where the embryo has escaped, but the secundines have never come away, although the discharges, &c., have been watched with the greatest attention. After a time the menses have returned, the patient has again become pregnant, and has passed through her labor at the full term, without any thing unusual occurring. Nothing is intimated that unpleasant consequences ever follow. It is true, that a case is mentioned in the American Journal of Medical Sciences, vol. iv., p. 511, in which it is said, "the lady remained in indifferent health for three months," when the secundines were expelled. But I am not aware of any case on
record in which serious and alarming symptoms have supervened. Is such the experience of the profession? or have cases been lost sight of, and considered as having done well, because nothing more was heard of them? Have I been less fortunate than others? or am I wrong in having attributed the hemorrhage which occurred in two out of three cases, which I have seen, to the retention of the placenta? I have always supposed that the hemorrhage and death in case 2d was occasioned by the retention; although the woman was thought, and considered herself, well, and had returned to her ordinary labor. I am every way satisfied in my own mind, that the hemorrhage in the 3d case was owing to a retention, proved sufficiently, I think, by the offensiveness of the discharge, and the discoloration of the sponge used as a tampon. Therefore it appears to me that the condition of the woman, with retained secundines, even at an early month, is not so safe as is supposed by many. How is this state of things to be obviated? Truly I do not know. No one, I presume, would feel authorized to poke a hook into the uterus, with no guide to direct him; and the cavity of the uterus is too small to admit of any manual operations. The only alternative which I perceive is to use the ergot. This may sometimes succeed, but I know it to have failed.

Case IV.—Protracted Labor—Retained Placenta—Hemorrhage. Mrs. C., the subject of the last case, was delivered of a large child, after a tedious labor at half-past 3 o'clock, P. M., October 17th, 1834. The placenta not coming readily, and considerable hemorrhage existing, I used, for want of ergot, acet. plumbi, ipecac. and opii, with frictions to abdomen, warmth to feet, and volatiles. At 6 o'clock, nothing having been gained, I introduced my hand, and found a partially separated placenta, adherent to the fundus uteri, it being uncontracted. By pressing moderately on the adherent portion of the placenta, and by insinuating the points of the fingers under the free edges, I effected a separation. After moving the placenta about for some time, rubbing it against the walls of the uterus, I extracted it. Hemorrhage continued free for some time: but eventually subsided under the use of frictions and the pills of lead, ipecac. and opii.

Remarks.—This is the only case of adherent placenta which has occurred to me in a practice of 28 years; if we except one which I found attached to an inverted uterus. I was guilty of mal-practice in this case, in separating and extracting the placenta before the uterus had properly contracted; and thereby exposed the woman to unnecessary hazard from hemorrhage. It is true, that I kept my hand in the uterus some time, and employed friction on the surface of the uterus; but I should have continued it until contraction took place.
Case V.—Placenta retained by Premature Contraction of the Os Uteri. June 15, 1827, was desired to see Mrs. R., who had been delivered of her first child fifteen hours—placenta retained. Upon inquiry, I learned that the placenta had been felt at the mouth of the uterus soon after the birth of the child, but would not come away—that the umbilical cord had given way during the efforts at extraction—that a loop had been fixed over the remaining portion. Upon examination, I found it just so. The insertion of the cord into the placenta offered directly at the middle of os uteri—the mouth itself very much contracted. By gently dilating it, I was enabled to get two fingers up by the side of the placenta, and fixing them in it, turn one edge down and extract it. The woman declared that the pain of this operation was equal to that of labor.

Case VI.—Placenta retained by Premature Contraction of Os Uteri. August 26, 1833, I saw a negro woman under the care of Dr. D., who had been delivered of her first child three days, the placenta retained. I found the funnel-shaped portion at the os uteri; no lochial discharge, but a very offensive fetor; slightly feverish, but no pain. A scruple of ergot was given, which produced considerable pains, which, however, produced no effect on the placenta. Waiting several hours, and finding matters no better, I introduced my hand into the uterus, and hooking my forefinger into the body of the placenta and embracing it firmly with the others, I succeeded in extracting it. This required considerable time, as the mouth and body of the uterus were firmly contracted. Some idea of the firmness of the contraction may be formed, when I state, that two months elapsed before my hand had recovered entirely from the compression which it underwent whilst in the uterus. It is perhaps proper to remark, that I was in delicate health at the time, which may have prevented a more speedy abatement of these effects.

Remarks.—It has been a rule in my obstetrical practice (inculcated by Prof. Hall, of the University of Maryland) as soon as I have disposed of the child, to take the cord in my left hand as a director, and run the finger of my right along it to the os uteri; if I find the funnel-shaped portion of the placenta there, insert a finger and hook it over the edge and bring it down, and deliver it at once. Pursuing this course, I have not had, perhaps, a dozen placentæ expelled by the uterus exclusively, during my practice. From this practice I have at no time seen any inconvenience. On the contrary, it relieves the woman from that state of dread and perturbation, which is almost sure to take place if the placenta is not removed in a short time after the birth of the child. I do not know that this course was ad-
missible in the last two cases; but from the statement of the gentleman in attendance upon the first, I am induced to believe it would have been in that case.

In case 6th, the ergot failed to do any good, although it evidently produced a good deal of suffering. That it would have failed, if repeatedly used, I cannot say. Dr. Dewees speaks strongly of his confidence in its powers. To be sure, that confidence was founded on analogy of its action in expelling the secundines after abortion. Dr. Porcher, however, of South Carolina (American Journal Medical Sciences, v. x., p. 391), shows that it cannot always be depended on. Dr. Jackson, too, of Northumberland, Pa. (Medical Recorder, v. xv., p. 362), argues against not only the efficacy, but the safety of the article in these cases. Let us look into the state of the uterus, and consider the effects of the medicine. The os uteri was firmly contracted; of course it must be dilated before the placenta could be expelled. Will the ergot cause that dilatation? I presume most men will say, that although it may produce this effect, yet we cannot calculate upon it with certainty—that it will frequently fail. If it does not produce that effect, it adds to the difficulty, by diminishing the cavity of the uterus, and also of its mouth, in consequence of producing a general contraction of the uterine fibres. If the intention is to introduce the hand if the ergot fail, we ought to change our purpose, and introduce the hand in the first instance; because the use of the ergot will inevitably increase the difficulty of the manual operation. If this view is correct, Dr. Dewees's advice to use ergot first is incorrect; and I doubt not but that I had much greater difficulty than I should otherwise have had, in consequence of following his directions.

Was it necessary to introduce the whole hand? This may be considered doubtful. It will be recollected that no one could tell whether the placenta would be found detached. In fact, after my hand was introduced, I could not say with assurance that it was detached, it was embraced with such firmness by the uterus. Again, it is doubtful whether the motions necessary to force a finger into the placenta and extract it, could have been effected with the hand mainly without. At any rate, I am satisfied that the aid of the other fingers and thumb was very serviceable in extraction.

Ought the case to have been left to nature? This is a grave question, which will be answered differently by different persons. Some, in view of the fact that the woman did as well as she possibly could under any circumstances, will say that the treatment pursued was the best. Others, in view of the fact that many cases, left entirely to nature, do very well, the
placenta in some cases being expelled at an indefinite period, in other cases not at all, will say that the woman was subjected to great and unnecessary pain. That many cases of retention have done well, is true; that many have been followed by unpleasant and fatal consequences, is likewise true. It is also true, that a woman is always uneasy and restless until the placenta is removed. Again, it is true, that no man can say of any case of retention, whether, if left to itself, it will terminate favorably or unfavorably. The idea seems to be that if air be excluded from the placenta, putrefaction will not take place, and evil will be prevented. Granting this to be true, the same difficulty remains; no man can tell whether air will find access or not. Neither have we any means to prevent such access. Yet it does seem to me, that there is little probability of air finding its way up the vagina and into the uterus. I am therefore inclined to suspect that putrefaction is owing to some other cause.

In volume xxvi. of the American Jour. of Medical Sciences, is a very valuable paper by Dr. E. Warren, of Boston, on retained placenta, in which, however, he insists rather strongly upon the powers of nature. That she will, in many instances, accomplish wonders, is no less true than fortunate for mankind. If we had any means of judging when she would show her power, we should know when to trust her. Our profession is, I think, too prone to exhibit successful cases to the world, and keep the unfortunate ones back. Hence we have but little means of forming a true estimate of the number of fatal cases. It seems to me, that Dr. W. has worded one of his sentences, so as to make an erroneous impression, and that that impression is likely to do mischief. Speaking of Dr. Hunter's practice of leaving the placenta to nature, he says—"Finally, some unfavorable cases occurred, and the practice was changed." This would, I think, convey the idea to most persons, that the number of cases was small. But Dr. H. was not a man to be turned from a course, which he considered right, by trifling considerations. Again, I have seen it stated, that by pursuing his course, he lost a certain number of ladies of rank in one year. I do not now remember the number, but I do remember that I thought it was quite enough to make him pause and consider his ground.

I do not wish to convey the impression, that the placenta is to be speedily removed at all hazards. I should by no means be willing to kill a man with opium, to prevent him from dying with colic. What I advocate is, that we use all due means to

* This reflection is not applied or applicable to Dr. W., so far as I know.
remove the placenta with safety to the mother. What these means are, and when they have been used, will be differently estimated by different persons of equal respectability in the profession. As a general rule, he who is best informed as to the success of means used by others, and best qualified to judge of the powers of his patient's constitution in a given case, will be most apt to do right.

Case VII.—Quick Labor—Hour-glass Contraction. Mrs. P. was confined August 26th, 1840. The regular attendant being out of the place, at length I was requested to visit her. The child had been born about two hours before my arrival. Upon taking hold of the cord, and running my finger up it, I encountered an hour-glass contraction. Gave seventy-five drops of laudanum, and waited about three quarters of an hour, when I found the stricture to yield readily and permit the delivery of the placenta.

Case VIII.—Lingering Labor—Hour-glass Contraction. March 3d, I saw Mrs. W. in consultation with Dr. C. She had been in labor about twelve hours. The os uteri being pretty well dilated, and the pains trifling and unavailing, we concluded to give ergot. After giving three portions, the pains became more frequent, and although very short, began to produce an effect upon the progress of labor. In about an hour she was delivered of a dead child. The placenta not presenting itself in due time, Dr. C. introduced his hand, and found an hour-glass contraction. Gave half a grain of sulph. morphia, and waited half an hour. After this interval, Dr. C. again introduced his hand, and, with slight trouble, dilated the stricture and delivered the placenta.

Case IX.—Lingering Labor—Hour-glass Contraction. April 28, 1845, saw Mrs. E. with Dr. C. She had a lingering labor, for which it was considered necessary to give ergot. There being some delay in the expulsion of the placenta, Dr. C. introduced his hand and found an hour-glass contraction. We gave half a grain of morphia, and waited half an hour, when placenta was found at the mouth of the uterus and readily extracted.

Case X.—Lingering Labor, with considerable Flooding at the commencement—Hour-glass Contraction. Sept. 20th, 1847, I was called to attend Judy, a negro woman, exceedingly fleshy, in labor with her thirteenth child. The membranes were represented as having given way an hour and a half before my arrival; before and after which, there had been considerable hemorrhage. There was also some after my arrival, but it soon ceased without interference. Perhaps a pint and a half had been lost altogether. At this time, 5, P. M., the pains were
trifling and at long intervals, and were said to have been in the same condition all day. The os uteri, however, was considerably dilated, but no part of the child could be felt in the common examination. At 10, the mouth was fully dilated, and the head advancing in the pelvis. At 12, the head presented at the lower strait. About this time the pains abated very much, and scarcely made any impression on the head, that little being lost at the end of the pain. Teas, &c., failing to excite contractions, at 2, A. M., ergot was given, and the child born about 3, A. M. In about half an hour, the placenta remaining beyond the reach of the finger, I placed my left hand upon the abdomen, and found, in the epigastrium, a tumour about as large as an uterus well contracted after the expulsion of the placenta, with a hard ridge extending to the pubis. I at once suspected an hour-glass contraction, and, upon introducing my hand, found it so. I gave five-eighths of a grain of sulph. morphia, intending to wait an hour. At the expiration of the time, found the patient asleep; which continuing, an hour and a half elapsed before I undertook the delivery, when I found the placenta loose, and lying at the mouth of the uterus.

Remarks.—What is the cause of the hour-glass contraction? “Dr. Douglass, of Dublin, considers this condition as arising from some irritation near the mouth of this organ,” and “concludes that whenever it does occur, it is produced by mismanagement.” This opinion, by having been repeated by a dozen or so of the most eminent accoucheurs, has acquired much authority; yet it is not a particle more true now, than it was when first uttered. If true, how did it happen that I found that condition in the seventh case, when I suspected nothing, and expected nothing but to bring away the placenta as after ordinary labor? How came Dr. C. to find it so in cases 8 and 9? It is true that I cannot positively assert that he committed no indiscretion upon the os uteri; but I do know that he is cautious and prudent, and therefore I am not at all disposed to believe that he did. In the 7th and 10th cases, if tightening the cord and running the finger up it to ascertain the presence or absence of the placenta at the os uteri be mismanagement, then I perpetrated it in both cases; otherwise I did not. If it was mismanagement, how are we ever to manage aright; unless indeed we trust the placenta to the powers of nature, without even attempting to ascertain what is going on?

I have heard ergot charged with producing this state. It will be observed, that in three of the four cases detailed, it was administered. But the cases in which this condition is most apt to occur, are precisely those in which we are most apt to give ergot. When, therefore, we reflect that this contraction takes
place in many cases of tedious labor, where no ergot is given; and, on the other hand, it is given in many cases of tedious labor with the most beneficial results, without any untoward effects, either immediately or subsequently, we shall pause before we lay this particular evil at its door. We can say that this affection consists in an irregular, a spasmodic contraction of the fibres of the uterus; but we had as well not say upon what that spasmodic contraction depends, until we know.

Is there any particular portion of the uterus to which this action is confined? Authors would seem to confine it to the neck of the uterus; at any rate, not above the commencement of the body. In case 7th, it was but a short way above the os uteri; so little, indeed, that there could scarcely be said to be a lower chamber. In case 10th, I should place it much above the union of the body and neck. I introduced nearly the one half of my fore-arm into the vagina; so that at least my wrist and hand must have been within the uterus. There was ample room to move my hand about in the lower chamber; and with my fingers extended, I ascertained the existence of the stricture, which appeared to extend directly across the body, embrace tightly the cord and a small portion of the placenta. Could a contraction of the lower portion of the body afford such room in the lower chamber? I apprehend not. I did not introduce my hand in either the 8th or 9th case; but from Dr. C.'s account, I consider them as very parallel to the 10th. He indeed is disposed to locate the stricture very close to the fundus.

I do not know that any writer or teacher advocates the use of opium in this affection; and yet it is one in which we should expect it to be beneficial. If there was a spasmodic contraction of any other muscle, opium is the very thing which would present itself to my mind. Again, so far as my experience goes, the parts concerned are exceedingly tender; so much so, that the bare examination necessary to ascertain the existence of the contraction, inflicts much suffering. What torture a woman must suffer, who undergoes the dilatation of parts so excessively irritable, without a previous anodyne, no man can tell, even after witnessing the operation. On the other hand, in two of the four cases, when the attempt to remove the placenta was about to be made, the placenta was found lying loose at the mouth of the uterus. Is there fear that an anodyne will prevent the tonic contraction of the uterus? This last is much more apt to take place when the irregular contraction is removed, than during its continuance. In none of the cases was there any hemorrhage either before or after the administration of the ergot; neither was there any bad effect whatever from
its use. If, then, the use of opium is safe as a means of facilitating the dilatation of the stricture, or of preventing altogether the necessity of the operation, performing this operation without a previous anodyne must be considered downright cruelty.

Whether the placenta was attached in any one instance when the anodyne was administered, or not, of course is not known.

Efficacy of Ox Gall in removing impacted Faces. By Edward Vanderpool, M. D., of New-York. (N. Y. Jour.)

I was requested to see W. J. B., aged 40 years, of full habit, who was suffering from pain and great distress in the right iliac region, preventing rest and sleep, and causing constant moaning. He had been confined to the bed a fortnight with these symptoms, during which time he had been treated antiphlogistically for peritoneal inflammation; calomel cathartics and castor oil had been repeatedly given, producing only a very slight faecal evacuation each day; cal. and ipecac., and cal. and Dover's powder had been continued in small doses; his mouth had been touched for more than a week; leeches had been repeatedly applied, and a blister at this time was vesicating the part. This afternoon mucus appeared with the discharge, unaccompanied by tenesmus, skin soft and clammy, tongue pale and moist, pulse 80 and soft, natural rotundity and softness of the abdomen, except the right iliac region, which was preternaturally full. A hardness was here discoverable as of a tumor lying deep in the abdomen, occupying the seat of the cæcum and ascending colon, which was very painful upon pressure. Upon inquiry as to his previous health, he said that for the last two and a half or three years he had been subject to frequent colicky pains, for which he would every week or two take a cathartic dose of calomel at night, and follow it with salts in the morning. A small motion would be the only result, with the invariable feeling of not being relieved. Diagnosis, distended cæcum and ascending to the transverse colon, with incipient ulceration of the mucous membrane at this part.

r. Fel. bov. inspissat., gr. iv. ft. in pil. No. 1.

Give two pills three times a day, and enemata of diluted beef's gall to the amount of two quarts night and morning; broth and farinaceous drinks. The first enema extended to the part affected and produced a quantity of scybalous faecal matter, such as he had not been accustomed to see, with some mucus. Some alleviation of his distressed feelings followed this evacuation. The enema was repeated the next morning
and evening with the effect of an increased quantity of old faecal matter and less pain afterward in the iliac region. Considerable exhaustion following the morning enema, it was thought better to omit it in future, and give two pills four times a day at regular intervals, and use the injection at bed time. This course was pursued for ten or twelve days, resulting with a voluntary faecal evacuation in the morning, which had the appearance of long impaction, and a quantity of the same in the evening, believed by the patient to have been by him two years. The abdominal distress abated as this old faecal matter passed off, and the mucus daily lessened in quantity. He convalesced steadily, without any other medicine, and was soon discharged cured.

Cure for Cramps. (In a letter to the Editor of the Edinburgh Medical and Surgical Journal, from S. Argent Bardsley, M. D., formerly Senior Physician to the Royal Manchester Infirmary.)

Sir,—I feel anxious to communicate, through your able and widely-extended Journal, my discovery for the relief of a most distressing complaint, viz., the very severe and habitual cramps which afflict many persons in bed during sleep. Having myself been for many years (up to my 82d year of age) a martyr, almost every night, to this torturing malady; and having tried in vain many of the "thousand and one" remedies usually prescribed for relief, I was at length led to reflect upon a fact, which had hitherto escaped my attention, viz., while sleeping in a chair with my lower limbs, if not touching the floor, yet so depending as to form an inclined plane with the whole of my frame, that I was, in this position, never disturbed by cramps; and upon inquiry, I found other sufferers, from habitual cramps, were under the same predicament.

These facts, in connection with some physiological considerations, (not necessary here to mention,) induced me to put in (November, 1846) practice the following plan, which, after a trial of five months, has proved decidedly successful, by an arrangement of the matresses,—or by increasing the height of the upper part of the feather bed, by removing the feathers from the lower extremity, so as to procure the due inclination of twelve inches. I deem it absolutely necessary to give a caution to sufferers from cramps, that the disorder is almost always connected with a weak or imperfect state of the digestive organs; and therefore, although the method now stated for relief will allow the sufferers several luxuries hitherto for-
bidden; yet there must be limits placed to such indulgences, if they expect to pass the nights entirely free from their malady. I am desirous to add, that among several other reports of success, two gentlemen of Manchester, within the last week, have informed me of their cures from habitual cramps by the use of the inclined plane.

Supposed simultaneous Eruption of Measles, Variola, Scarlatina, and Purpura. (London Lancet.)

The appearance of the eruptions of two of the exanthemata at the same time on the same patient, has been so often observed that it is no longer looked upon as a matter of doubt; but the following case, reported in the Gazette des Hôpitaux of Paris, is, if no mistake has been made, very extraordinary, the patient being at one and the same time troubled with a whole chapter of complaints.

The case was that of a man, aged thirty-three, working for a wine-merchant, who entered the Hotel Dieu under M. Rostan. Some weeks before his admission he had contracted a blennorrhagia, for which the physician he applied to gave him mercury. While he was under this treatment, an eruption in red patches appeared on the skin, which made rapid progress, and on account of which he entered the hospital. When M. Rostan first saw him, the eruption was evidently of different kinds. Some spots, without any prominence, disappeared under the pressure of the finger, re-appearing as soon as the pressure was removed. Among such spots some were dispersed, leaving the skin between them of its natural color; others were larger, more deeply coloured in patches, like scarlatina. Another kind of rash projected slightly above the level of the epidermis, with acute summits, giving the skin a rough, velvety aspect, confluant in character; at certain points indeed, the epidermis was raised by a liquid transparent fluid beneath. Lastly, a third form of eruption consisted of red or violet patches, without any prominence, but which did not disappear under the pressure of the finger, and having the character of ecchymoses. M. Rostan, from these symptoms, concluded that there was a simultaneous eruption of measles, variola, scarlatina, and purpura; and, in support of such an opinion, quoted a case which he had seen some years ago in a man aged seventy, who was examined by M. Cazenave, and in whom that physician recognized four different eruptions existing simultaneously. But such instances are so excessively rare.

However, this patient presents the two forms of eruption as
described by Frank, viz., bare exanthemata—that is, those presenting no prominence above the level of the cuticle, as scarlatina and purpura—and scabrous exanthemata, viz., those which do project above the epidermis, as measles and variola. With reference to the last named disease, it may be mentioned that the patient had been vaccinated.

The man's face is swollen, his eyes almost closed; pulse 96. The mind is clear, he answers correctly, and there is slight bronchitis.

As to the nature of these eruptions, M. Rostan first says, are they due to constitutional variola? Nothing goes to prove that he has had syphilis; he says, only blennorrhagia. Are they the consequence of mercury? Evidently not. May they be attributed to the copaiba he has taken for some time? But the eruption from copaiba is only a form of roseola, which is here absent; and, further, he has not taken the balsam for some time, and since he has given it up, the eruption attending it has disappeared. Taking all these circumstances into account, M. Rostan is convinced that he has really to deal with four eruptions in his patient; and from the appearance of the face, believes that the variola will be confluent. Moreover the complication of the case with purpura leads him to apprehend that the variola will be of the hæmorrhagic form, which is known to go along with malignant small-pox, and to be one of the dangerous varieties pointed out by the old authors.

In the preceding case, as recorded, with the man's skin so imbellished with eruptions, the discrimination of the French physician must be very nice to diagnose the rubeola from the scarlatina. Nothing is said of the sore-throat generally marked in scarlet-fever, nor of the catarrhal symptoms, coryza, &c., mostly noticable in measles. The diagnosis seems to be simply framed upon the characters of the eruption—characters by no means so clear nor so constant as to be implicitly trusted. Therefore, without a more minute account, and better grounds of diagnosis, we can hardly go so far as M. Rostan in believing there to be four eruptions. Further, it has been generally observed, that where two of the exanthemata have displayed themselves, they have not both gone on developing themselves, but one has, as it were, given place to the other, which has then run through its several stages in the ordinary manner; but on this point we have, in M. Rostan's case, no information.
Pathology and Treatment of Croup in Children. By Mr. Hird. Reported in Lancet. (Ranking's Abstract.)

The author of this communication believes croup to be an inflammatory disease of a specific nature, and distinguishes it from the purely spasmodic closure of the glottis, which, in its commencement, it often closely resembles. He states that in examination of fatal cases, where the patients survived the attack only a few hours, and in which the inflammatory symptoms were the most severe, he observed only slight traces of albuminous exudation, the mucous membrane of the trachea and larynx presenting a red and swollen appearance, and being covered with a tenacious and sanguineous frothy mucous. When death occurred two or three days after the commencement of the attack, and where the inflammatory symptoms, although fully developed, were of a less acute character, a pseudo-membrane, of a grayish yellow color, and about a line in thickness, occupied either the trachea only, or the trachea, larynx, and bronchial tubes. In some cases, a viscid muco-purulent secretion adhered to the mucous membranes of the air-tubes. In the air-cells and parenchyma of the lungs, a reddish serum was frequently found; hepatization, also, was occasionally observed. The croupy membrane, he stated, may adhere throughout its entire extent to the mucous membrane of the air-passages, or hang loose from a pedicle, like a polypus, or attached in the centre, and free at one or both extremities, or it may be completely separated from the mucous membrane by a muco-purulent secretion.

In the treatment of croup, Mr. Hird stated, that during the last four or five years he had never resorted to general blood-letting, and that he was induced to adopt this course, from witnessing the unfavorable result which generally followed its use, both in his own practice, and in that of some of his professional friends. Croup, he considers an inflammation of a character bearing some analogy to erysipelas, or to inflammation occurring in scrofulous individuals, which occasions the formation of a pseudo-membrane, that will require for its removal a certain amount of vital energy, both in the respiratory organs and in the system generally. The inflammation of croup he believes to be less under the influence of blood-letting than healthy inflammation, and that whether it be looked upon in reference to the alteration to be expected from it on the progress of croup, or on the subsequent effects of the evacuation on the system, it will be found both unsatisfactory and dangerous.

The class of cases in which he occasionally prescribes leeches, or a cupping glass to the chest, are those acute afflec-
tions in which there is not the same disposition to the formation of a croupy membrane, and in which the larynx is affected. The inflammation, he considers, approaches more to the character of healthy inflammation, is more under the control of blood-letting, and is apt to cause effusion near the glottis, which speedily proves fatal.

In the early stage of both varieties of the disease—i. e. both in the ordinary tracheal disease, as well as in the more acute affection in which the larynx is affected—he gives in the first instance, an antimonial emetic, the dose varying from a quarter of a grain to a grain, according to the age of the child. After vomiting has been produced, he orders three grains of calomel, and if necessary, repeats the dose, that the bowels may be freely acted upon. If, by these measures, the febrile and inflammatory symptoms are in some degree subdued, he finds the greatest benefit from the free use of the alkalies. So long, however, as the fever continues unabated, and the heart's action unsubdued, he keeps up the state of nausea with a solution of the potassio-tartrate of antimony, in doses varying from a twelfth to a quarter of a grain every half hour or hour, until a decided check to the symptoms is produced. As a local application to the throat, he advises a flannel bag half filled with hot salt, as recommended by Mr. Kirby, of Dublin. The warm bath, and a blister between the shoulders, or on the sternum, for an hour or two, are often of great assistance. Mr. Hird considers that the alkalies act by allaying the irritation which produces the paroxysms of spasm, in the same manner as they allay the cough in hooping-cough; and that they are as valuable in promoting the absorption of the albuminous exudation thrown out in this disease, as they have been proved to be by Sir B. Brodie, in the removal of large fatty tumours occurring in various parts of the body. He prescribes ten or fifteen minims of the liquor potassæ every four hours, or in smaller doses more frequently repeated. At a later period of the disease, he gives the decoction of senega, combined with ipecacuanha, squills, and ammonia.

Epidemic Dysentery—and Treatment. By J. E. Stewart, M. D., of Jackson, Tenn. (Missouri Med. and Surg. Jour.)

We have recently experienced two visitations of this disease in an epidemic form; the first commenced about the close of the summer of 1846, and ended about the middle of October following. The second began the first of May, 1847, and ended the latter part of August. Like the destroying angel who
smote the first-born of the Egyptians, so, this malady spread dismay and consternation throughout the length and breadth of this region of country. Appalling, indeed, were the accounts we received from Memphis, where its victims died off in great numbers. Nor was it much better in Jackson. Dr. Turnbull (see Braithwaite's Retrospect, Part xv, page 111) says: "It results from a consideration of the cases in my possession that vénésection, calomel and opium, followed by copaiba mixture and farinaceous diet, proved more successful than any other method in the severest cases; yet it often lamentably failed, of which sufficient evidence will be found in the table of unsuccessful cases." And Dr. McGrigor calls dysentery "the scourge of armies," and the "most fatal of all other diseases." In two years and a half the British army in Spain lost no less than 4,717 men by this complaint. I might here multiply authorities ad infinitum; but enough has been adduced to prove the formidable nature of dysentery. We will, therefore, at once proceed to a consideration of the treatment. I have already said that the disease under consideration proved very fatal in Memphis and its vicinity, and Jackson and part of its vicinity; my residence is three miles and a half east of Jackson; and the range of my practice extends from the extreme South to the North Fork of Forked Deer River, and includes the Middle Fork and its tributaries, together with the lagoons and swamps of all three inclusive: and from the suburbs of Jackson, on the South-east, East and North many miles into the back country; which geographical boundary includes about 1000 inhabitants, who look to me for aid, when sick. During the prevalence of the epidemics above named, I treated from 50 to 60 cases, which would come under the head of the malignant form, characterized by persistent pyrexia; severe griping and tenesmus, frequent bloody discharges, pain in the abdomen and hypochondriac region; nausea, and sometimes vomiting; great thirst, much restlessness, loss of appetite, &c. &c.

Case 1. A. G., æt. 50, was attacked on the 25th of August, 1846. I was called to see him on the 27th, two days after the attack, at which time he presented the following symptoms, to wit: fever; pulse 100; weak; skin dry; tongue dry and covered with a dark brown fur; thirst; pain and soreness in the bowels; frequent nausea and some vomiting; severe griping and tenesmus, with frequent discharges of blood and mucus. B. Mag. sul. dr. ii; cactus cacti gr. iv, to be pulverized in a mortar; dose to be repeated every three hours; a poultice of quercus rubor. cortex; made by boiling the bark in water and thickening the decoction with wheat bran, to the
abdomen; to drink warm sage or balm tea ad libitum. And at night the following pill, to wit: gum opii gr. iv. Aug. 28th. Has rested well; pulse 90; thinks he has less pain and soreness; thirst not so urgent; discharges still bloody. Continue treatment. Aug. 29th. Same as yesterday. Continue treatment and take for diet boiled rice with milk and mush, mutton or squirrel soup.' Aug. 30th. Dismissed cured.

Case 2. J. Irvine, Esq., æt. 45, was attacked Aug. 26th, 1846; symptoms same as in the preceding case. Treatment same. Three visits, convalescent, dismissed.

Case 3. Mrs. R., æt. 60 or 70, constitution frail, was attacked Aug. 29th, 1846. She took of her own prescription 10 grains of calomel, on the night of the attack, and on the following morning ol. ricini. oz. i, which operated severely, and prostrated her very much. I saw her for the first time on the 31st; complains of great weakness, much thirst, extreme restlessness, slight delirium, subsultus tendinum, abdomen sore and tumefied; frequent bloody discharges, tenesmus urgent; pulse 100, weak. R. Opii, gr. iv., to be taken immediately, and followed in four hours by mag. sul., dr. ii., coccus cacti, gr. iii.—dose to be repeated every three hours; poultice to abdomen; diet and drink as in the above cases. After persisting in the treatment for about ten days, she seemed to be relieved; her discharges were natural, fever had subsided, appetite fair. She now took a notion to try the Gibson’s Well Water, which she did, without consulting me. It immediately commenced operating on her bowels, and continued in spite of every remedy until she fell into collapse, and died. She had no return of the bloody discharges, nor did she complain of pain in the abdomen, but seemed to die from exhaustion alone. I here take occasion to remark that this lady was the only patient I lost during both epidemics. And I leave it to the candid judgment of my medical brethren to say how far her own conduct was concerned in bringing about the fatal result.

Case 4. Mrs. Hays, æt. 60, was attacked Sept. 1st, 1846. Symptoms similar to those above detailed; treatment same. Three visits—cure.

Case 5. Mrs. T., æt. 32, of delicate constitution, and nervous temperament, was attacked June 25th, 1847. Several young ladies had just died in town, and Mrs. T. was greatly alarmed. I visited her, for the first time, on the 26th June, found her weeping; I asked the cause of her trouble, and whether she was in pain. She said, “Oh! doctor, I have the flux, I do not mind dying; but I have to leave my husband and children.” I said, “Madam, do not despond, I do not consider you dangerous; look up, I think I can cure you.” I kept my promise; she recovered and is now well.
Case 6. Joseph, son of Mr. and Mrs. T., aetat. 7, was attacked, June 27th, 1847. Symptoms same; treatment same. Four visits—cure.

Case 7. N. E., nephew of Mrs. T., an inmate of her house, aetat. 9, was attacked June 28th. Symptoms same; treatment same—except that the doses were of course modified so as to suit the respective ages of the patients. Four visits—cure.

Case 8. Amy, colored, the property of Mrs. T., aetat. about 55, was attacked June 30th. Symptoms same; treatment same. Three visits—cure.

Case 9. Mrs. Mark T., aetat. 50, was attacked July 11th, 1847. He had from 25 to 30 bloody discharges in 24 hours. I made my first visit July 13th. Symptoms same as in the preceding cases, except more aggravated; treatment same. Three visits—cure.

Case 10. Henry M., aetat. 30. This gentleman had not perfectly recovered from a severe attack of angina pectoris when he was severely attacked with dysentery on July 17th, 1847. Had great pain in right hypochondriac region; severe griping and tenesmus; high fever; much thirst, nausea, and inclination to vomit; much alarmed. R. Opii., gr. iv., to be followed in three hours by one of the following powders, which are to be repeated every three hours. R. Mag. sul., dr. ii.; cochineal, gr. v.; pill to be repeated at bed time. July 18th, nearly the same; persist. July 19th, better; continue treatment. July 20th, convalescent.

Case 11. Mrs. M., wife of the former, aetat. 25, was attacked July 19th. Symptoms same as those of her husband; treatment same. Three visits—cure.

Case 12. Paralle, daughter of Mr. and Mrs. M., aetat. 5, was attacked July 21st. Symptoms same. R. Mag. sul., dr. ss.; coctus cacti, gr. i.; dose to be repeated every three hours, and at night tinct. opii., m. x.; poultice to abdomen; diet and drink as in preceding cases. Three visits—cure. Three other cases occurred in this family, who were treated in the same way, and all recovered.

Case 13. Mrs. Huntsman, wife of Hon. A. Huntsman, aetat. about 55, was attacked Aug. 7th; with diarrhoea on the 8th Aug., 1847, which continued up to the 13th, when it assumed the dysenteric form. Present symptoms: severe griping and tenesmus; persistent fever; pulse 100, feeble; great thirst, extreme restlessness, soreness and pain in the abdomen and hypochondriac region; has small discharges of blood and mucous about every half hour. R. Soda sul., dr. iii., coctus cacti, gr. v., aquæ fontanae, dr. iv., to be taken immediately, and repeated every four hours; poultice to abdomen, and gr. iv. of

Several other cases occurred in this family; but as the symp-toms were nearly the same, and the treatment only varied to suit the ages of the patients, I deem it unnecessary to detail them.


Dr. Brainard of Chicago first considers some points in the pathology of Intermittent Fever, and then remarks on the treatment best adapted to prevent permanently the recurrence of the disease. 1st. The first link in the chain of morbid action consists in a derangement of the digestive functions, indicated by furred tongue, loss of appetite, flatulence, deranged action of the bowels. 2d. The languor, lassitude, &c., considered by authors as the first deviation from healthy action, is but secondary to the imperfect assimilation. 3d. Soon after the occurrence of the second class of symptoms there is a change in the blood; the fibrine being diminished in quantity. 4th. General derangement of secretions. 5th. Various exciting cau-ses determine a paroxysm, as exercise, cold, &c.—We are to bear in mind that debility and deranged action precede the chills, hence the arrest of these is not the cure of the morbid influence exciting them. Dr. B. then passes in review the va-rious medicines that have been relied on in the treatment of In-termittent. Quinine, he says, arrests chills, but they frequently recur after its use, so that increasingly larger doses are required to produce the effect, which finally fails altogether. Sol. Arse-nicals usually succeeds where quinine has lost its efficacy, and is also more permanent. Salicine is of no value in these ob-stinate cases. Piperine is still less useful. Truss. Ferri is without efficacy in severe cases. The large doses of Quinine that are required in inveterate cases, and the consequent ex- pense, are items of moment in a new country, in which nearly all the laboring population has been effected with Fever and Ague; hence it became an object of importance to ascertain, if possible, whether some cheaper and more efficacious remedy could be found to answer the required indications. Dr. Brain-ard’s attention was directed to Strychnine, “from the manifest analogy between its effects and those of Quinine, from the benefit which has been found to result from its use in chronic diarrhœa and debility of the digestive organs, and from the powerful tonic effect it is known to exercise over the whole
system, but especially the nervous and muscular systems." The result has been satisfactory. If not equally prompt with Quinine in arresting the paroxysm, it is much more permanent. It was given in pill or powder, 1-8th of a grain thrice daily after meals. If used in pills, they should be recently made. In the larger number of cases no sensible effect was produced, except the sensation of improvement a few days after commencing its use—occasionally vertigo, pain in the head and nausea were experienced. It was used in 83 cases; benefitted permanently, 60; for two weeks, 6; for 1 week, 3; over 14 it had no influence. All were old cases, in which there had been from 2 to 20 returns of the disease in the course of 12 months. Its effects were most favorably shown where there was no local disease—least useful where complications of dropsy, chronic bronchitis or phthisis existed. "If the chills occur in the evening it indicates a tendency to hectic, and the medicine is then unsuccessful." In 3 of the 83 cases nausea and vertigo were present. Sometimes unpleasant consequences ensue from heedlessness. In one case six pills were taken at a dose, and produced severe cramps, which, the husband mistaking for hysteria, combated with Tinct. Assaf. The woman recovered. In consequence of the liability to mistake the medicine for Quinine, Dr. B. combines as follows:—Strychnine, 1-8th gr., Starch, 20 grs., and Ipecac, grs. ij. Its bulk prevents more than one powder being taken at a time, and should such an occurrence take place, the Ipecac would prevent injurious consequences. He thinks he is justified "in concluding that in a very large number of cases of ancient aghues, attended with debility and unaccompanied by inflammation, the Strychnia is very nearly equal to the Quinia in arresting the paroxysms, and much superior to it in removing that state of debility and derangement of the secretions, which we have already stated to constitute the first and persisting pathological state of the disease."

PART III.—MONTHLY PERISCOPE.

Voluntary Loss of Muscular Action.—From the Christian Reflector we extract the annexed account of the long disuse of one of the limbs of the human body. Many similar facts are on record, illustrative of physical endurance, and of the force of customs based on false views of religious duty:

"It may seem incredible, but it is undoubtedly true, that there now exists at the Marmandilla Fank, in the middle of the city and island of Bombay, British India, a human being who has inhabited a summer-house, and held, on the palm of his left hand, a heavy flower-pot for twenty-one years without intermission. The narrator of this circum-
stance actually saw the hermit (for such he is called). The arm is completely sinew bound and shrivelled, the nails of his fingers are nine inches long, and curved like the talons of a bird. His beard nearly reaches to the ground when standing erect.

"While sitting, the man rests his elbow on his knee, and when walking he supports it with the other hand. His countenance indicates intelligence, and he once had very extensive possessions. All he now possesses is a few rags round the middle of his body, and a servant who is allowed to attend to his immediate wants, the pecuniary part of which is supplied by visitors.

"Twenty-one years ago he lost his caste by eating mutton! an indulgence in totally forbidden food, and was consequently condemned to hold, for thirty years, a large flower pot filled with earth, in which grows a sacred plant. To lose caste, and not be able to take it up again, according to the superstitions of these deluded idolators, is to incur the penalty of everlasting misery in a future state. What an example does this poor deluded creature afford of perseverance, zeal, courage and devotion, worthy even of the highest cause. If he live to redeem his caste, most likely he will hereafter be set apart to be worshipped as a god."—[Medical Examiner.]

**How to distinguish Stains of Blood from other Stains.**—Peroz found that blood-stains are blackened by hypochlorous acid, while most coloring substances are bleached by it. Brame adds, that hypochlorous acid should be free from perchloride of mercury, as it is easily obtained by Williamson's method, or by agitating fresh chlorine water with peroxide of mercury. The same author advises removing the stains with faintly alkaline water, and then performing the experiment in a glass tube. The solution then appears, at a certain degree of concentration, red by reflected light, and greenish by transmitted light. M. Buchner states, that the presence of mercury does not appear to interfere in the least with the reaction of the acid, and that the blood-stains instantly become brown, but not black. Chloride of lime or chloride of soda and an addition of muriatic acid may also be employed.—[Chem. Gaz., from Leibig's Annalen.

**Prompt and efficacious mode of curing Angina.**—(Translated from Journal des Connaissances Médico-Chirurg.) Dr. Domineco Ceglie proposes bleeding from the ranine veins, and says he has been agreeably surprised at rescuing patients by this means who were threatened by impending suffocation. It may be repeated twice a day; but all the symptoms subside with great rapidity. A blister to the neck secures the good result after the bleeding.

**Decoction of Senna as a Purgative for Children.**—We learn from the Bulletin Général de Thérapeutique, that to overcome the repugnance of children, say from 4 to 10 years of age, to taking medicine, M. Guersant, Blache and others, have used with much success senna bruised made into a decoction with coffee. From a few leaves to 8 or
10 grammes, according to the age, &c., may be added to a weak decoction of coffee mixed with milk, and the deception continued by a piece of bread handed to the child, has found to answer a very good purpose where a purgative was indicated.

Gastric Origin of Croup.—Dr. Cain enters into a lengthened discussion to prove that "inflammation of the mucous membrane of the trachea and larynx, is sometimes caused by erudities in the stomach," adducing in support of his opinion in regard to croup, one case in which an attack supervened on a quantity of indigestible food having been taken into the stomach. He says, Dr. Dickson of South Carolina, is the only author, so far as he is aware, who has mentioned the connection of croup with the presence of indigestible substances. This opinion is so universally entertained by practitioners (although no written expression may have met Dr. C.'s eye), that no extended argument seems necessary to elucidate it. Dr. C.'s article is to be found in the Southern Journal of Medicine and Pharmacy.

Alum in Pertussis.—Dr. Davies thus speaks of the employment of alum in pertussis:

"After a long trial, I am disposed to attach more importance to alum as a remedy in hooping-cough, than to any other form of tonic or antispasmodic. I have often been surprised at the speed with which it arrests the severe spasmodic fits of coughing; it seems equally applicable to all ages, and almost all conditions of the patient. I was formerly in the habit of taking much pains to select a certain period of the illness for its administration, and of waiting until the cough had existed at least three weeks, taking care that the bowels were open, the patient free from fever, the air-passages perfectly moist, and the disorder free from complication of any bruit. A continued observation of the remedy, however, has induced me to be less cautious, and I am disposed to think that a very large amount of collateral annoyances will subside under its use. The fittest state for its administration will be a moist condition of the air-passages, and freedom from congestion, but an opposite condition would not preclude its use, should this state not have yielded to other remedies. It generally keeps the bowels in proper order, no aperient being required during its use. The dose for an infant is two grains daily; and to older children, four, five, and up to ten or twelve grains may be given, mixed with syrupus rheados and water. It is seldom disliked."—[Underwood's Diseases of Infants in Buffalo Med. Journ.

A new Operation for Lithotomv.—(Translated from Archives Générales de Méd.) M. Maisonneuve, Surgeon to the Becètre, presented a man, aged 32 years, to the Academy of Medicine, upon whom he had operated for stone nine days ago, by a new method, called by him recto-perineal. This operation differs from that of Sanson and Vacca—for in this, the sphincter and perineum remain intact. After the
operation in this case, the urine retained in the rectum did not pass
an instant involuntarily, but only three or four times in twenty-four
hours. This patient, examined with the greatest care, presented no
trace exteriorly of an operation. From the fourth day he commenced
to pass urine by the urethra, and now (only the ninth day since he
was operated upon) nearly the whole is voided in this way.

This is the operation:—The patient is placed as for the ordinary
operation of Lithotomv, and M. Maisonneuve divides it into four pe-
riods: 1st, the surgeon introduces his left fore-finger into the rectum,
recognizes the groove in the staff or sound previously introduced into
the bladder through the urethra, turning this finger in forced pronation,
its nail is retained in the groove; 2d, a pointed bistoury, having its
edge shielded by linen enveloped upon the blade, is introduced held
as a pen in the right hand, and the rectum and membranous portion of
the urethra are punctured; 3d, the surgeon now introduces the dou-
bble lithotome upon the left fore-finger still retained as before indicated,
having just withdrawn the bistoury, removing now the finger and
seizing the staff, he pushes the lithotome into the bladder, its concavity
looking upwards or forwards; the staff or sound is now withdrawn,
and the cutting instrument, the lithotome now in the bladder is turned
round onefourth upon itself, so that its concavity is turned backwards;
4th, the surgeon now introduces the fore and middle fingers of the left
hand above the lithitome into the rectum, and separating them widely
to protect the rectum, withdraws the lithotome, making a bilateral in-
cision through the prostate and the corresponding part of the rectum.
The calculus is now extracted, as in the common operation.

The author's claims for this mode of cutting for stone, greater sim-
licity and all the advantages of the bi-lateral through the perineum of
the late M. Dupuytren.

Lipoma, Meliceris and Steatoma—differential Diagnosis. Special
Treatment for each.—(Translated from Journal des Connaissances
Médico-Chirurg.) M. Velpeau says writers on Surgery are far from
agreeing as to the signification of each of these expressions. Sym-
toms in common—Lipoma, Meliceris and Steatoma, have this in com-
mon, they are generally small, and are gregarious. M. V. has
counted thirty-one on the head of one of the most distinguished scien-
tific Frenchmen. None of these tumors offer an alarming prognosis;
all, however, require ablation, but in a manner special to each.

Symptoms peculiar to each. Lipoma is a fatty tumor formed by
adipose cells in a hypertrophied condition. It may terminate in gan-
grene, but will never be transformed into meliceris or steatoma.
Lipoma may be found any where that adipose tissue exists. It is a
fatty mass without special envelope.

Meliceris only exists either in the skin or below it. It is formed by
a sebaceous follicle, obliterated and enlarged. The contents of the
tumor varies, but it contains generally a whitish or yellowish pus.
The sac may contain serum or pus.

Steatoma is always found under the skin like meliceris, and upon
the head or breast. It is distinguished by a sac always separated from the skin, and without organization. It is in fact a sort of brittle shell, without vessels; a true product of exudation. The matter of meliceris is soft, that of steatoma is concrete. Definitively, lipoma is a soft, fatty tumor, without cyst; meliceris is a hard tumor, with a sebaceous cyst; steatoma, a hard globular tumor, without projections, the product of exudation.

The treatment is the same for each of these tumors, but the operation differs one from the other.

Lipoma must be removed in totality, and not cut into pieces. The same must be done for meliceres. The steatoma is the only one that may be split up, cut into, or emptied. Formerly this was carefully dissected out; all that is necessary is to split the tumor and then press the sides together—the sac or cyst will exfoliate.

Spina Bifida, cured by repeated punctures and tincture of Iodine to the tumor.—Dr. Evans reports, in the British American Journal of Medical Science, a case which he cured as follows:—The tumor existed at birth, and had increased since; it was fluctuating and demis transparent. The child’s head was voluminous, and its inferior extremities were insensitive and paralyzed. Dr. Evans plunged eight needles through the tumor, and covered it with lint impregnated with tinct. Iodine. This treatment was repeated every fourth day, then a bandage acting upon the compress wetted with the Iodine was added, and in six months the child was cured.

On the Cutaneous Eruptions Induced by Various Medicinal Substances.

Opium.—The eruptions which in certain individuals follow the use of the preparations of opium are always of an exanthematos nature. In general they consist of red isolated patches not unlike those of measles. This kind of eruption is rare.

The solanea.—The eruption induced by the ingestion of the preparation of this tribe of plants are also of the order exanthemata, and are as uncommon as those which are the effect of opium. The patches are larger and irregular, resembling scarlatina.

The oleo-resins.—All the medicinal substances of this class are liable to be followed by cutaneous eruptions, but none so frequently as turpentine and copaiba. The eruption very much resembles that produced by opium and belladonna, being sometimes measly, at other times scarlatinous in its appearance. It is a rare exception to see either vesicles, pustules, or papules.

Cod-liver oil.—This medicine sometimes gives rise to a form of eczema, which appears generally about the fifth day from the commencement of its use, it is, however, rarely observed.

Iodide of potassium.—The eruptions which follow the use of this medicine are far from uniform, sometimes being eczematous, at others pustular, as in acne. It sometimes happens that the skin escapes the action of the medicine, and that the mucous membranes are attacked instead; in such cases we observe coryza and conjunctivitis, which
cease as soon as its use is suspended, but which will not yield to topical treatment as long as the medicine is persisted in.

The discrimination of the cutaneous affections which are induced by different medicinal substances taken internally, is of no slight practical importance; we have seen ignorance of these characters and causes give rise to very unpleasant mistakes.—[From Annaire de Therapeutique, in Provincial Journal.

Seminal Weakness cured by ligature to the Penis.—M. Fissier, of Lyon, relates cases in the Bulletin Général de Thérapeutique, where a cure was effected by applying a ribbon around the penis, as the patient retires to bed. In some cases, several other means had failed and this simple one was found successful.

Cataplasms, sedative and resolutive, against Arthritis.—(Translated from Journ. des Connaissances Méd. Chir.)—Prof. Trousseau is in the habit of covering the joint affected with a cataplasm made as follows:—Boil crumbs of bread in camphor dissolved in brandy or the tr. of camphor, sufficient to cover the whole articulation, which when prepared cover this poultice with 8 or 10 grammes of pulv. camphor, and then sprinkle it with a strong solution of belladonna. This is an expensive preparation, but need not be renewed oftener than every five or six days.

Twins born after an interval of two months between them: they live.—(Translated from Journ. des Connaissances Médico-Chirurg.) Dr. Wilberg reports a young lady, married ten months, who after eight months pregnancy was delivered of an infant on the 24th of March, 1846, which lived, but had not attained its full uterine development. The accouchement was laborious; the placenta was discharged spontaneously, but the mother had no nourishment for the child. She thought she felt movements of another child, and the abdomen increased in size. The 20th of May she was again taken in labour, and gave birth to a child more robust and heavier than the first one. Three days after this, she was enabled to nurse both her children.

Diuretic Formula.—White wine, half-pint; powdered squills, 4 to 8 grammes; laudanum, 40 to 60 drops. M. Commence with a teaspoonful twice a day, in a tumbler of water, sweetened, and increase to three or four. The diuresis is commonly perceived on the second or third day.—[B. Tissier, of Lyon.

New cure for Blennorrhagia, Blennorrhæa, Leucorrhæa, Cystirrhæa, and other mucous discharges.—(Translated from Journ. des Connaissances Médico-Chirurg.) Dr. Taddéi says he has cured 163 patients affected with mucous discharges by using the following injection repeated three times a day. They all bore the injections well; and in some obstinate cases the balsam was increased to 24 or 30 grammes.

- Balsam of Copavia, ... 16 grammes.
- Emulsion of sweet Almonds and gum Arabic, 12 grammes.
- Laurel water, ... 8 grammes.
Lavement Anti-typhoid.—(Translated from the Journal des Connaissances Médico-Chirurg.) Dr. De Larue.

Distilled water, . . . 200 grammes.
Magnesia, . . . 40 centigrammes.
Camphor, . . . 50 "
Asafoetida, . . . 30 "
Cinchona red, . . . 2 grammes.
Yellow of egg, No. 1.

This may be repeated two or three times a day, and continued for many days. Dr. D. thinks he has derived very valuable assistance in the treatment of typhoid fever from the use of this lavement or injection.

MEDICAL INTELLIGENCE.

Prof. Means' Introductory Lecture.—In the Medical College of Georgia, there is delivered but one general introductory Lecture at the opening of the course. This was delivered this session by the Professor of Chemistry and Pharmacy, and the Class have done well in requesting a copy of it for publication. The subject was the novel and highly interesting one of Electro-Physiology. Intending to recur to it again, all we do at present, is to commend this able production of its gifted author to the attentive perusal of the profession.

New Remedy for Epilepsy—(Dr. Greene's Letter.)

THOMASTON, Ga., Nov. 9th, 1847.

Dear Sir:—I notice some prescriptions in the last No. of our Medical Journal, communicated at your solicitation, upon the treatment of that obstinate and terrible malady—Epilepsy. Having found some two years ago, in an old No. of the American Journal of the Medical Sciences, what was to me a new remedy, and since had occasion to test its virtue in Epilepsy, I venture to send a brief sketch of the article, &c.—hoping it may not prove unacceptable to you.

This communication was written by a distinguished medical gentleman of Virginia, (Dr. Mattauer,) and, as I read it in the library of my partner, while residing in America, I cannot now recall to mind the date or year of the Journal, but simply the short prescription which I took down in my note-book, as follows:—

- Crusta Genu Equinæ, - - - - one part,
- Brandy, - - - - four parts.

Dose—F₃⁵ss to F₅⁵ss, 3 to 4 times per diem; beginning with minimum and gradually increasing to maximum dose. Also given in substance, by grating the knee scab, or grinding it in a common coffee mill to powder, in doses from 2 to 20 grs., 3 to 4 times per diem.

Also, as possessing the same active properties—
- Parings of the hoof, - - - - one part,
- Brandy, - - - - two parts.

Dose—₃½i to ₅½i (extreme doses.)

Dr. M. believes it to possess the antispasmodic power in a high degree, with some sedative influence; and insists upon a due preparation of the patient before employing this article. He also directs that such scabs only be collected as are ready to fall almost spontaneously.

I have used this remedy in three cases of Epilepsy—two of which were materially benefited, before I left the low country—in deed, one of the cases experienced a complete suspension of the paroxysms for several weeks, and was thought, by the parents, to be cured; when, on account of discontinuing the preparation, the fits returned.

The third case is now under treatment, being a man of middle age, in the
legal profession, and of active business habits. He has been exempt ever since early in the month of April last; having suffered only occasional premonitions.

In haste, very respectfully, yours,

ALEXANDER B. GREENE.

The nature of Gen. Shields' Wound.—This gallant soldier has recently been the guest of our city, and we were called upon to dress his second wound: being detained, we found our friend, Dr. Dugas, in attendance when we arrived. It is known that Gen. Shields was wounded twice in the recent battles in Mexico. By the discharge of a cannon at Cerro Gordo, he was shot through the body and given over as certain to die. The General thinks it was a grape shot that traversed his chest. The ball has evidently passed between the lungs, through the mediastina; entering within the right nipple and passing out near the spine on the right side. He spate no blood, did not fall, and even gave the word of command after being wounded. In a few moments he was in indescribable agony, and prayed even for death, to be relieved!

None but a medical man can fully appreciate the nature of this wound, which has no parallel on record.

Reduction of the dislocation of the Radius and Ulna backwards, of more than seven months standing.—In the November No. of the Dublin Quarterly Journal of Medical Science, may be seen the account of a case of this dislocation, (backwards of the ulna and radius,) of four months standing, published by Surgeon Hughes, of Jervis-street Hospital. The patient was subjected to the usual treatment for such accidents, and also to the inhalation of ether; but all to no purpose—the reduction not being affected.

On December 3d, a gentleman of great muscular development, having a backward dislocation of the radius and ulna of seven months and six days duration, was subjected to etherization and the pullies, when, after one hour and three-quarter's continuance, and efficiently aided by Drs. Dugas, Means and Campbell, the reduction was effected. The operation was performed before the Medical Class. Dr. Jarvis, the inventor of the Surgical Adjuster, has since examined the elbow-joint, and pronounced all right.

We have, too, just reduced a backward dislocation of the head of the radius of eleven weeks standing, by etherization and the surgical adjuster.

MEDICAL MISCELLANY.

M. Sobry (de Bruges) recommends calomel to be given to children with the extract of liquorice—roll into cylinders with the mercurial salt, and cut into pieces representing grains.

M. Fantonnetti proposes to give quinine mixed with tartaric acid, equal parts, in rheumatism. He says the disease has been thus manifestly abridged and relieved.

The Chorea still approaches Eastern Europe.

In Flanders, twenty-two physicians have fallen victims to Typhus since the 1st January last.

According to a German Journal, the Turkish Government has just concluded by treaty, to an English Company, the right of fishing for leeches in her waters, for the enormous sum of 1,485,900 piasters.

M. Desmares proposes caustics made of the nitrate of Silver and nitrate of Potash, in the proportion for the former of a half, a fourth or eighth. He claims for it an action intermediate between lunar caustic and sulphate of copper.
Dr. Lamarre, in a pamphlet of eighty pages, and noticed in the Journal des Connaissances Médico-Chir., proposes to cure consumption by a decoction and the substance of snails, in large doses.

M. Bouilland presented to the Academy of Medicine of Paris an Anatomical anomaly very rare and curious—a double aorta, terminating on each side in a primitive iliac artery.

The three Faculties of Medicine in France (of Paris, Montpelier, and Strasbourg), have replied to the request of the Minister of public instruction, that they are in favor of maintaining the system of Concours for the professorships.

There are about 230 Students in the two Medical Colleges of Missouri—150 in the State University, and 50 in the St. Louis University.

Dr. Miguel, the founder and editor of the Bulletin de Thérapeutique, died at Nice, the 9th October, on his way to Italy, where he had been ordered by his physicians on account of his disease. His Journal was one of the best published in Paris. It is to be continued by Dr. Dcbot.

The Minister of Commerce of France has commissioned Drs. Beau, Monneret and Contour, to proceed to the east, and report on the progress of the Cholera Morbus, which is stated to be pursuing the same course it did in 1831. Its rapid march is westward, approaching, according to the last accounts, Moldavia, Valachia, and even Poland.

<table>
<thead>
<tr>
<th>A.M.</th>
<th>Sun Rise.</th>
<th>2, P.M.</th>
<th>Wind</th>
<th>Remarks</th>
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<tbody>
<tr>
<td>1</td>
<td>51 29 77-100</td>
<td>76 29 75-100</td>
<td>n. w.</td>
<td>Fair.</td>
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<td>74 73-100</td>
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<td>3</td>
<td>47 78-100</td>
<td>77 73-100</td>
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<td>4</td>
<td>51 65-100</td>
<td>82 70-100</td>
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<td>5</td>
<td>56 75-100</td>
<td>83 78-100</td>
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<td>6</td>
<td>55 78-100</td>
<td>81 78-100</td>
<td>n. e.</td>
<td>Fair—some clouds.</td>
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<tr>
<td>7</td>
<td>61 89-100</td>
<td>78 88-100</td>
<td>s. e.</td>
<td>Fair—some clouds.</td>
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<tr>
<td>8</td>
<td>61 95-100</td>
<td>80 92-100</td>
<td>s.</td>
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<td>9</td>
<td>68 92-100</td>
<td>78 93-100</td>
<td>s.</td>
<td>Rain 45-100 of an inch.</td>
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<td>10</td>
<td>63 96-100</td>
<td>81 95-100</td>
<td>s.</td>
<td>Cloudy.</td>
</tr>
<tr>
<td>11</td>
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<td>71 30 1-100</td>
<td>n. w.</td>
<td>Cloudy.</td>
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<td>12</td>
<td>60 30 3-100</td>
<td>65 2-100</td>
<td>n. e.</td>
<td>Cloudy.</td>
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<tr>
<td>13</td>
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<td>78 29 90-100</td>
<td>s.</td>
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<tr>
<td>14</td>
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<td>73 71-100</td>
<td>s. w.</td>
<td>Cloudy—sprinkle—breeze.</td>
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<td>63 91-100</td>
<td>n. w.</td>
<td>Fair.</td>
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<tr>
<td>16</td>
<td>37 30 5-100</td>
<td>69 30 5-100</td>
<td>s.</td>
<td>Fair—first white frost.</td>
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<td>74 8-100</td>
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<td>Fair.</td>
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<td>18</td>
<td>48 6-100</td>
<td>76 29 95-100</td>
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<td>19</td>
<td>58 29 82-100</td>
<td>62 86-100</td>
<td>n. w.</td>
<td>Fair—sprinkle—breeze.</td>
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<td>20</td>
<td>33 30 3-100</td>
<td>53 30 6-100</td>
<td>n. e.</td>
<td>Fair—ice.</td>
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<td>21</td>
<td>34 8-100</td>
<td>62 5-100</td>
<td>e.</td>
<td>Fair—some clouds.</td>
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<td>49 9-100</td>
<td>53 29 93-100</td>
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<td>63 29 76-100</td>
<td>63 73-100</td>
<td>s.</td>
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<td>24</td>
<td>61 54-100</td>
<td>61 51-100</td>
<td>s.</td>
<td>Rain 55 100 of an inch.</td>
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<td>25</td>
<td>43 62-100</td>
<td>56 70-100</td>
<td>w.</td>
<td>Fair—flying clouds—breeze.</td>
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<td>26</td>
<td>32 99-100</td>
<td>40 95-100</td>
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<td>27</td>
<td>25 30 11-100</td>
<td>48 30 5-100</td>
<td>n. w.</td>
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<td>28</td>
<td>28 25-100</td>
<td>61 25-100</td>
<td>w.</td>
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<td>29</td>
<td>31 23-100</td>
<td>56 20-100</td>
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<tr>
<td>30</td>
<td>37 15-100</td>
<td>43 7-100</td>
<td>n. e.</td>
<td>Cloudy.</td>
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</table>

18 Fair days. Quantity of Rain 1 inch. Wind East of S. and W. 9 days. West of do. do. 14 days.