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It is a pleasing and profitable pastime—the tracing out the history of the early Fathers of Medicine—to examine the different opinions they held concerning the *causas rerum*, to study the grand theories they reared, and to watch them as they gradually crumbled away under the influence of new systems; to see young physic in its swaddling bands, and to mark the time when first it donned the breeches, and finally stood forth clothed in glittering vestments. If more attention were paid to historical writings—if deeper researches were made into the principles and practices of the earlier physicians, there would be far fewer claims of originality urged than are presented to us now. Why quackery itself is at a loss, for it can scarce find a single straw to tickle the credulity of men, which has not been plied ages ago. The “Fairy” of Paracelsus is reproduced and poured down the throats of barren women, under the new appellation of “Lucina Cordial.” The “admirable secrets” of Albertus Magnus are held by cancer doctors and curers of fistula. The “natural magic” of Baptista Porta was revised by Hahnemann, and is now practised by homœopaths all over the world. The “Demones” of Cornelius Agrippa are understood by that class of quacks who by stroking cure all diseases. The “Elixir of Life” of Van Helmont, is pumped into the stomachs and dashed over bodies of old women by the disciples of Priessnitz. Spiders, snake skins, old rags, charms of all sorts,
and talismans of every variety, are used now as of old, only the genius of quackery have changed the names they received at their baptism, ages gone by. So is it in physic proper: new names are given to old things, and doctors fight for priority about some simple operation—the division of a tendon, or a muscle perchance, which has been practised by the worthies of old, but not considered of sufficient importance to record in connection with the sublime reasonings they have left us on abstract and abstruse subjects, such as "Motion," "Passion," "Human Nature," &c. Now and then, some new light—some modern genius, astonishes the sober-minded ones of the profession, by the discovery of a new remedy, which is at last found to be adulterated blue pill, or something quite as innocent. In fact, old remedies have become new, and we are almost obliged to study, not remedies themselves, but their adulteration. The history of medicines is now absolutely indispensable, and woe be to that tyro who attempts to give physic, knowing it only by name.

Although the history of medical men is not of such peculiar importance as to demand a thorough investigation by all who practice physic, it is nevertheless pleasant, while examining the weapons of the profession, to learn something concerning those who first wielded them and the manner in which they were used. With this view, and to while away a leisure hour, we brush the dust from off the page of antiquity, and shall give a hasty sketch of the lives of one or two able commentators who flourished after "that Prince of Physicians," Hippocrates, and on whom the mantle of good old Galen fell. M. Renard, in his late work, "Histoire de la Medecine depuis Son Origine jusqu' au xix. Siecle," has made three great chronological divisions, viz: the age of Foundation, the age of Transition, and the age of Renovation. These are sub-divided as follows:—The first age comprises the Primitive Period, terminating with the fall of Troy, B. C. 1184; the Sacred or Mystic Period, terminating with the dispersion of the Pythagorean Society, B. C. 500; the Philosophical Period, terminating at the Foundation of the Alexandrian Library, B. C. 320; the Anatomical Period, terminating at the death of Galen, A. D. 200. The second age comprises the following periods:—The Greek Period, terminating at the
Destruction of the Alexandrian Library, A. D. 640; the Arabic Period, terminating at the Revival of Literature in Europe, A. D. 1400. The third age comprises the Erudite Period, comprehending the 15th and 16th centuries, and the Reformatory Period, comprehending the 17th and 18th centuries. According to Plato, Medicine is of five kinds—viz:

**Pharmaceutical**—cureth diseases by application of medicine.

**Chirurgick**—by incision or cauterizing.

**Diætetic**—by diet.

**Nosognomonick**—discerns diseases.

**Boethetic**—removeth diseases.

The diagnostic school to which Aristotle and Plato belonged, exercised a powerful influence on Medicine, and although the latter philosopher did leave the path by which most good would have accrued to knowledge, inasmuch as he neglected observation and speculated on the final causes of matter, motion, and primary elements, yet, at the foundation of the Alexandrian school, we find Galen professing the same doctrines taught at the school of Cos several centuries before. The abstract ideas, the metaphysical researches, and the acute reasonings of Plato, seem to have swayed the philosophy of medicine, as well as that of other branches of knowledge, till Galen’s time; and we can almost hear him exclaim, as he bends admiringly over the page of Plato—“Thou reasonest well.” Galen then belonged to the Dogmatic school, and demonstrated the mode of treating diseases which had in the first instance been pointed out by Hippocrates. He had all those powers of mind, which were necessary to the elucidation of great principles obscurely laid down, and yet from his desire to exhibit his superiority to the Fathers of Medicine, he frequently is prolix and sophistical. He had a liberal education, and was a man of fine subtle parts, and much learning. After his travels in the East, he returned to Pergamus, from whence he went to Rome, A. D. 163. Here he met with such violent opposition from the Faculty, for pretending to know more than they—or, what they did not know—that he was obliged to leave in the course of four or five years, when he again wended his way to Pergamus. From this retreat he was soon called by the Emperor Marcus Aurelius, and he
continued to reside in Rome till his death. At Rome, physicians were divided into sects. The Methodists were numerous, as were also the Dogmatists. They were, however, divided among themselves; and though Galen joined none of them, he at once saw the superiority of the doctrines of Hippocrates, and adhered to them. He did not, however, pursue that rational and judicious method of investigation, nor as carefully observe and follow nature as did Hippocrates; nor did he reason as accurately and justly, from those observations in his own theory of disease—but the Peripatetic Philosophy, as subtilised by Aristotle, previously introduced into Rome, was embraced by him, and he endeavored to engrift all the fine distinctions, concerning elements, temperaments, occult and cardinal qualities, and the no less subtle divisions of the humors of the body, on his own Theory of Physic.*

Finding it difficult to explain all the phenomena connected with the causes and production of disease, by the mystified logic his own fancy had taught him, he was obliged to neglect all principles of evidence, and to find out some way by which he could demonstrate the operations of nature agreeably to the imaginary divisions of the elements, temperaments and humors of the body. He did not stop to enquire whether these truly existed; but taking it for granted, he indulges in all the fine spun reasoning necessary to support his supposititious data. His was a colossal intellect, or it would have tottered and fallen from the height its own daring had attained. Serpent-like, his genius crept into the narrowest paths of knowledge, and again it soared on high and gazed undazzled into the sun of wisdom. There is a peculiar pleasure in contemplating the irresistible power of a mind such as was Galen's. We see it breaking away from its earthly tenement—gliding through immensity—drawing nourishment alike from the vast and the minute—from other spheres and other systems—from "the years beyond the flood," and feeding upon the ages of futurity. Galen wrote over five hundred books in Physic, and a great number in Philosophy and the other Sciences. Numerous as those extant are, we have but a small part; for many of his works were burnt in Rome, when his house was consumed. The oldest and most

complete edition of his writings, in Greek only, is the Aldine, 1525—folio; which was followed by the Greek edition of Basle, 1538—folio; and the Gracco-Latin one in 13 folio volumes, by Ren. Chartier, with the works of Hippocrates added—Paris, 1679; in 1819, Doctor Kühn, in Leipzig, undertook a new edition in Greek and Latin;* and lastly, we have another edition, by one of our talented Philadelphia physicians.

Contemporary with Galen was Caelius Aurelianus, of Sicca, a city of Numidia, in Africa. His translation of the works of Soranus, of Ephesus, on Acute and Chronic Diseases, gives an exposition of the doctrines of the Methodists. The works of Soranus, who was the most eminent among the Methodists, written in the Greek, are lost, and but for the translation of Caelius, we would not now have so clear a knowledge of the doctrines taught by this numerous sect. From his pen, also, we principally gain our knowledge of those distinguished physicians who belonged to the sect of which he was so distinguished an ornament, as Diocles Caristus, Praxagoras of Cos, Sera- pion of Alexandria, Asclepiades, Themison, &c.

Although the Methodists objected to all enquiry as to the causes of diseases, and paid very little attention to the parts of the body affected, they were nevertheless pretty accurate in their diagnosis. They did not compare symptoms, nor trace them to any particular seat in the structures of the body; nor did they enquire what were the uses of the different structures; nor pay particular regard to the forms of morbid action, as modified by variety of tissue, but referred all diseases either to "adstriction or contraction," "relaxation," or both combined. The result of such a theory was a practice correspondingly improper. Thus Caelius tells us,† that he gave purges in all diseases, and ordered bleeding and purging at any stage of the disease, without any rule or attention to indications: it is therefore no wonder that the practice was as unsuccessful as the poet Juvenal represents, when he says—

"Quot Themison negros autumno acciderit uno."

Vomiting, bleeding, fomentations, anointing, and various kinds of exercise, were prescribed by this sect. They were

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† Caelius Aurel. de Morb. Acult. et Chron.
particularly careful to have free ventilation. In treating inflammatory diseases, they cooled the sick room with green branches, or by sprinkling the floors with water. Their patients were not allowed to taste either solid or liquid food for three days. Caelius Aurelianus is the first who mentions bleeding by leeches,* and gives a description of making Diacodium, from the juice of, or by making a decoction of poppy-heads and honey. He is also said to have been the founder of the Methodist sect.† But this is improbable, for Asclepiades was the first who presented a systematic mode of viewing science, and his system was founded upon the philosophy of Epicurus. The Methodists met with small share of favor from Galen, who demonstrated their sophisms, showed the folly of their theories, and ridiculed the professors. So simple was the system they taught, that Thessalus boasted he could teach the whole science in six months—an opinion adopted by some moderns, notwithstanding the necessity of a knowledge of anatomy, chemistry, and the sciences collateral to medicine. Ours, however, is a peculiar age—an age in which the ingenuity of man is exhausted to furnish nutriment for its labor-saving, utilitarian spirit; an age in which mind is as subject to mechanical power as the machine which at every turn, turns out a button-mole, or a nutmeg; an age in which men know without learning—in which mind has become a sort of spiritual steam-engine, which whistles, and whirls, and snorts, and roars "through the fair fields of science, untrammeled and free," and it may be that knowledge is acquired now with so much greater facility than in the days of Thessalus, that notwithstanding the number of branches now taught, a man may, like Strepsiades, in the clouds of Aristophanes, "hang his cloak upon the Arts and Sciences," and let education "soak in from the outside." We hasten on to give a sketch of several Greek physicians, and enquire what they did to advance the medical art.

First in the list is Oribasius, of Pergamus. Oribasius was a pupil of Zeno, the Cyprian. He did not, however, complete his studies with this philosopher, but left Sardis and went to Alexandria, in Egypt, where he became a distinguished professor,

† Idem. et Celsus in Praefat., p. 15.
about 150 years after the death of Galen. Fifteen, of all the books he wrote at the request of the Emperor Julien, are now remaining.

From his great admiration of the theories of Galen, and from the fact of his adopting so completely Galen's views, and compiling his writings, he was called Galen's ape. Though his Theory of Physic is precisely that of Galen, we find some things in his works mentioned by no other authors: so, too, in his Anatomical researches. He was the first to describe the salivary glands,* and is the first who mentions the mode of bleeding by scarification.† He employed this practice in his own case while suffering from an attack of the Plague. On the second day of his attack, he scarified his thighs and took away two pounds of blood. This method he also practised in suppression of the menses, headache, giddiness, dyspnæa, &c. He also describes a peculiar kind of madness which he calls Δυμών δρωπίν.‡ This was, in all probability, more frequent in those days than now. The same disease is mentioned by Ætius, Paulus, Aetiusarius, and others, and is probably synonymous with the demoniac of the scriptures. It has also been described by some more modern authors.§ Another practice introduced by Oribasius, was that of giving nutritious clysters. This practice was adopted, and is described by Avicenna, who lived several centuries after Oribasius. Oribasius was a man of genius, and had he adhered to the mode of reasoning adopted by Hippocrates, rather than that of Galen, he would have left a more valuable legacy. He had sufficient acuteness to perceive the errors of Galen, and has, in some trifling instances, explained them. He was captivated by the assumed independence of Galen, and seems to have followed him as much for the qualities of the man, as those of the physician.

Amida, a city of Mesopotamia, gave birth to the next physician of note, whose works have come down to us. Ætius lived in the latter end of the fifth century, about A. D. 480. Ætius was a clearer writer than Oribasius, and treats of more diseases; but his works on Surgery are much inferior to those who had preceded him. His description of the operation of castration,

is better than that of any previous writer; but this operation was so frequently practised, long before his time, in making Eunuchs, that he had probably more observation to guide him. He is the first to describe issues made with a cautery, to drain off bad humors.* The remedy was frequently worse than the disease; for the cautery was applied in so many and in such places, as to become a greater evil than the disease for which they were applied. The first that we learn of the application of issues, not of cautery, is their use by cattle doctors.† According to Dr. Friend, Ætius first gave an account of the Dracunculi. Plutarch, however, quotes Agarthurchides on this subject, long before Ætius. Plutarch calls them ὁδακονλια μακρα. The Arabians call it medineusis, or medena vena—vena, because they doubted its being a living animal, and medineusis, from the frequency of its appearance at Medina. Avicenna treats it among abscesses. Le Clerc mistakes them for the bovina affectio; but Ætius separates, and Albucasis distinguishes them with great care. Some suppose that he takes his description from Leonidas, of Alexandria, who had probably seen it in Egypt; but he himself probably met with it in Persia, where it is, in some parts, as frequent as in Arabia. He has given the best account of Egyptian Pharmacy, and has collected a great number of receipts, as well as some of the most famous nostrums of those days: from him we learn the comforting fact that quacks and their nostrums were as numerous then as in our days. The priesthood had, as early as A.D. 366, been forbidden by the council of Laodicea, to study or practice enchantment, mathematics, astrology, or the binding of the soul by amulets, for the monks had converted the purposes of medicine to the most improper uses, and so great had become the evil of charms, amulets and relics, that the Lateran council, under the pontificate of Calistus II., forbade the attendance of the priests at the bed-side of the sick, otherwise than as the ministers of religion. Ætius tells us of one Danous, who sold a Collyrium, at Constantinople, for 120 Numismata; and Nicos-tratus sold his "Isotheos," (colic drops,) for two talents.‡

* Ætius Tetrabib, Lib. 2, cap. 2, 28.
†iver, 375 £—if of gold, 4500 £.
Quackery in those luxurious days was quite as popular as now, and men were as willing to pay for being tickled into a belief, that the real "Elixir of Life" had been found. "It is painful," says a writer in the London Med. Gaz., "to witness, at the present day, the patronage and confidence—and that by parties, who, from their position, ought to be leaders in the enlightenment of society—bestowed upon the professors of homœopathy, hydropathy, and animal magnetism; whilst men profoundly acquainted with the structure and diseases of the human frame, are left to struggle on unnoticed." One of the most amusing cases, in which the properties of the remedial agent were probably well adapted to the pathological condition of the patient, we clipped from an Ohio paper not long since; and as it will show how enlightened are some who live in the 19th century, we copy it for the benefit of those who are "Death on Fits."

"Our friend, John Barber, of Clark Co., Ill., says, I saw last summer a boy that had had fits, which was a curiosity to me. His parents say the boy was cured by sleeping with a hound puppy. The father of the boy told me that the dog was not deformed when young, but that now he is deformed the worst kind; his feet turned up, and his legs very much bowed." How important is it that we should "seize upon truth, wherever found."

Isopathy, then, is not so recent a discovery as the talented Editor of the N. Y. Annalist supposes; for this is a case in point. Our friend, Dr. Roberts, "suggests as an idea wholly original, that morbid organs would more strictly, and perhaps, successfully carry out the similia similibus curantur principle: thus hepatized lung, for pneumonia; cirrhosed liver, for cirrhosis, &c." We recommend some of our Northern pathists to use the deformed puppies of the canine species, to cure those puppies of the human species, who are "sent into this breathing world scarce half made up."

But to return. Ætius was about the first physician who embraced Christianity. He had great faith in the cure of diseases by miracle. He collected whatever was worthy of note in the writings of his predecessors. This he did "by cutting out portions of prior writings, and placing his scraps under certain chapters."
Not long after Ætius, lived Alexander Trallianus, a native of Tralles, a city of Lydia, near Ionia, where the Greek tongue was spoken more pure than in most other parts of Greece. He was a man of nice honor, sound learning, much practice, and enjoyed a brilliant reputation. He travelled from place to place, in search of knowledge, and vigorously prosecuted his researches in science. He enquired into and reasoned closely concerning the causes of disease, and like Hippocrates and Aretaeus, of Cappadox, deduced a rational mode of curing them. His manner of writing is clear; his style concise, and his language pure. His method of treating diseases is his own. He was a great admirer of Galen, but was not so much influenced by the Peripatetic philosophy as either Galen or Oribasius. In the books he has left, he as accurately describes diseases and their symptoms, as do Hippocrates and Aretaeus—enquires into their causes, and as judiciously describes the indications as they. From his close observation and acute reasoning, he was able to distinguish those diseases whose characters and symptoms are similar.* He neither formed any hypotheses of his own, nor admitted those of Galen. His manner of observing is like that of Hippocrates, while his reasoning is peculiarly his own. He plainly asserts his views, and tells us why he differs from his predecessors. The hypothetical theory of Galen, as well as his method, are condemned by Alexander.†

Though he explains his mode of treatment, he gives his readers cautions concerning what should be avoided, "which, if all other writers had as exactly followed, might have been of as much use to us, as many of their positive precepts." In plethora, he advises bleeding and frictions, to prevent evil consequences; and though Hippocrates and Aretaeus had advised the same practice before him, we find Oribasius and Ætius were afraid of the practice: so that Alexander has the honor of reviving the practice—defending it, with sound logic and judicious observations. Previous to him, phrensy had been attributed to a morbid condition of the diaphragm; but he shows

* Alex. Trall. de Calcul. et Morb. Chlo., Lib. 9, cap. 4. Et de Pleurit. et Hepatit., Lib. 6, cap. 1, &c.
† Alex. Trall., Op. Lib. 6, cap. 1; Lib. 12, cap. 1, 6, 7, 8. Dr. Friend's Hist. of Phys.
that it belongs to the brain, and recommends bleeding in the arm and forehead. He also mentions a tubercle in the lung, which causes dyspnœa, without fever or expectoration.

In fevers, he advises bleeding and cool drinks. He describes the tænia, and records the case of a woman who voided one twelve cubits or six yards long. In his epistle to Theodorus, he describes the ascarides, and the mode of removing them. No other writer so strongly insists on bleeding in a fit of the stone, which is a very judicious practice, especially if there be suppression of the urine at the same time. He mentions many other things in his practice which are worthy of note; and he may be looked on as one of the most practical men of his time, and one who did more to advance the medical art than any of the ancients before him, except Hippocrates himself.

About the end of the sixth and beginning of the seventh century, lived Paulus Ægineta. After pursuing his studies in Greek, he visited Alexandria, in Egypt, which was then the most celebrated school in the world. The Peripatetic philosophy and theory of Galen were his favorites. He became celebrated as an Obstetrician, and was the first to write on woman and her diseases. His fourth book is on the subject of cutaneous diseases, ulcers, &c. He begins with Elephantia, and is clear and concise in his description of Pterygion vel onychia maligna. He also distinguishes Lepra from Psoriasis, and recommends us not to interfere with the eruptions of infancy, except in their decline. He has numerous rules concerning regimen and the milk of the nurse. He has treated of the diseases of old age, in his first book; his fifth book treats of poisonous animals and insects; his sixth, is upon surgery, and is fuller than any work preceding it on surgical operations. He suggested a number of new operations, and improvements on old, and is very exact in his descriptions. In lithotomy, he orders the incision to be made obliquely, as was practiced in more modern times by Mr. Raw, of Amsterdam, Cheselden and Heister. He distinguished hernia inguinalis from hernia scrotalis, and both from bubo, very exactly. He has marked the difference between the various kinds of hernia.

* Hist. of Phys., vol. 1, pp. 9-120.
† Pauli Æginetæ Opus de re Medica, Lib. 1, p. 7. Parisius, 1532.
as well as the operations then in vogue for their cure. He tells us an aneurism is a tumor which rises from arterial blood extravasated—describes the various kinds of aneurisms, the dilatations of the arterial coat, &c. In 1805, Sir A. Cooper tied the common carotid, advised two ligatures, and recommended that the artery should be divided in the interspace. This formed a memorable era in the annals of British surgery; but Paulus describes the operation, and after having applied the ligatures, he orders the vessels divided, and expressly says, we ought to tie the artery not only above, but below the aperture.

Paulus invented a scarificator with three blades, and frequently used cupping, and mentions the use of the hook or crotchett, in obstetrical practice. Although he gives directions concerning the delivery of a child, and the treatment of the lying-in woman, we have no evidence that he himself paid very much attention to the practice of midwifery.

We are surprised, in examining these historical records of the earlier Fathers, to find how great a degree of perfection had been attained. Paulus lived about a thousand years after Hippocrates. Surgery had then almost grown old; but when we consider the astonishing improvements made in other branches of science—in anatomy; in a knowledge of the structure and uses of the various parts of the body; in the circulation; in the uses of the bile; in chemistry, and in the whole economy of nature, we are obliged to admit that the moderns have not advanced as rapidly as might have been expected. The ancients were obliged to progress in a dim, hazy and obscure atmosphere, while we are surrounded by the full tide of light which comes from research and experiment. M. Renouard has left unwritten the history of the 19th century. Who shall write it? All the strange systems—all the odd theories, of the present day, to be fully described and explained, will form a rich treat to those who will feed on us when we are turned to "many a thousand grains that issue out of dust." Not only will the history of the 19th century require a minute detail of systems, but this "age of elevation" will be peculiar in another way. The mode of "making doctors"—the facility, and the care—the cheapness of the commodity, &c., are all conspiring to force upon the nation a swarm, about as beneficial in their
action on the body politic, as the thousand and one quack remedies which are floating down the stream of time. In fact, as our friend, Dr. Rives suggests, the time is fast approaching when we shall see suspended from many a dilapidated mansion—"Cheap Doctoring done here!"

**ARTICLE XLIV.**

*Successful Employment of Chloroform in Parturition.* By J. J. Robertson, M. D., of Washington, Geo.

In the August No. of this Journal, I reported a case of labor terminating favorably while under the influence of chloroform. It affords me no little satisfaction to be able to present another case, having the same happy issue.

The subject of this case is the mother of eleven children; with a temperament exceedingly nervous and excitable: her health, for many years past, has been quite delicate and precarious. I was informed, on the evening of the 21st of July last, that my services would probably be required before morning, and by request of her husband I repaired to their residence. I was not called into her chamber until 11 o'clock, P. M., when she informed me that she had experienced slight pains during the day, which were now increasing, both in frequency and vigor. I found, however, they were produced by the contraction of the circular fibres of the womb, and were not at all expulsive in their character. She had previously decided on using chloroform; and at my request, my friend, Dr. James H. Pope, was sent for to be in attendance with me. At 12 o'clock, the uterine contractions became more effectual, and the pain attending them quite severe. Upon examination per vaginam, the os uteri was found somewhat dilated—sufficiently so to ascertain the presentation to be natural. After waiting for half an hour, I found that the dilatation of that portion of the organ was but slightly increased, although it was in a dilatable condition. She was now having some pains, and was suffering from palpitation of the heart, and very considerable dyspnoea; in addition to which distressing symptoms, there was spasm of the extremities, and her general appearance strongly betokened convulsions.
I, at once, administered a full dose of chloroform, in the usual way, which took effect in an incredibly short space of time. The spasm immediately ceased, the respiration became calm and natural, and the heart gradually resumed its normal action. The dilatation of the os uteri was speedily effected, labor progressed favorably, and terminated at 2 o'clock, A.M., without her being conscious of the fact. She was first apprised of the event by the cries of the infant, some fifteen minutes after its expulsion.

The effects of the chloroform having subsided, after-pains came on, as usual. I administered it again, which arrested them temporarily, they however returned, but were not so severe as to require the administration of remedies for their relief.

Upon visiting her the next day, I found her doing remarkably well. She informed me that when she first inhaled the chloroform, she felt the difficulty of breathing subsiding: she soon, however, lost all consciousness, and did not feel the slightest pain, from the first inhalation, until after the termination of labor. After the first administration, I did not use the chloroform in sufficient quantities to produce sopor for more than a few seconds, until just before the expulsion of the child; I then administered rather more of it, upon which she fell asleep, and remained in that condition for some time after the termination of labor. When first aroused, she remarked that she felt as though she had been asleep for two or three nights.

The chloroform was used, in this case, at almost every contraction of the uterus, but in very small quantities. It was not followed by the exhilarating effects described in the case before reported; the patient was calm throughout, and notwithstanding each contraction of the uterus was attended by the corresponding effort, as in ordinary cases of labor, she made no complaint of pain, and assures me she felt none whatever.

Mrs. ———, has usually suffered much in her confinements, and her recovery has been heretofore slow and protracted, owing to the shock given to the nervous system, and complete prostration by pain. On this occasion she has experienced nothing of that character, neither has she had so favorable a recovery since the birth of her first child. It may be well to mention that the child was of the usual size, and is doing quite as well as the mother.
The administration of chloroform, in the face of such an array of apparently formidable symptoms as presented themselves in this case, may be objected to by some; but having been the physician of Mrs. —— for several years past, I was well aware of her peculiarities of constitution, and felt assured that the palpitation of the heart was not attributable to any organic disease of that organ, but simply to a functional derangement. I had previously known her to suffer with dyspnœa and convulsions, during gestation, and viewing them, in this instance, as hysterical in their nature, I regarded chloroform as peculiarly applicable, as, I felt sure it would not only exempt her from pain during labor, but also arrest those unpleasant symptoms, which it most effectually did.

I am fully convinced, that labor will terminate sooner under the influence of chloroform, than otherwise; for, while it does not, in any way, interrupt the force of uterine contraction, (except for a few minutes after its first exhibition,) it most effectually overcomes all rigidity of the soft parts, and thereby removes resistance to the efforts of the uterus from this source.

While my limited experience in the use of chloroform in surgical, as well as obstetrical cases, is entirely satisfactory, and while I cannot but indulge the hope that it may become in general use, yet I would not prescribe it in all cases of natural labor, for the simple reason that unpleasant consequences have grown out of its use. In all the cases, however, which I have examined, where unfavorable results have taken place, I think the bad effects may be clearly traced to one of these causes—viz: an impure article of chloroform, an improper mode of administering it, or, there was some organic disease which would have enabled the skilful physician to have predicted the consequences, and warned him to refrain from its administration.

I am fully persuaded, that, to a healthy individual, not too plethoric, chloroform, if pure, and properly administered, is not only safe, but effectual in the accomplishment of all its most sanguine advocates claim for it.
An Obstinate Case of Priapism. By James H. Oliver, M. D., of Burke County, Georgia.

I was summoned, on the 30th of June, to see H—, a negro, 18 years of age. I found him with some fever, tongue coated with a white fur, and his penis in a state of complete erection—every tissue apparently upon the stretch: he complained of severe pain just posterior to the corona glandis, and a sensation of great distension in the part. Inquiring more fully into the case, I learned that his virile organ had been in this condition ever since the morning before. He said he was awakened in the morning by a voluptuous dream and found his penis in a state of priapism. Whether any emission of semen took place or not during this dream, I could not ascertain. Thinking the erection would soon subside, H— went into the field and ploughed that day.

Treatment.—I resorted to venesection ad deliquium animi. I then had cold water poured from a height of three feet upon the pubes, &c.; which however, had no beneficial effect save that of lessening the pain. A solution of tartarized antimony was prescribed and continued until from its nauseating effects syncope was produced. I expected that when fainting was produced, the erection would subside; but I was signally disappointed.

July 1st. I found my patient in the same condition as when I left. Prescription: camphor, 5 grs., opium, 1-6 gr., to be given every two hours, with the warm bath. Retention of urine also existed, but was relieved by the gum-elastic catheter.

July 2d. Still in the same condition. Attempted to bleed him in one of the large veins of the penis, but failed, owing to the great distention of the parts. I then cupped him in the perineum and on the pubis, from which he appeared to be benefitted.

July 3rd. No change. Prescription: camphor poultice to the perineum, with the solution of tartar emetic internally.

July 5th. Still no change. Leeches would have been applied, but they could not be obtained. I examined his spinal column, and finding him tender on pressure on the 4th lumbar
vertebræ, cups were there applied. Thinking the erection was kept up by some irritation at the neck of the bladder or in the urethra, I prescribed tartar emetic in unction upon the pubis, with balsam copaiba internally, (there was considerable ardor urine.)

July 6th. Treatment continued. No improvement.

July 7th. I found some amelioration of the symptoms. Prescription: the balsam as before, with a blister to the tender vertebrae. Thinking that I had not given the camphor and opium a fair trial, I was determined to resort to it again in larger doses and to continue it for some time. Prescription: camphor 20 grs., opium 1-4 gr.—this to be given three times a day.

July 9th. I found H—gradually improving: his penis had diminished some in size; prescription, the same.

July 11th. Found H—still improving: his penis had diminished considerable in size, though it is very hard and resisting on pressure. Cold affusions to his head were ordered, still continuing the balsam.

July 17th. I found his penis about its natural size, though still hard and inflexible. He complains of pain and giddiness in his head. Cupped the back of his neck and applied a blister. Absorption has now taken place and the effusion into the penis has been somewhat removed, though not entirely so, even up to this date. Throughout the treatment his bowels were kept soluble.

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ARTICLE XLVI.

Anatomical Peculiarity: observed by Rob't Campbell, M.D., Assistant Demonstrator in the Medical College of Ga.

Not finding it recorded in any anatomical work we have examined, we deem the following coincidence worthy of notice: The direction of the canals for the passage of the nutritious vessels into the long-bones of the extremities varies in the erect position of the body, thus—

Humeri, \{ Obliquely down- \\
Tibiae, \} Obliquely down- \\
Fibulae, \} Obliquely up- \\
Ulæ, \{ Radii, \\
Femora. \} wards. \\
wards.
Now when the limbs assume a position corresponding with that of the fetus in utero—(admitting the head to be up)—viz: the fore-arms flexed upon the arms, the arms upon the chest, the thighs upon the abdomen and the legs upon the thighs, the canals will all be found to pursue a course directly downwards.

The entrances to these canals are generally situated about the centre of the bone, or at the junction of the upper and middle thirds of the shaft. The location may vary slightly, but their direction is always the same; to ascertain which, we have examined all the bones within our reach.

Perhaps this may prove to students a useful formula, for impressing upon the memory the situation and direction of these canals.

PART II.—REVIEWS AND EXTRACTS.

Thoughts and Observations on Congestive Fever. By Charles E. Lavender, M. D., of Selma, Alabama.—(American Journal of Medical Sciences.)

In the following remarks, it is my purpose to be brief and practical; to avoid, as far as possible, theoretical disquisition, and to confine myself mainly, to such facts as have come under my own observation. By congestive fever is understood that form of autumnal disease, wherein the vital force is depressed, by the influence of miasmatic poison, below the point of successful reaction. In consequence of this depression of vital force, the heart is unable to give due circulation to the blood, which consequently becomes congested in the internal organs, and large venous trunks. If the vital energies do not fail in the onset, each succeeding paroxysm adds to this venous congestion, while the struggles of the heart grow fainter and fainter, till they cease altogether, unless, aided by the vigorous reaction of a powerful constitution, or by the use of effective remedies, it is aroused to an effort of such power and continuance, as to resist, and finally to overcome, the downward tendency.

This nomenclature may be significant enough, yet it is by no means free from objection. It sometimes happens that the patient dies in the first paroxysm, without any febris at all. At other times, there is a chill or cold stage followed by a state of comparative repose, but little or no reaction, to be succeeded
by another and fatal cold stage. Venous congestion also doubtless exists in other forms of fever. This congestion, however, so far from being the seat, or proximate causes of the disease in question, is but an effect of the action of the poison upon the brain and nervous centres. A similar pathological condition may be superinduced by concussion, or other injury done to the brain. It is but a symptom of congestive fever. And could we with equal clearness see the workings of the cerebro-spinal and nervous systems, the motions and uses of their fluids, the degree of their intensity, the momentum with which they circulate, and the obstructions which they encounter, we could then advance another, and more satisfactory step in the investigation of this, as well as other forms of disease. These more obscure, yet vastly more important, vital and pathological phenomena have unfortunately, been overlooked by many able pathologists, in their researches on the liver and venous congestion. Too much importance has doubtless been attached to the circulation of the blood, to the neglect of the nervous functions. The symptom has been elaborately investigated, while the cause has received comparatively little attention.

A case that has assumed, and for some paroxysms maintained, the character of remittent or intermittent, may suddenly put on a congestive type. An attack, which at first assumed a congestive form, may, after a successful effort at reaction, wear the face of remittent or intermittent, of a mild character.

Many cases in their onset and progress, wear the livery of all three of these types; and might, at different stages, be set down under each of these heads. And sometimes, it would be no easy matter to decide upon the class to which a case properly belongs.

These facts clearly prove congestive fever to be, not a disease sui generis, but a form or modification, and that, too, the most violent and alarming, of the effects of miasmatic poison. It should be remembered, however, that congestive cases bear no fixed relative proportion to the number of annual fevers. It often happens, that a season passes by with but few well-marked cases of congestive fever, although bilious remittent and intermittent fevers prevail extensively. Such was the case, according to my observation, in the years 1832 and '34, in the valley of the Alabama river. At other times, the number of cases may be comparatively small, but the fever of a decidedly congestive type. Such was the case in the years 1835 and '36, when congestive fever first invaded this valley as an endemic. The years '40 and '41 were similarly marked: the former, which was extremely wet, being very sickly, with but few malignant cases; the latter, which was not
so wet, but very hot, not so sickly, but with many more fatal cases. Since that time, no year has passed without congestive fever. It never appears early in the season; rarely before the first of August. The hotter and dryer, the earlier. It continues till after frost.

These facts would indicate that there is some constitutional peculiarity in this miasmatic poison, or in the electric state of the atmosphere, caused perhaps by long-continued and excessive heat, which gives type and character to the prevailing fevers of the season.

In its premonitories and its access, congestive fever presents but little to distinguish it from an ordinary attack of intermittent. There are more languor, more restlessness, and more debility. It is rarely the case that it makes its attack without a day or two of the ordinary premonitories of autumnal fever. It then approaches in the form of a chill. The patient is restless, and very much oppressed; skin pale and shriveled; extremities cold; features contracted; lips purple; tongue pointed, and of a leaden hue, or pale, cold and clammy; pulse feeble, quick, frequent, irregular, and intermitting; tendons corded; occasional rigors, and sometimes shaking chills, though the patient rarely complains of coldness. There is no acute pain, but a dull heavy aching in the head, back and limbs. Usually there is great thirst, with nausea and vomiting, but these symptoms are not always present. In place of febrile reaction, the surface grows colder, and is bedewed with a cold unnatural perspiration. There is an indescribable sense of restlessness and oppression, the patient remaining but a few seconds in any one position; on rising to his feet, he becomes giddy, staggers, and perhaps falls. He writhes under tormenting heat, calls for ice, desires to be fanned constantly, and to have cold water sprinkled on his face and breast, while his skin is as cold as the marble wet with the morning dew. In some cases, however, there is much morbid heat about the head and chest. A copious sweat suddenly breaks out and as suddenly disappears; skin becomes motley and bluish, its sensibility impaired, impress of fingers remains some seconds after pressure is removed; sometimes ecchymosis in dependent parts; respiration irregular, with frequent sighing; great anxiety, countenance haggard; eyes suffused; a watery purging is sometimes a dangerous symptom, and hiccup a troublesome attendant. There is usually a most distressing sense of sinking down, and, to the patient himself, a most alarming incubus, or feeling of suffocation; he lies still, it may be for a minute, without breathing, then gasps for breath, makes short and hurried respiration; cries out that he shall die for want of breath; rises, advances hurriedly to the window, staggers, throws himself on another
bed, or falls on the floor; the pulse has ceased to flutter at the wrist; a moment's unusual anguish, a gasp or two for breath, the heart ceases to beat, and death closes the scene in six or eight hours from the access, the sufferer retaining his senses to the last. At other times, death approaches under cover of a deep comatose sleep, of several hours' duration. Sometimes, though rarely, the paroxysm closes in convulsions.

The fatal moment is sometimes delayed a few hours by the free use of diffusible stimulants, in which case the patient usually dies comatose. At other times, partial reaction takes place; the skin becomes warm or even hot; extremities remaining cold; pulse may again be counted; from 150 it falls to 120; it may be the patient sleeps for some hours, or dozes on in painful and interrupted slumbers, to be followed the next twenty-four hours by another paroxysm, terminating in fatal collapse.

It must not be supposed that all cases of congestive fever are alike malignant, or marked by the same alarming symptoms and fatal results. Perfect reaction may terminate the first paroxysm in rapid convalescence. Partial reaction may take place; the next paroxysm may be less violent, and of shorter duration; this may be followed by reaction still more complete, and so on, till perfect innervation is restored, all the congested blood in the system put in motion, all the organs disengorged, with equalization of temperature, and of nervous energy; or the disease may run into well-marked remittent or intermittent. But most commonly, under proper treatment, complete reaction follows the first paroxysm; morbid action is then broken up, congestion removed, innervation restored, and the patient recovers rapidly.

There is scarcely an important organ which may not, during the progress of the disease, become the seat of local congestion. The spleen may become engorged to such an extent in a few hours, as to be found double its natural size. The same, to a less extent, may be said of the liver. Congestion of the lungs is an alarming occurrence, which doubtless always exists, to a greater or less extent, in this form of fever. The great oppression, laborious breathing, heaving of the chest, and sense of suffocation and sinking down, denote such a state. But of all the local congestions that attend upon this form of disease, that of the brain is most alarming, least manageable, and most fatal. It is marked by deep coma, low muttering delirium, rolling of the head on the pillow, a drawing of the head backwards, dilatation of pupils, optic illusions; and if partial reaction takes place, raging delirium may come on.

Unfortunately for young practitioners at the South, their
knowledge of this formidable disease is chiefly drawn from the well studied lectures of professors who never met with it in practice, or from the ponderous volumes of writers on general therapeutics, to whom congestive fever is a matter of history. The most unwelcome, and perhaps the most useful, lesson that such a practitioner ever learns, is taught him by the first well-marked cases of this type with which he meets.

That the character of the disease in question, as it makes its appearance in this latitude, may be properly apprehended, I introduce a few cases from my note book, which terminated fatally, without treatment.

Case I.—B. D., ætat. 16, good health and temperament; experienced a light chill 3d Sept. '41; little reaction; copious perspiration; restless, and very much oppressed.

4th. Somewhat languid, but no particular complaint.

5th. Cold stage at 8 A. M.; shivering at intervals, alternating with flushes of heat, for two hours; extremely restless and oppressed; could not be confined in bed; would rise, stagger, and sometimes fall; surface very cold, but complained of much heat. At 12 o'clock, without febrile reaction; profuse perspiration; at first warm about the head and chest, but soon becoming cold and icy; confusion of intellect; optic illusions; twitching of tendons. In less than an hour, watery purging; low delirium. When I saw him at 3 P. M., he was dying convulsed.

Case II.—P. D., ætat. 14, brother to the above; a sprightly boy, of good temperament, was attacked on the 7th Sept., two days after the death of his brother; some chilliness, followed by deep sleep and copious sweat, but little, if any, fever; restless night.

8th. Walked about the farm; insisted he was well; took no medicine.

9th. Rose early, dressed, and went out. Came in at seven, with a chill; threw himself on the floor, and went to sleep. In an hour, was sweating profusely; in another was cold, and could not be waked. At 9, his mother became alarmed and sent for me. When I arrived at 12, the boy had been dead one hour. Although the surface was cold and clammy when he died, two hours afterwards it was dry and of natural warmth. Even the extremities, tips of the nose and ears were warm, and the countenance natural in appearance.

Case III.—Mr. K. a labouring man, aged 38, 24th of July '41, felt some indisposition, restlessness, with sense of impending danger; some rigors, with hot flushes, but no fever.

25th. Somewhat indisposed, but rode four miles to mill, and returned in the afternoon. Passed a very uncomfortable night, tossing in bed, and labouring for breath; at times rising and going to the door; surface cold, but complaining of internal heat.

26th. Felt somewhat better in the morning; but soon the distressing symptoms returned, with increased force. Some shuddering at
first; soon became cold, but would not be covered; nor remain long in bed; on rising, would reel, with sense of falling forward; complained of great heat, and went from bed to bed, in search of a cooler place; drank often of cold water, no relief; occasional emesis; cold sweat. When I saw him at 2 P. M., the whole surface was of that peculiar icy coldness, painful to the touch, and damp with clammy sweat; skin pale and shriveled; features shrunken and cadaverous; countenance unnatural, and marked with deep distress; pulse gone from the wrist; heart fluttering rapidly, but feebly; tongue pointed, pale, and cold; breathing laboured, interrupted, and greatly oppress-ed; breath cold; complained of "burning up;" that he should "die for want of breath;" would not remain half a minute in one position, nor suffer the lightest covering; rose rapidly from bed, staggered to the door, and returned as hastily to bed; spoke rationally; no appearance of delirium. Took quin., camph., ammon., &c.; no perceptible effect. About 3, rose hastily; said he should die if he did not get fresh air; lay down on the floor, remained quietly on his side for a few seconds, perhaps without breathing; turned on his back, exclaimed "I'm gone," and breathed no more.

Cases like these, terminating fatally on the third day, or in the first well-marked paroxysm, often occur, during a season in which "congestive chills" prevail.

Treatment.—In order to arrest a disease like this, tending with such fearful rapidity to a fatal termination, the most prompt, vigorous, and well-directed treatment is necessary. In this, above all other diseases of a general character, time is of the most vital importance. One hour's indecision may prove fatal. With the first three or four hours after the case becomes alarming, all may be lost. And yet, when properly treated, there is no disease to which the physician, who loves his profession, can point with prouder satisfaction.

Blood-letting, which is always a most hazardous operation in this form of disease, if resorted to at all, should be accompani-ed by the most powerful internal and external stimulants. Brandy, quinine, camphor internally, sinapisms to the spine and epigastrium, and hot applications to the extremities, while a small orifice is made, as I prefer, in the external jugular vein. As the blood runs slowly, the fingers should be placed upon the pulse, and its changes carefully noted. If it waver, become more feeble, frequent or intermittling, the vein should be instantly closed. If the pulse increase in force or volume, and not in frequency, the bleeding being serviceable, may be carried to considerable extent. Even then it is more safe to bleed very moderately, and to repeat in an hour or two, if thought ad- visable, than to make a large bleeding at once. For it will sometimes happen that the pulse maintains its force and volume through the operation, and even for some time afterwards, and then suddenly sinks, perhaps to rise no more.
In case second, two hours after death, I found the jugulars very much distended, one of which was opened, and a pint of black blood discharged. This blood was evidently regurgitated, and was with difficulty restrained by means of an adhesive strip, the urgency of my engagements at the time, preventing a more extended observation. On the following day, occurred

Case IV.—H. S., ætat. 18, after a day or two of the usual premonitory, at 10 A. M., Sept. 10th, 1841, became cold, restless, oppressed, with occasional rigors; could not be confined to his room; lay a few minutes in one bed, and then hurried to another. Extremities cold to the body, but some morbid heat about the head and chest. Was put into the warm bath, fainted, and was with some difficulty restored. Saw him at 6 P. M. Pulse barely perceptible at the wrist, 150, deep seated,thready and intermittit; skin very cold, but much complaint of heat, and sense of suffocation; frequent sighing, and interrupted respiration; remains but a minute in one position, and will not be covered; some watery purging; countenance pale, shriveled, and anxious; eyes suffused and watery; intellect good. Ordered, immediately, brandy, camph. and laud., with frictions of dry mustard. Was preparing sinapisms, when the attendants cried out “he is dead.” On approaching the bed, found him motionless and pulseless; breathing had ceased, and no motion could be felt over the region of the heart; jugulars much distended. With the case of the day before fresh in my mind, I instantly opened a jugular vein, which bled freely. In about one minute after the blood began to flow, the patient breathed, and the pulsations of the heart were again manifest. Sinapisms, lotions, frictions. Brandy and water, almost thickened with quinine and camphor, thrown into the stomach. In ten minutes he breathed freely, and swallowed without difficulty. In twenty minutes, he spoke rationally and took readily whatever was offered to him; pulse could be counted at the wrist, 150. For some hours he rested well, and hopes were entertained of successful reaction. He sunk eight hours after the bleeding.

Case V.—Sancho, a coloured man, ætat. 35, taken on the 4th Sept. '42, without any premonitory symptoms, and soon sunk into collapse. Saw him at 10 P. M., 8 hours after access. Insensible; low muttering delirium, and rolling on the floor, but now quiet; eyes fixed; pulse a mere flutter; breathing laborious and rattling; supposed to be dying.

The brain appearing to be the seat of congestion, he having been insensible from the access, opened at temporal artery; bled imperfectly; opened a jugular; bled freely, at intervals, for an hour or two, with marked improvement of symptoms—about f3xx; rubbed all over with spts. capsicum and mustard; cold dash to head, sinapisms to feet; stim. enemata; spts., quin., camph., liberally. In the course of 12 hours, one drach. calomel had established free secre-
tion from the liver and bowels; reaction took place; a common remit-
tent followed, which yielded to ordinary remedies.

Although a few cases like the above, have induced me favorably to regard bleeding from the jugular vein, in desperate cases of congestive fever, or in which congestion of the brain exists, yet am I compelled to regard the use of the lancet, in this malignant form of miasmatic disease, as a most hazardous and often fatal practice.

During the progress of reaction from a congestive chill, inflam-
mation of the stomach, liver, or other important organ, sometimes makes its appearance, accompanied by fever of high excitement, as a sequela of the engorgement of these organs. Such cases may require topical, and if the inflammato-
ry symptoms run high, general blood-letting. But while the distinctive symptoms of congestion remain, while there are great restlessness and oppression, quick, intermitting or com-
pressible pulse, laborious breathing, especially if there is no congestion of the brain—the lancet should not, for a moment, be thought of. Even where the symptoms have, in a measure, given way, and reaction been partially established; when the heat becomes equalized, oppression alleviated, pulse full, and slightly resisting—even then, a small bleeding may, and a large one will, almost inevitably, bring on a rapid and fatal col-
lapse.

There is yet another condition that deserves marked atten-
tion, because it is so likely to betray the young practitioner into the use of the lancet. It is when a congestive attack has yielded to the influence of quinine; reaction appears to be com-
plete, natural temperature is restored to the surface, pulse be-
comes full and flowing, with a peculiar swell under the finger, and slight sensation of resistance. At the same time there is a feeling of restlessness and apprehension; dull headache, with fullness of superficial veins. The patient complains of oppres-
sion, and often requests to be bled. Open a vein, and the blood flows freely, looks dark and thick. When eight or twelve ounces have been drawn, the bleeding suddenly stops, the venous fullness has left the surface, which becomes pale and shrunken; the pulse quick and thread-like; an indescribable sense of sinking comes over the patient; he cannot be con-
trolled, but tosses in bed, or rises to his feet and falls. In a few hours death closes the scene. At other times you may bleed freely, in such cases as the above, with relief to the head, and no perceptible ill effects for one or two hours after the bleeding, and when you begin to congratulate yourself upon your success, the patient becomes faint, nausea and vomiting follow, and a few hours may close the scene.
In this latitude, fevers of any kind do not bear the lancet well. Congestive fever does not make its appearance till the system is greatly weakened by long-continued and excessive heat. When it has made its attack, the vital force is very much exhausted, and the patient is fast falling into collapse. In such a case as this, I would earnestly say to my young professional brethren—Beware of the lancet! Be assured, without proving by sad experience, that the lancet, instead of being "the anchor of hope" is, emphatically, the sickle of death in congestive fever.

**Emetics** are decidedly hurtful in congestive fever, unless it be to unload the stomach at the onset, and this nature rarely leaves for the physician to do. When necessary, mustard, or ipecacuanha in an infusion of capsicum, is to be preferred. In most cases, irritability of stomach is a most troublesome symptom, which emetics tend to excite and to aggravate, rather than to allay. Nothing, perhaps, except the lancet, is more effectual in driving into hopeless collapse a case of congestive fever, than an emetic, and especially an antimonial one.

**Cathartics** of a drastic or hydragogue character, are scarcely less objectionable than emetics. The very worst consequences may always be expected from their use. Collapse, fatal, if not speedily remedied, is often the consequence of an active cathartic. This fact, and the treatment necessary to insure reaction, may be more clearly illustrated by an example.

**Case VI.—Mr. L., planter, æt. 40, had chills, followed by some fever; with dull headache, inability to walk without reeling, and sense of falling forward. Before the third paroxysm, took a dose of jalap and crem. tart., which operated copiously. In a few hours, chill came on; no reaction; purging still continued. Spent a restless night.**

**Sept. 19th, 1842.** Saw him at 9 A. M., day after the cathartic. Catharsis still continued; surface cold and damp as marble in the morning dew, yet complaining of intolerable heat: pulseless at wrist; great anxiety; cannot rest a minute in any position; will not suffer the lightest covering; great thirst—drinks and rejects; delirious, pulling at the bed, and catching at the air; will not allow himself rubbed; tears off all applications; capillaries congested; surface purple.

Gave at once 40 drops of laudanum, 10 grs. sulph. quin., 2 grs. g. camph. in brandy and water. Cold affusions. Repeated the quin. and camph. in one hour, afterwards, every two hours. Catharsis and emesis ceased; skin soon became warm, and resumed its proper colour; pulse returned to the wrist. In six hours, he was restored to his proper senses, and a calm sleep followed. He was kept fully under the influence of the quinine, about 2 grs. per hour, for forty-
eight hours, when a mild laxative of rhubarb and magnesia completed the treatment. No chill or fever followed.

And yet, cathartics of a proper character are valuable in congestive fever, and in some cases indispensible. If the patient, after the first paroxysm, be put promptly under the influence of quinine, and so continued for forty-eight hours, or until the time for a second paroxysm has been passed in safety, a mild cathartic or two will complete the cure. But when two or three paroxysms have elapsed—when the viscera become engorged with blood, secretions vitiated or suppressed, tongue furred—in these cases, more active cathartics are necessary. Everything, however, depends upon the character of the cathartic, and the manner of its operation. While a dose of active medicine, causing free watery purging, would, if uncontrolled, be attended with dangerous, if not fatal consequences, that remedy which acts upon the liver in the production of dark, consistent bilious operations, is full of hope. In the fulfilment of this important indication, nothing is so much to be relied upon as a mercurial. Let this secretion be established by the use of calomel, or blue mass, and milder means, as rhubarb and magnesia, may be substituted.

Quinine is fully proved by experience to be the great remedy, in all cases of marked periodicity, and emphatically so in congestive chills. At what time it should be administered, is no longer a question. No time should be wasted in useless efforts to prepare the system for its reception. The patient should be put promptly under its influence, and continued under it until all fear of a congestive chill has passed. What quantity should be given is not now so important a question as it was once held to be. The effect is a vastly more important consideration than the amount of the remedy necessary to secure that effect. Five grains will do as much in one case, as twenty in another. In the same case, five grains will affect as much at one time, as twenty grains at another time. Miasm is a poison that acts by depressing the vital force; but as a given amount of miasm will not produce the same degree of prostration in all persons who are subjected to its influence, so will not the same dose of quinine be attended with similar results in all cases. The quantity must be proportioned to the susceptibility of the nervous centres to be acted upon, the aptitude of the vital telegraph to convey the impression, and the venous and nervous congestion to be overcome.

When a well-marked case of congestive fever, or one of a doubtful character, presents itself, five, ten, or, if it be an urgent case, twenty grains of quinine ought to be administered at once, and repeated very hour or two, till its characteristic
effects are manifest. This being done, the pulse becomes more firm, and somewhat flowing, with a peculiar swell, regular, and twenty or thirty beats in the minute less frequent; the tongue becomes moist, and less pointed; skin dry and warm, or, if there has been morbid heat, the surface becomes preternaturally cool, the intolerable inward heat and oppression greatly mitigated, headache and restlessness in a measure removed; patient becomes calm, and perhaps sleeps. When the system comes fully under the influence of the remedy, its peculiar action on the brain is made known by a sense of fullness and ringing, or roaring, in the ears. This state of things being superinduced, two or three grains per hour, or four grains every four hours, will be sufficient, in most cases, to guard the patient against another paroxysm. An hour or two, however, before the chill is anticipated, a larger dose should be administered. Much care ought to be taken that the effects of the remedy be not suffered to expire, till all fear of a chill has passed. If general reaction be established, breathing free, circulation vigorous, sensorium undisturbed, little danger need be apprehended, for the case is safely under the control of the remedy. If the hour at which the previous chill occurred, be safely passed the following day, there is strong hope that no other paroxysm will follow. And if the same hour be passed the third day, in safety, that hope becomes confirmed. A mild cathartic, and a few more grains of quinine, will complete the cure.

It sometimes happens that quinine causes an almost uncontrollable irritability of the stomach, and at other times, a very disagreeable fullness of the brain, and ringing in the ears, seeming to spend its force upon the brain, without influencing the circulation. In the former case, I usually add $\frac{1}{2}$ gr. of morphium, and in the latter, a grain or two of ipecac. In cases where quinine seemed inadmissible, I have substituted, with happy consequences, a combination of camphor and opium, with a small portion of ipecac, in brandy, if the stomach will bear it. I seldom risk the case with a single remedy, but prefer the following combination: B.—S. quinin. grs. iv; g. camph. grs. ij; pulv. ipecac. gr. ss; g. opi. gr. $\frac{1}{4}$, to be taken every two hours; varying the proportions, of course, to suit the case.

When taken in large doses, by a person in health, quinine increases the frequency of the pulse eight or ten beats in the minute, augments its volume, and gives to it a peculiar and somewhat resisting swell, not readily mistaken by one accustomed to it. Give one or two grains to a man in open fever, and you add to the excitement, and sometimes bring on headache and slight delirium, as I have seen. Give ten grains in
such case, and you allay febrile excitement, have a full, flowing, quinine pulse, cool, moist skin, sensorium clear, and no complaint of heat or thirst. This is one of the great peculiarities of this medicine. Give ten or twenty grains to a patient in congestive chill, or in that stage when a feeble effort is being made at reaction, and in an hour or two the pulse will be found lessened in frequency twenty or more beats in the minute, but much increased in force and volume; with abatement of all the urgent symptoms. The good effects of a single dose will sometimes be felt for twenty-four hours, or longer; and in some cases, no repetition of the remedy will be found necessary. Instances similar to the following abound in my note-book.

Case VII.—Dr. H., æt. 35, full habit, good temperament, had been for some days labouring under remittent fever, which had assumed a congestive character. A crisis was approaching about 6 P. M. Had been taking calomel 20 grs., s. quin. 5 grs., g. camph. 2 grs., every two hours through the day, with no sensible effect; sinking hourly. Met his attending physician, who had been with him all day, and who was so fully convinced that the patient must die, that he would not return with me.

Found him, at 6 P. M., covered with a cold, clammy sweat; extremities cold to the body; some morbid heat about the chest; pulse a mere flutter, not to be counted; skin purple; impression of the finger remains a minute or more; great restlessness; oppressed and laborious breathing; tongue furred, leaden colour, pointed and clammy; intellect somewhat wandering. Mixed 20 grs. quin. in half a tumbler of brandy and water. On being raised from his pillow, made a hasty and rather convulsive effort to swallow, spilled one-half, rejected what he had swallowed, and fell back, exhausted. Having in my hand another portion of twenty grains, put it into the tumbler, which still held some grains of the first, and gave it all, with some difficulty, in cold water.

In twenty minutes, the circulation was under the influence of the quinine, and the pulse, in a few hours, became distinct. For thirty-six hours, the peculiar effects of quinine, a swelling pulse, with tingling in the ears, continued, although not another grain was given. One hour after the quinine, the patient swallowed 100 grs. cal., which dose was repeated in three hours. Before morning, black bile was discharged freely, and the urgent symptoms gave way. Some days of fever, of a remittent type, followed, which yielded to the usual treatment.

I am by no means persuaded that quinine is a harmless agent, and may be given, in almost any quantity, without producing hurtful consequences. When pushed too far, painful fullness of the brain, alarming sounds, and ringing in the ears, deafness, slight delirium, twitching of tendons and hiccough, will be some of the consequences. Caution must,
therefore, be exercised, not to push this valuable remedy too far. Overwork the brain, and the vital powers may become exhausted by too long-continued and excessive action. In this way, I have no doubt, frequently repeated heroic doses of quinine exhaust the vital powers, cause indirect debility, and thus hasten that very collapse which quinine, judiciously administered, is so well calculated to avert.

In like manner, brandy, and other stimulants, though valuable in supporting the vital force, and preventing collapse, or in arousing the system from that state, and for such purposes, may be given in large quantities: yet may they be pushed too far, or be continued too long; and thereby aid in producing that condition which they were intended to prevent. They are useful, and may be given liberally, while they act in harmony with the system, quiet the stomach, soothe the brain, and invigorate the circulation. But if they cause nausea, pain in the stomach, headache or symptoms of intoxication, they should be used more cautiously, or be discontinued altogether. A patient who may have borne a pint of brandy in twelve hours before reaction may not bear an ounce afterwards. The same observation is applicable to quinine. Although twenty grains of the sulphate may have been taken, with the most decided benefit, in a case of collapse, or in a case of congestive chill threatening collapse, yet, when reaction has been established, one grain may be sufficient, and even that not always required, and sometimes hurtful.

Calomel, as has been observed, is often useful, and sometimes indispensable. If, by the timely exhibition of quinine, congestion be broken up, and reaction fully restored at an early stage of the attack, little further treatment will be needed. But when reaction is incomplete, with vitiated or suspended secretions, calomel should be given, so as to act upon the secreting organs, and chiefly upon the liver. Let this action be made known by the appearance of dark vitiated bile; let it be continued by moderate doses of calomel, or rhubarb and blue mass, till the secretions becomes healthy, and the patient is safe. Let the vital force be sustained by the use of quinine, and if there be not congestion of the brain when the bile begins to flow, the danger is passed. At least, I never saw a case that did not, under such circumstances, recover. The dose of calomel is to be decided by the necessities of the case. In a majority of cases, 10 grs. every two or three hours will be sufficient. R.—Calomel grs. x; quin. grs. v; ipecac. gr. j; morph. gr. ¼; pil. hydrag. q. s. Ft. pil. sum. quart. hs.

In many cases, quinine cannot, for a moment, be retained on the stomach. Roll it in blue mass, and the difficulty is some-
times obviated. Administer largely per enema. Draw a blister speedily, and dress it with quinine. The system may be brought under its influence, and the patient saved.

But quinine, like all other remedies, will sometimes fail us. Twenty, forty, or one hundred grains may have been taken. Its action on the brain may be apparent. Strange sounds distract the ears. The patient may imagine himself in a thunder-storm, with lightenings flashing in his closed eyes, and burning in his brain, and still be sinking all the time.—The remedy, pushed too far, is doing mischief. Failing to counteract the disease, it has attacked the vital organs, and is prostrating still further the vital force. A grain of morphine will not give a moment's rest. Diffusible stimuli only add fuel to the flame that burns within, and are immediately rejected. Rubefacients have been used till the skin is sore; and the capillary vessels congested till the surface is purple. The patient rolls from side to side, and throws his limbs in every direction: calls for ice or cold water, which is rejected as soon as swallowed; calls upon the attendants to fan him, and to sprinkle water on his face, to save him from dying. What, under these alarming circumstances, is to be done? I know of nothing better—and the emergency has often presented itself to me, in all its fearful realities—I know of nothing better than large doses of calomel, repeated every two hours till a decided impression is made; accompanied, at the same time, with the cold dash, or cold affusions. The case, as supposed, though alarming, is not altogether hopeless. A large dose of calomel, when swallowed, will be retained. These doses do not, in such cases, purge actively. So soon as their influence is felt upon the system, the patient becomes more quiet, complains less of heat; while the surface becomes warmer, heat more generally diffused, pulse stronger and less frequent. Free hepatic secretion is concomitant with, or soon follows, this state of things. Much smaller doses, or milder means, may be sufficient to keep up this action. Let this be done, and with ordinary prudence, the patient will recover.

Ptyalism I do not regard with favour. Salivation will not arrest a congestive chill, as I have experienced in my own case.

Rubefacients, sinapisms, lotions, spts. turpentine, should be promptly and perseveringly applied to spine, epigastrium and extremities. If the patient will suffer no applications, rub him well with dry mustard, or spirits and capiscum, or spts. turpentine. If he will lie on his back, apply a sinapism, or flannel roller wet with spts. turpentine, the full length of the spine. The following case may serve, among other purposes, to show the value of persevering in the use of external means.
Observations on Congestive Fever. [October,

Case VIII.—D. S., aet. 8, cold stage, P. M. 8th Sept., 1841, followed by high excitement, which soon, and suddenly, ceased, and he became cold and pulseless. Stimulants were resorted to.

9th. Saw him at 2 A. M., for the first time. Pulse thread-like and irregular, 130 to 140; tongue dry, pointed, leaden hue, red edges; delirium; muttering; distress; skin cold and clammy; some morbid heat in the head; great thirst; rejects everything that is swallowed; remains but a few seconds in one position. On moving from side to back, or vice versa, breathes six or eight times, hurried, half-inspirations; ceases to breathe from eight to twelve seconds, then draws a large inspiration, mutters, or calls out incoherently, and changes position. R.—Statim. cal. grs. xx.; quin. grs. ij; g. camph. gr. j. Simapisms, frictions.—Calomel grs. v; quin. gr. j; camph. gr. ss; carb ammon. gr. ss; 2 hs.

4 P. M. Worse. Pulse fluttering, and too indistinct to be counted; sub. tend., singult., picking at the bedclothes, apparently moribund. Gave morph. gr. ½ in brandy. Rub him all over with hot medicated spirits, and spts. turpentine, and apply mustard poultices to extremities and epigastrium. R.—Cal. grs. xx; ipecac. gr. j; morph. gr. ½; mass. hydrarg. q.s. Ft. pil. sum quart. hs.—Camph. quin., C. ammon., aa gr. i; sum. uterq. horá. Cold dash, and cold applications to head. Warm bath, fainted; restored with difficulty.

10th. 8 A. M. Has not rested five minutes through the night. No improvement in any of the symptoms; low delirium, mutters, and occasionally cries out. Cadaverous look and smell. Sponge him all over with the medicated spts., and envelop him bodily in a strong mustard poultice. Continue treatment. 6 P. M. Sleeping. Several discharges of black bile; feet warm, but hands and arms cold, though not so damp; pulse 130, regular; tongue moist; respiration 30, regular. Slept one hour; the first rest for as much as five minutes, for 48 hours. R.—Compound cal. pil. every 4 hs., and comp. quin. pil. every two hs. Continue poultice.

11th. 8 A. M. Rested. Slept 2 hours; warm; pulse 120, regular, more soft and full; tongue moist and furred; slight ptyalism. Four free discharges of black bile. R.—Pil. rhei, chicken water, rice water. 12th. Much better. Dark bilious matter copious. Continue treat. 13th. Convalescent.

Anodynes are peculiarly serviceable in this form of fever. Opiates are best; and no article of this class can give more satisfaction than the salts of morphium. In easing pain, in quieting intolerable restlessness and anxiety, in mitigating bodily and mental anguish, in superinducing temporary forgetfulness of suffering and danger, in soothing nervous irritability, in allaying spasm, and thereby removing impediments to reaction, and thus promoting secretion, morphium has no rival, and may justly be called “the divine remedy.” A compound of ipecac. gr. j, s. morph. gr. ¼, given with calomel, promotes its action; with quinine, it is peculiarly useful in obviating, or in mitigating the
Observations on Congestive Fever.

unpleasant effects of that remedy on the brain and nervous system. There are but few cases of congestive fever which are not, at some period of their progress, largely benefitted by the use of morphine. Where continued irritability of stomach exists, it may be introduced by enema, or used endermically. Care should be taken that an over-dose be not administered, in this way, as I have seen one grain, applied to a recently blistered surface, cause decidedly narcotic effects.

Cool acidulated drinks, ice water, lumps of ice, juice of acid and sub-acid fruits, as lemons, oranges, pomegranates and grapes, are very useful in allaying thirst and mitigating internal heat.

The Cold Dash, or cold bath, as a remedy in this fever, yet remains to be noticed. In miasmatic fevers of high excitement, especially where there is much determination to the head, there can be but little doubt of the good effects of the cold bath. But in fevers of a congestive type, where the extremities are cold, its propriety becomes more questionable. In these cases, I make the feelings of the patient my criterion. If I find morbid heat about the head and chest—if cool drinks are grateful to the stomach, and cold applications cause a pleasant sensation, I use the cold bath or cold effusions freely. But where they cause, as they sometimes do, a disagreeable chilly feeling, I continue hot applications and frictions.

Having decided upon the use of the cold bath, if the patient is able to sit up, he is placed over a large vessel, with his feet in water as hot as he can well bear it, and cold water poured freely over his body, till he complains of feeling cool. If not able to sit up, he is placed on a mattress, or on thick blankets, warm applications are made to his feet, and cold water poured freely and steadily over his body for five minutes or more. Nothing can be more refreshing. On being replaced in dry sheets, he rests more quietly, and sometimes sleeps; perhaps a healthful glow appears on the surface, and his condition is favorable for the action of medicine. In obstinate cases, to secure the good effects of the cold bath, it must be frequently repeated; or the patient may be for some time enveloped in sheets wrung out of cold water.

Case IX.—Mary J., æt. 14, bilious-nervous temperament, after some days of languor and oppression, with some chilliness, was attacked on the 7th Aug., '47; cold, but complained of great heat. Dark green matter by catharsis, yellow by emesis. Was raised in bed, fainted, and continued extremely faint, and much oppressed in breathing, with nausea.

5 o'clock P. M. Pulse thread-like, one hundred and eighty to the minute, at times not to be felt at the wrist; tongue clammy, leaden
centre, pale edges; skin cold and damp; complains of heat; frequent rolling of head and tossing of limbs; dullness of seeing and hearing; intellect dull. R.—Statim, s. quin. grs. v; s. morph. gr. ½; g. camph. gr. j; frictions, sinapisms. R.—Quin. grs. iv; camph. gr. j, every hour—cal. grs. iv; ipecac. gr. j; morph. gr. ½, every 4 hours.

8th A. M. Passed a restless night. Pulse 160, otherwise as before; no action on bowels; nausea subsided; tongue dry; skin soft and natural; pupils dilated; dullness of senses and restlessness as before; respiration oppressed and irregular—4 to 6 half inspirations, and then a full one, at which the patient opens her eyes wide, and changes position. R.—Quin. grs. v; camph. gr. i, every two hours. Calomel and camph. as before. Sinapisms, frictions.

P. M. No marked alteration. Continue treatment.

Ecchymosis in all the dependent surface, from head to foot. Back, thighs, &c., of dark blue ground, with black splotches covering near half the surface. Frictions, spts. turpentine, and ess. oils.

9th. Passed a restless night. Slight delirium. No abatement or alteration worth noting. Continue treatment. P. M. Considerable excitement. Pulse of more force, but irregular, 144; breathing much oppressed. Skin dry and very hot—so much so as to be painful to the touch. Tongue and fauces dry, much thirst; no action on bowels; cannot rest two minutes in one position. Cold applications grateful. Cold bath, by placing the patient in sheets that had been dipped in cold spring water, and covering well with blankets; hot applications to the feet; considerable shock. At first, respiration short and interrupted; in ten minutes, patient became composed; in fifteen minutes, slept calmly; respiration regular and free, 22; pulse more distinct and regular, 120. Repeated aflusions. Slept 30 minutes. Remain ed in bath 90 minutes. Complained of feeling cool; surface still warm. Wiped with warm towels, and put in dry sheets. Felt more comfortable, and rested better. R.—Cal. gr. x, spts. nitre. One hour after the bathing, perspiration general and warm. Rested toler ably well through the night.

10th. Pulse 120, full and regular; tongue moist; senses normal; some bilious stools—5 through the day. R.—Quin. grs. iv, every 4 hours. Rhubarb and magnesia in small doses.

11th. Slept two hours at a time through the night. Three stools of bilious character; pulse 95, full and regular; skin warm and moist; tongue nearly clean; ecchymosis red, absorption going on. R.—Quin. grs. iv, every 6 hours; magnes. noce.

12th. Convalescent; ecchymosis disappearing; soreness in the limbs, and along the large muscles; secretions free and nearly normal. Convalescence rapid. No ptyalism.

The cold dash in cases of collapse, and in congestive fever falling into that state, is a bolder practice. In such cases, it appears to act revulsively, through the capillary nerves, on the brain and ganglionic system, arousing them to renewed action, as in case of catalepsy. Be this as it may, I have often had
recourse to its use, and have in no instance had cause to regret the practice. It aids powerfully in arousing capillary circulation, in equalizing heat, in quenching the fire that burns within, and restoring warmth to the surface. I offer a case by way of illustration.

Case X.—Esther, a colored woman, aged 35; chill 7th Aug., '40; little or no reaction; great restlessness; copious sweat. As most of the family were down with fever, and not enough well to wait on the sick, no further note was taken of this woman, till I found her, on the 9th, collapsed, cold, clammy, pulseless, delirious, rolling on the floor; tongue pale and pointed; respiration hurried and laborious. Gave, with some difficulty, twenty grains of quinine. Had her laid on boards, and ten gallons of cold spring water poured over her in about five minutes, then rolled in dry blankets. In half an hour, there were decided symptoms of reaction. In four hours, the quinine and cold dash were repeated; in four hours more, warmth was restored to the surface; pulse 108; resting well. R.—Quin. grs. iv; camph. gr. j; ipecac. gr. ss, m. sum. 2 hs. Kept the patient under the influence of the quinine for 48 hours, when a small dose of rhubarb and magnesia completed the treatment. No return of chill or fever.

Whether or not the cold dash in such cases as the above, unaided and alone, would bring about successful reaction, must be decided by a bolder practitioner than I am, while I hold in my hand such a remedy as quinine. I have found nothing more effectual in arousing the circulation in cases of collapse; for which purpose it may be again and again repeated. Especially is the cold dash serviceable in cases attended with great irritability of stomach, or where quinine determines too powerfully to the brain, or where there is much morbid heat about the head and chest. In such cases it acts more promptly, and perhaps more vigorously, than hot applications. Nor are they at all incompatible with each other. Nor is the cold dash incompatible with the vigorous use of calomel. On the contrary, it promotes the action of that remedy, by bringing the system to a proper secreting point, and by sustaining the vital force, till the calomel has time to act. It was my intention to introduce some cases illustrative of the foregoing remarks, but my essay has already reached the limit which I had prescribed to it.

Time of the Action of Poisons taken internally.—(British and Foreign Medico-Chirurgical Review.)

The time required for the action of poisons taken into the stomach, however, is subject to very considerable variation; the difference being dependent on the rate of absorption, which is modified by the state of the stomach at the time. That medi-
cines as well as poisons act most quickly and certainly, when taken upon an empty stomach, has long been known; and there have been cases in which the action of large doses of powerful poisons has been remarkably retarded, apparently from the reverse condition of that viscus. Much light has been thrown upon this question by the observations made not long since by Mr. Erichsen, in a case of extroversion of the bladder, which enabled him to collect the urinary secretion directly as it passed from the kidneys. His first set of experiments was on the ferrocyanide of potassium, which, being swallowed in solution, was immediately looked for in the urine, and was detected in periods varying, as shown in the subjoined table, from one minute to thirty-nine minutes. It will be seen, by an inspection of the table, that the earliest appearance of the salt was always when the stomach was empty, and the latest when it was full.

**EXPERIMENTS WITH FERROCYANIDE OF POTASSIUM.**

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>20 grains</td>
<td>12 minutes</td>
<td>2 hours</td>
<td>Meat, potatoes and bread</td>
</tr>
<tr>
<td>2</td>
<td>40</td>
<td>2</td>
<td>4</td>
<td>Bread and butter, and coffee</td>
</tr>
<tr>
<td>3</td>
<td>40</td>
<td>61/2</td>
<td>1 1/2</td>
<td>Mutton, bread and butter, and tea</td>
</tr>
<tr>
<td>4</td>
<td>40</td>
<td>2</td>
<td>11</td>
<td>Potatoes</td>
</tr>
<tr>
<td>5</td>
<td>20</td>
<td>1</td>
<td>11</td>
<td>Bread and butter, and tea</td>
</tr>
<tr>
<td>6</td>
<td>30</td>
<td>16</td>
<td>24 min.</td>
<td>Plum-pie</td>
</tr>
<tr>
<td>7</td>
<td>40</td>
<td>2 1/4</td>
<td>41/2 hours</td>
<td>Bread and butter, and tea</td>
</tr>
<tr>
<td>8</td>
<td>40</td>
<td>14</td>
<td>1 hour</td>
<td>Bread and butter, and tea</td>
</tr>
<tr>
<td>9</td>
<td>40</td>
<td>27</td>
<td>2 min.</td>
<td>Bread and butter, and tea</td>
</tr>
<tr>
<td>10</td>
<td>40</td>
<td>39</td>
<td>2</td>
<td>Mutton, bread, and potatoes</td>
</tr>
</tbody>
</table>

A second set of experiments was made with vegetable substances, of such a character as to pass unchanged into the urine, and capable of being distinctly recognized there. It will be seen from the subjoined table that these substances were, on the whole, much longer in making their appearance in the urine than was the ferrocyanide of potassium; but none of the experiments upon them exhibit either the shortest or the longest periods, as the observation was in no case made immediately after a meal or after a long fast.

**EXPERIMENTS WITH VEGETABLE SUBSTANCES.**

<table>
<thead>
<tr>
<th>No. of Experiment</th>
<th>Substance taken.</th>
<th>When first appeared in urine.</th>
<th>When last meal taken.</th>
<th>Nature of last Meal.</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Infusion of galls</td>
<td>36 min.</td>
<td>21/2 hours</td>
<td>Bread, meat, and potatoes</td>
</tr>
<tr>
<td>12</td>
<td>Ditto</td>
<td>33</td>
<td>1 1/2</td>
<td>Bread and butter, and coffee</td>
</tr>
<tr>
<td>13</td>
<td>Ditto</td>
<td>30</td>
<td>1</td>
<td>Bread and butter, and tea</td>
</tr>
<tr>
<td>14</td>
<td>Infusion of rhubarb</td>
<td>22</td>
<td>21/2</td>
<td>Potatoes and dripping</td>
</tr>
<tr>
<td>15</td>
<td>&quot; madder</td>
<td>16</td>
<td>31/2</td>
<td>Bread and dripping</td>
</tr>
<tr>
<td>16</td>
<td>&quot; uva Ursi</td>
<td>35</td>
<td>1</td>
<td>Bread and butter, and tea</td>
</tr>
<tr>
<td>17</td>
<td>Tincture of rhubarb</td>
<td>31</td>
<td>21/2</td>
<td>Liver and bacon, and bread</td>
</tr>
<tr>
<td>18</td>
<td>Decoct. of dogwood</td>
<td>19</td>
<td>4</td>
<td>Bread and butter, and tea</td>
</tr>
</tbody>
</table>
It is probable that the state of fulness or emptiness of the sanguiferous system would have a considerable influence over the rate of absorption, as well from the alimentary canal, as from any other part of the body. There cannot now be any doubt that the blood-vessels, rather than the lacteals, are the channel by which soluble salts, &c., are chiefly taken up from the walls of the alimentary canal; the same will be the case when poisons, &c., are introduced into a wound. When solutions of soluble salts, however, are applied to the skin, they seem to enter the lymphatics more readily than the blood-vessels; as might be anticipated from the vast amount of the former distributed through its substance, and from the thinness of their walls. On the other hand, the absorption of poisons in the state of gas or vapour, through the medium of the lungs, will obviously be effected by the vast surface of capillary blood-vessels spread out upon the lining of the air-cells; and we find, as might be expected, that volatile substances are more rapidly and effectually introduced into the circulation in this manner, than in any other. We have a remarkable example of this, in the noxious effects of even a very minute quantity of arsenic, when it is inhaled in combination with hydrogen. Very frequently, too, the operation of these substances is modified in a remarkable manner by this method of exhibition; thus, ether and chloroform, taken into the stomach in a liquid state, do not produce by any means the same results as when respired in the state of vapour. These differences are probably to be explained by reference to the well-known fact, that the chemical operation of many substances is considerably modified according to the fineness of their state of division. We are not aware that any precise observations have been made, tending to show a difference in the rate of absorption through the lungs, according as the vascular system is turgid or the contrary; but there are many indications that a deficiency in the fluids of the body greatly favors absorption of watery vapour from the atmosphere; and the generally admitted fact, that an exhausted or debilitated state of the system acts strongly as a predisposing cause in favoring the operation of poisonous miasmata, whilst a state of vigorous health, rather tending to plethora, is equally opposed to their agency, is probably referable, in part at least, to the same category. It is a circumstance of much importance, that the influence of poisonous gases is exerted as well through the skin as through the lungs; thus, Mr. Donovan states, that a rabbit, whose body was enclosed in an atmosphere of sulphuretted hydrogen gas, but which was allowed to breathe freely in the atmosphere, perished in ten minutes.
Death in the Pot; or the Adulteration of Food, &c. By John Mitchell, M. C. S., of London.—(From Ibid.)

The following are enumerated by Mr. Mitchell, as the purposes of these adulterations:

"1. To make the substance more saleable by improving its appearance, by the addition of some body either innocuous or otherwise.

2. To depreciate its quality, by adding to it some substance which will diminish its real without altering its apparent strength or general appearance. This is generally a very deadly fraud.

3. To depreciate its quality by the addition of some simple substance, as water, or if it be a solid body, as plaster of Paris, sand, &c."

As an illustration of the first may be noticed the adulteration of bread with alum, carbonate of ammonia, carbonate of magnesia, the sulphates of copper and zinc, &c.; all of which are employed to improve the appearance of the article, especially when it is made from inferior flour. From the statements of the author, it would appear that the London bakers' bread almost invariably contains alum, in quantities varying from 34½ grains to 116 grains in the 4lb. loaf. As an example of the second, may be cited the adulteration of porter by cocculus indicus, quassia, &c., which seems to be still carried on to an immense extent, in spite of very stringent enactments to the contrary, and the instantaneous conversion of new beer into old, by the addition of sulphuric acid. And the third is familiar to us in the watering of our milk, the sanding of our sugar, &c., &c.

Besides intentional falsification, our food is subject to receive contamination from accidental or unintentional causes; especially through means of the vessels employed in cooking it. The first section of Mr. Mitchell's work is, therefore, very properly devoted to this branch of the subject; and he then treats of the impurities to which water is liable. Flour, bread, milk, beer, cider, wines, spirits, coffee, tea, chocolate, sugar, honey, lozenges, &c., cheese, vinegar, pickles, anchovy sauce and paste, catsup, olive oil, pepper, mustard, and soap (which, although not an article of food, is placed on the same footing with the preceding as an article of domestic consumption), are then successively passed under review; the principal adulterations in each being specified, and an account being given of the chemical means available for their detection. Much useful information is contained under these heads; but we think that the work is very capable of improvement. Several of the chemical processes are insufficient for their purpose; others are needlessly complex; and a great deal of troublesome analysis might, in many instances, be saved by the simple appeal to microscopic evidence, especially in the case of substances in powder. Thus
flour may, by its means, be detected in milk, sugar, mustard, &c.; potato-meal in flour, bread, tapioca, sugar, &c.; factitious in real pepper, red lead in cayenne pepper, &c. The following is a curious and not unimportant fact, showing an unexpected source from which contaminations may be derived, and of interest also in a physiological point of view.

"M. Coulier, inspector of police, having purchased some bread, submitted it to chemical analysis, and, to his astonishment and horror, found that it contained traces of mercury. At first he thought he was deceived, made a second and a third analysis, and with the same result. M. Coulier, on this, made the strictest inquiries at the baker's, and found that one of the workmen employed was laboring under a frightful disease, requiring the exhibition of mercury; and the mercury existing in the bread had proceeded from the arms of the man in question. Although the author has never met with bread thus contaminated, it is very probable indeed that much of the same kind is distributed from the same cause in London."

[We doubt this being the source of mercury in this case.—Edt.]

We add the following, as a matter of more practical importance:

"The author has also examined buns and other pastry obtained from various shops in the metropolis, and in many of them, more especially, he has found alum, plaster of Paris, chalk, and sand, in very large proportions, far greater than in bread. In one bun alone, the author found as much as three grains of alum and ten grains of chalk."

Such adulterations are, of course, the more to be deprecated on account of the deleterious effects which they may produce upon children, who are the chief consumers of such articles.

We have little doubt that a far greater amount of disease than is generally suspected, arises from contaminations of food and of water; and our readers will render good service to the public, if they will apply their chemical knowledge to the detection of these, under the guidance afforded them by Mr. Mitchell.

The Value of Human Excreta.—(From Ibid.)

Of the immense economic value of the preservation of human excreta, when we are sending whole fleets in search of those of birds, which consist of precisely the same materials in a less advantageous form, no thoughtful man can entertain a reasonable doubt. Various estimates are given by Mr. Ellerman from different sources, which place this matter in a strong light. The lowest estimate,—that of Mr. Smith, late of Deanston, well known as the distinguished agriculturalist,—rates the average annual value of the excreta of each individual as £1; so that,
taking the whole population of Great Britain as 28 millions, we are positively throwing away every year that which is equivalent to twenty-eight millions sterling. The actual salable value in Belgium of the excreta is 37 shillings for each individual; and at this rate we may be said to be annually depositing the worth of fifty-one millions sterling in the ocean that washes our shores. It seems to us that there is an essential fallacy in all such estimates of the actual money loss or gain, involved in the difference between perfect and imperfect sanitary arrangements; since it does not by any means follow, that because a certain quantity of manure would at present fetch from 20 to 37 shillings, the same quantity multiplied twenty-eight millions of times would have a value twenty-eight million times as great. But the immense importance of preserving human excreta, and of applying them to the production of food, is perhaps better understood from the ascertained results of their employment in agriculture. According to Dr. Lyon Playfair, a pound of urine is capable of increasing the production of grain by an equal weight; so that, even allowing for some exaggeration in this estimate, the human urine at present wasted in this country would serve to produce more than all the grain required for the consumption of its entire population, besides affording, through its fertilizing influence on lands at present imperfectly tilled or not tilled at all, a source of employment to our superabundant population. We cannot too strongly urge an alteration of our present system,—by the introduction of some general system for the profitable application of sewage-manure, which shall be encouraged if not enforced by the legislature,—as one of the most important measures of public economy, and as likely to conduce more, thoroughly and effectually adopted, to the support of our national prosperity, than any other, affecting its material elements alone, to which public attention has yet been directed.

New Mode of Treating Deafness.—(Boston M. and S. Jour.)

[The following is a brief extract from several papers which have appeared recently in the London Lancet, written by James Yearsley, Esq., Surgeon to the Metropolitan Ear Institution. The Editor of the Lancet has seen the remedy applied, with complete success, in cases of apparently incurable deafness.]

In 1841, a gentleman came from New York to consult me under the following circumstances:—He had been deaf from an early age, and on examination, I found great disorganization of the drum of each ear. On my remarking this to him, he replied, "How is it, then, that, by the most simple means, I
can produce on the left side a degree of hearing quite sufficient for all ordinary purposes; in fact, so satisfied am I with the improved hearing which I can myself produce, that I only desire your assistance on behalf of the other ear.” Struck by his remark, I again made a careful examination of each ear, and observing their respective conditions, I begged him to show me what he did to that ear, which I should unhesitatingly have pronounced beyond the reach of remedial art. I was at once initiated into the mystery, which consisted of the insertion of a spill of paper, previously moistened at its extremity with saliva, which he introduced to the bottom of the meatus, the effect of which, he said, was “to open the ear to a great increase of hearing.” This improvement would sometimes continue an hour, a day, or even a week, without requiring a repetition of the manipulation. Such an interesting fact could not fail to excite my attention, and it naturally occurred to me to try so simple a method in other cases. I did so in several which appeared to me to be identical with that of my patient, but I invariably failed. I was on the point of abandoning the idea that the remedy could ever be made available in practice, and of considering either that my American patient’s case was unlike all others, or that it depended on some idiosyncrasy, when it happened that a young lady came under my care, by the recommendation of Mr. Squibb, Surgeon of Orchard street. She was the daughter of wealthy parents, whose anxiety for her relief was so great as to induce them to bring her to me long after I had discouraged their visits, and openly expressed my inability to relieve her. She had become deaf at a very early age, after scarlatina, which had produced disorganization of the drum of each ear, and the deafness was extreme. Unwilling, however, to abandon hope, her friends continued to bring her to me, in order, as they said, that “nothing might be left untired.” With little expectation of success, after so many previous failures, I was induced to apply the new remedy, with some modifications upon my previous experiments. Instead of adopting my American patient’s plan, it occurred to me to try the effect of a small pellet of moistened cotton wool, gently inserted and applied at the bottom of the meatus, so as to come in contact with the small portion of membrane which still remained. The result was astonishingly successful. On the evening of a day, in which she had risen from her bed with the sad reflection that she must be forever debared from social converse and enjoyment, she joined the family dinner party, and heard the conversation which was going on around her with a facility that appeared to all present quite miraculous. Day after day the remedy was applied with
the same marked success, and eventually she learned the art of applying it herself, and thus became independent of me. It was observed that, until the wool could be brought in contact with a particular spot at the bottom of the meatus, the hearing was not at all benefited, on the contrary, was prejudiced; but the moment it was properly adjusted on that particular spot, the hearing was restored. Subsequent experience, in a vast number of cases, confirms this remarkable fact. It is not merely necessary to insert moistened cotton wool to the bottom of the meatus. Such a manipulation would in most cases add to the deafness. It is essential to find the spot on which to place the wool, and so adjust it as to produce the best degree of hearing of which the case may happen to be susceptible. This of course differs according to the variety and extent of the disorganization.

Ectrotic Treatment of Small-pox. By James H. Johnson, M. D.
(St. Louis Med. and Surg. Journal.)

"It was my fortune, some three years since, to be associated with Dr. A. T. Crow, in attendance on small-pox patients in the pest-house of the city of Galena. During the period of the prevalence of the disease, we tried many experiments, especially with the Liquor Hydrargyri, Solution of Nitrate of Silver, and Labarque's Chloride of Soda. In four cases, treated at various periods during the existence of the disease, each patient separately submitted to the above remedies. The first, with Tr. Iodine; the second, Sol. Nit. Argenti; the third, Liq. Hyd. Bichloride; and the fourth, Lab. Chloride Soda. All of the above patients I have repeatedly examined since recovery, and find the patient who was under the Chlorine Medication, the least pitted; the Iodine patient second; Nit. Argenti, third; and the Liq. Hyd. Bichloride, fourth. Each subject of trial presented all the appearances of distinct small-pox. However, it is proper to remark here, that the external applications were used daily over the entire body, at an early stage of the eruption, and were continued until the period of desquamation. The last and fifth experiment was some months subsequent to the above,—the patient laboring under semi-confluent variola: that is to say, on the extremities, trunk, &c., the pustules were distinct, but the head, face, and neck, presented the confluent aspect. The general treatment was the ordinary indications of cure—the Ectrotic applications as follows: the head, face, neck, and the left arm, were bathed from five to eight times a day with the Lab. Chloride Soda, from
the eruptive period until desquamation, ceased. The distinct pustules, on each extremity, were perforated and filled,—those on the right leg with Tr. Iodine,—on the left leg with Liq. Hyd. Bichloride, the right arm and chest with the Sol. Nit. Argenti. On the extremities, every large pustule was perforated, and the remedial agents applied, with a common pen, on three occasions during the maturative period. Some four months after the recovery of the patient, he was submitted to a careful examination, and a very material difference was observable in regard to the size and depth of the pits. The head, face, neck, and left arm were but little marked (Lab. Chloride Soda); the right inferior extremity, second in order (Tr. Iodine); right arm and chest, third in order (Sol. Nit. Argenti); left leg, fourth in order (Liq. Hyd. Bichloride). The result of the experiments would seem to indicate that Chlorine, in this form, displays the most active preventive powers; Iodine, the second; Nit. Argenti, the third; and Hyd. Bichloride, the least. When we take into consideration the exposure of the face to the light, with its local confluency, and then, under the circumstances, compare the beneficial effects of the Chlorine with the other remedies, we must necessarily, award to the former the first rank, as a remedial agent, and to the Iodine, the second, in regard to its specific action.”

Digitalis in Infantile Cachexia. By Dr. Winder, of Montreal, L. C.—(British American Journal.

"The remedy to which I allude is digitalis, and its beneficial influence in cases of emaciation in children, conjoined with irritation of the circulation, I am disposed to attribute to the principle, that while the lymphatic organization requires excitation, the arterial impulse demands restraint. We must stimulate the one, and depress the other. Whatever may be the mode of explaining the action of digitalis in the case supposed, I am certain of the fact, that under its use, the quick, inflammatory, irritable pulse, assumes gradually a slow, equable character, the lymphatic torpor is overcome, the swelled abdominal subsides, and the child, from having been drowsy and feeble, becomes lively, and comparatively strong.

The following are the formulæ in which I have ordinarily prescribed digitalis for the state of disease, or constitutional disturbance before mentioned:—

Efficacy or Syrup, Finct. Misce, Tinct. Aqua3

The liver in these disorders is almost constantly affected, and doses of mercurials are frequently called for. Of these there is none more sure and efficacious, than the hydrarg. cum creta. Two grains of this every night, or every second night, for a child of two years old, and a drop, or two drops, of the tincture of digitalis. three times a day, gradually increased to three or four, will, in general, be found sufficient to produce a marked good effect in the condition of the patient. When an aperient is required, the following will be found of service:

R Tinct. rhei gutt. xx., Potassae tartratis 3 ss, Aqua æ anethi 3 ss, Misce Fiat haustus, mane sumendus; or the powder called by the late Sir William Fordyce, his “Pulvis Antihecticus et Antirachiticus Infantum,” famed, as he says, “for curing, as if by miracle, the hectic fever and swelled bellies of children.” R Sal. polychrest. gr. x. Pulv. rad. rhubarb. gran. iiij., iv., v., vij., vel viij.; Misce una dosi, omni mane sumend. per 14 dies, vel donec cessserit Febris Hectica, aut tumor abdominis.

It may be occasionally combined with opium, as in this formula:

R Digitalis pulv. gr. ij., Calomel, Opii pulv. aa gr. j., Misce et divide in chart. viij. quarum j. nocte maneque dand.; or the medicine may be given without the calomel, occasional doses of the hydrarg. cum creta being substituted for it, and an aperient exhibited according to circumstances.

The use of opium, in young children, requires extreme caution.”

Efficacy of Small and Repeated Doses of Calomel. By Prof. Trousseau.—(Wood's Retrospect.)

Prof. T. has been much in the habit, for some time past, of administering in acute diseases, as rheumatic fever, puerperal peritonitis, iritis, &c., minute doses of calomel, and with complete success. He takes one grain of c. and one drachm of sugar, and divides it into twenty-four powders, one of which is taken every hour. The same treatment is continued two, three, or more days, or until the gums are touched. This usually occurs in 48 hours, and sometimes even in 24 hours, or after the administration of only one grain of calomel. It is rarely necessary to continue the powders during the third day.

The advantages of this method are—1. The system is
brought under the influence of mercury as rapidly and as cer-
tainly as by any other mode of administering the drug. 2. The mercurial action never proceeds further than is intended, and the serious consequences of excessive salivation are entirely avoided.

In the treatment of puerperal peritonitis, M. Velpeau for-
merly used large doses of calomel and rubbed in mercurial
ointment very freely, but unpleasant effects often followed
this practice. But of late Prof. T. has adopted the plan of
small and repeated doses, and he is convinced that he thus obtains
all the good, and completely avoids the evil effects of the
remedy.

In chronic diseases the same doses may be given at longer
intervals: tenderness of the gums will not probably appear
before the fifth or eight day.

This method of giving calomel originated with Dr. Law of
Dublin, who proposed it a few years since, but it did not at the
time appear to receive much notice. The modus operandi of
this method appears, according to Mialhé, to consist in the
fact that calomel in the stomach undergoes a slow change
before absorption by coming in contact with an alkaline solu-
tion, as that of common salt, which thus partially changes it
into a bi-chloride and metallic mercury. Hence as only small
portions of calomel can be thus converted, it is immaterial,
so far as absorption is concerned, whether one grain or one
drachm is administered, as in either case the quantity of bi-
chloride formed is the same. According to this view, the ex-
hibition of common salt with the calomel ought to increase its
activity in a marked degree, and perhaps the cases of so-called
idiosyncrasy, where a small quantity of chloride has given rise
to severe salivation, may find in this circumstance a rational
explanation.

The Alphabet of Auscultation.—(Ranking's Abstract.)

Mr. Corfe gives the following succinct epitome of the prin-
cipal stethoscopic indications in pulmonary disease. These are:

Two dry sounds.—Rhoncus; sibilus.

Two moist sounds.—Small crepitation; large ditto.

Three vocal sounds.—Bronchophony; ægophony; pectorilo-
quy. Thus:

1. Two dry sounds.—Rhonchus, or snoring, heard in the lar-
ger bronchi, is produced by an intumescence or œdema of the
mucous membrane of the bronchi, on which phlegm impinges.
This sound occurs especially at the bifurcation of the bronchi,
where the membrane is bevelled off, and is called by the French
physiologists the "eperons," or spurs of the bronchi. When the fingers are spread out, the reflected skin from the base of one finger to that of the other, represents a magnified form of this reflection of the bronchial mucous membrane. The sound denotes the existence of bronchitis. The pathological change above described, is well exhibited, in other respects, in conjunctivis, when effusion exists beneath this membrane.

Sibilus, wheezing, whistling, or cooing. Produced by the same cause as above described, with the exception that it originates in the smaller bronchi, so that the grave sounds of a bassoon, and the shrill sounds of a piccola, or the air drawn through the semi-closed lips well moistened with saliva, and through the larynx as in snoring, afford a tolerably accurate representation of these two bronchial sounds.

2. Two moist sounds.—Small crepitation is the invariable symptom of the first stage of pneumonia, and is produced by the inspired columns of air passing through a series of inflamed pulmonary cells, which are partially clogged with sero-sanguinolent secretion. The act of rubbing the hair between the fingers gives some notion of this important diagnostic symptom. I need scarcely say that emphysema from fractured ribs and wounded lung will cause this sound also; but, as I do not wish to confuse the student by describing those morbid changes produced by traumatic causes, I shall omit any further notice of them now.

Large crepitation is similar to the breaking of large soap-bubbles, and is heard over the lower lobes behind, in cases of advanced or chronic bronchitis, the third stage of pneumonia, and in emphysema with edema pulmonum.

3. Three vocal sounds.—Bronchophony, or increased resonance of the voice, is produced by a solid portion of lung acting as a better conductor of sounds than a vesicular or healthy portion; so that the voice of the patient rings under the ear of the auscultator. This solidification is either the result of pneumonia, or of a mass of aggregated tubercles in the upper lobes. In the latter case, it is heard under the clavicles; in the former, it is usually detected over the lower lobes behind.

Egophony, or bleating of the goat. A sound peculiar only to the presence of a small portion of effused lymph between the surfaces of the costal and pulmonary pleura, the result of pleuritis. It is not heard when the effusion is copious, but it is again heard when the effusion is in the course of absorption. Hence it is an unfavourable auscultatory sign in the early, and a good one in the latter stages of pleuritis. This sound should be listened for over the lower lobes behind; the ordinary seat of the early occurrence of pleuritis.
Pectoriloquy is the effect of the intonation of the voice passing up the stethoscope, as though it came from within the chest rather than from the mouth of the patient. Its production is the unequivocal evidence of a cavity in the substance of the lungs, which cavity is usually in the upper lobes, and therefore this vocal sound is to be sought for under the clavicles. If you place the stethoscope over the wings of the thyroid cartilage, and make the person talk, you have a fair specimen of this vocal sound in the above diseased change.

The Treatment of Hemorrhage. By J. P. Vincent.—(Observations on some of the Parts of Surgical Practice, 1847; p. 217. From Ranking's Abstract.)

The most important step in managing all cases of bleeding is that the surgeon should be most careful to keep the bleeding vessel free from all coagulum. The smallest arteries will go on bleeding if they are covered with a clot, and many considerable hemorrhages will stop if the bleeding points are quite clear from all blood; even rather large arteries will sometimes permanently cease to bleed, if kept uncovered and exposed to the air. This fact I have seen. It is known that if a divided artery be in contact with a layer of fibrine, it has a strong affinity and aptitude to shoot into it; and it is possible that a clot of coagulum has a modified effect of this sort upon the orifice of an artery, so as to keep it from contracting and closing. It is, however, certain that a coagulum over a bleeding artery keeps up hemorrhage. It is by this means that all styptics have generally failed, while, for the most part, they have only done what bare exposure will generally effect; if the blood be carefully removed, and the styptic be applied, it has the credit of supporting its character, but generally, if the blood be removed and kept from forming a coagulum, the vessels will cease bleeding as the effect of the mere exposure of the part. The doctrine explaining the use of plugs of coagulum about an artery to restrain its bleeding, was never to me very convincing. I know, practically, that arteries of a considerable size, such as those about the hand, of the size even of the radial, will cease to bleed if left quite exposed, and kept freed from a coagulum taking place about them; so, when a socket of the tooth bleeds, if it be kept quite clear of coagulum, and the oil of turpentine be applied, it will succeed in quickly arresting the bleeding. I have every reason to feel assured, from what I have tried in these cases, that the bleeding may be stopped in epistaxis upon these principles, by which the patient may be saved from the
annoyance of what is called plugging. The plan of the proceeding that I have adopted is to keep the parts which are bleeding freed from coagulum, and this should be done in this case by syringing the nostrils, so as to wash the blood out. Now, if a styptic be used, such as the sulphate of zinc, it coagulates the blood as it issues from the vessels, and so far stops the bleeding; but there is a process going on, by which this clot is loosened from its adhesion, and perhaps on the second day, the bleeding is renewed. This will happen repeatedly; so that these cases have ended by being plugged. But what I contend for is, that if the syringing be carried on until the bleeding ceases, it will not only stop, but not recur. It is generally considered of importance that the water used in cases of bleeding should be cold, but from what I have observed, arteries will contract under the use of warm water, which has a better effect in clearing away the clots, and keeping the parts clean from the blood. I have already alluded to the influence of a coagulum in keeping up bleeding, when speaking of the necessity of squeezing out the coagulum in a pile when it is opened.

[The novelty of Mr. Vincent's views will strike every reader; we must confess, that were they from a less experienced surgeon, we should hesitate in extracting them. The application of cold, in particular, has been admitted universally as a means of arresting hemorrhage; plugging and promoting the formation of a coagulum has also been very generally taught and practised. Malgaigne, we observe, treats of hemorrhage as capillary, venous, and arterial. (Operative Surgery.) In the first, he recommends the removal of clots, exposure to air, and the application of cold; in venous hemorrhage, compression of the part, so that a clot may form; and he gives sixteen plans resorted to by surgeons for the arrest of hemorrhage from the open mouths of arteries.—H. A.]

Cancer of the Uterus simulated by the Irritation of a Piece of Sponge.—(Dublin Medical Press.)

Dr. Mitchell relates the following instructive case. Mrs. P., æt. 26, a delicate anaemic woman, married two years; commenced menstruating at sixteen, and has been regular up to the last year and a half. When four months married, she had an abortion, and amongst other means employed to arrest the flooding, the vagina was plugged. She continued for a long time in a very precarious state, and has never been well since. She now (January 16, 1846) complains of great pain at the lower part of the abdomen, with constant pruritus of the vulva; but what distresses her most is the constant discharge of a dirty
sanious fluid from the vagina, varying in quantity at times, but always increased during the menstrual period, the fetor being at all times unbearable. She has consulted several medical men, some of whom have pronounced it cancer. She is much emaciated, and in very low spirits, having tried a variety of remedies without benefit. The speculum has been used, and applications made to the part. On examining with the finger, the mouth of the uterus could not be detected at all, but a soft fleshy mass, occupying its place, and projecting over the cervix and into the vagina, quite insensible to the touch, could be felt. On introducing the speculum, a dark-colored fimbriated body was brought into view. The end of an uterine sound was applied to it for the purpose of tracing its attachments, during which examination a small piece was detached. This piece was put under water, and found to consist of a minute portion of sponge, with a quantity of what appeared to be lacerated muscular fibre.

The after part of the treatment was very simple. Portion after portion of the mass was detached without much trouble, the whole being in a completely decomposed state, and only held together by the granulations from the uterus, which were very long and tender. The separation was attended with a small loss of blood. The pieces, when put together, weighed five drachms and a half. The vagina was syringed out frequently with warm water, and the surface to which the sponge had been applied touched three times with nitrate of silver, at an interval of four days between each application. At the end of a month the os uteri was quite normal, with the exception of a slight induration and puckering of the lips. The menstrual function has been naturally performed, and she is gaining strength and flesh. This lady continued to improve, proved pregnant in March, 1846, and was safely delivered at the full period.

On a Method of Catheterism in Disease of the Prostate or Injury of the Urethra. By Dr. M. C. Bernard, Dundrum Dispensary.—(From Ibid.)

It is well known to every practical surgeon the distress which patients laboring under disease of the prostate gland constantly suffer from retention of urine. This retention, which is for the most part caused by mechanical obstruction, (the walls of the urethra being either closed together by the swollen prostate, on the one hand, or the third lobe overlapping in a valvular manner, the entrance of the urinary passage on the other,) may often be easily removed by a manoeuvre first suggested by Mr.
Hey, and now well known to every surgeon—viz., by withdrawing the stilet when the instrument has passed the membranous portion of the urethra, whereby the top of the catheter is tilted into the bladder. Leeches to the perineum, the hipbath, and anodyne enemata, are also useful auxiliaries to allay the inflammation and irritation which generally attend on these cases. There is not, perhaps, a gland in the body more susceptible to changes in volume from atmospheric influences than the diseased prostate. If a patient who is afflicted with this complaint gets even an ordinary cold, he is sure to suffer from an aggravation of all his symptoms. The prostate gland, already in a state of hypertrophy, becomes inflamed and congested; sometimes a permanent varicose state of the gland may supervene. In this altered state of the parts, the walls of the urethra are so closely brought in contact, that the patient, with all his efforts cannot pass one drop of urine; often, in his vain efforts to micturate, the overloaded vessels of the distended prostate will give way, and hæmorrhage to a considerable extent may take place either in the urethra or bladder. Under circumstances of this description, there is often considerable difficulty in passing an instrument into the bladder, and when the surgeon succeeds in introducing the ordinary gum-elastic catheter, he may find to his disappointment, after withdrawing the stilet, that not one drop of urine will pass: in fact, the instrument becomes choked with coagulated blood. Exactly the same thing may occur after you have succeeded in passing an instrument into the bladder, either in rupture of the urethra from accident, or where a false passage has been made by a forcible attempt to introduce a catheter.

[Dr. Bernard relates the case of an old man who laboured under retention of urine from diseased prostate, in which, when the symptoms had been aggravated by cold, the catheter (full sized gum) could with difficulty be passed; and when it was introduced into the bladder no urine escaped, the tube being blocked up with coagulated blood. Not having a syringe at hand to clear the tube of coagula, Dr. B. tried the following expedient. He says,—]

I took a gum-elastic catheter of large calibre, without its stilet, and introduced into it (in the same manner you would put your finger into a glove) another catheter armed with its stilet, and of sufficient size to fill completely the larger one. I passed this double catheter with the greatest freedom into the bladder, and had the happiness to find upon withdrawing the smaller one, that the urine flowed in a full stream, at the same time giving my patient immediate relief from his protracted suffering.
New Operation for Varicocele.—(London Lancet.)

M. Velpeau, in a clinical lecture, gives an account of the plan of operating for varicocele, by torsion, as devised by M. Reynaud, and modified and practised by M. Vidal de Cassis.

In the operation for varicocele, it is the object, not only to obliterate the veins of the spermatic cord, but also to raise the affected testicle, which, as is well known, sinks to a lower level than the other; for by so doing the danger of relapse is lessened. M. Vidal proposes to accomplish this end, along with the obliteration of the veins, by the plan he advocates. Although it is difficult to describe an operation in words, we shall endeavour to give a succinct description of the one in question. Two portions of silver wire, one double the thickness of the other, are threaded severally through a lancet-shaped needle: the operator then isolates, with his fingers, the vas deferens from the varicose spermatic veins, pushing the former backwards, whilst he draws the veins forward in a fold of skin. The larger needle, with the thicker wire, is now passed through the skin, between the vas deferens behind and the varicose veins in front. This being done, the wire is slightly bent, so as to give it a concavity, looking forwards. The veins are then released from the grasp of the fingers, and a fold of skin pinched up from over those vessels through which the second needle, with the finer wire, is passed, and thus the wire occupies a position anterior to that of the veins. The needles are introduced and escape through the same openings, which, hence, are but two in number, and consequently, the operation may be regarded as subcutaneous; and from their position, the wires embrace the dilated veins between them. All this having been accomplished, the wires are cut so as to leave about an inch projecting from each of the orifices made; and then, a very gentle movement of rotation and torsion is exerted on the greater wire. Now, it is easily seen that, in proportion as this torsion is made, the loop of wire in which the veins are engaged contracts in its dimensions, and so exerts a compression on the veins, and soon, these vessels, at first, only so compressed, become rolled around the thicker wire, like a rope round a roller; while the vas deferens remains intact behind. The more turns made, the higher is the testicle drawn up towards the abdomen, and thus the ascent of that organ is effected. The loose skin of the scrotum seems, also, to be a little rolled up, following the movement exerted on the spermatic veins by the torsion of the wires. A little circular pad is lastly placed on the skin between the two punctures which give passage to the wires; the ends of the wires are bent back over this pad, and twisted together by pincers.
Since this plan was devised, M. Vidal has operated on hundreds of cases of varicocele, and has never met with any accident, nor has had any failures or relapses. If such brilliant success has attended such practice, it is indeed worthy of the consideration of surgeons generally, and certainly deserving of trial. It is a very simple process, but very mechanical, and rather coarse in appearance; but on this account it should by no means be neglected, for as much may be said of many surgical manoeuvres.

BIBLIOGRAPHICAL.


The promised notice, or review, of this work has not come to hand. We have hastily glanced over its pages, and find it divided into five Parts. 1st, is on the Chemical Forces. II. The simple bodies of greatest importance. III. Organic Chemistry. IV. Animal Chemistry. V. Treats of the Metals. We do not feel prepared to say whether this book will accomplish all the author designs, or if it will be accepted as a text-book for Students by the Professors of our numerous Colleges. We are, however, of the opinion that it is an excellent Manual of Chemistry, and deserves to be extensively patronized by the members of the profession.


The American publishers of this well known periodical have kindly sent us the above No., which we find well stored with the latest medical intelligence. About one half of it is taken up with carefully prepared reports on Practical Medicine, Surgery, Obstetrics with Diseases of Women and Children, Forensic Medicine, Toxicology, and Psychological Medicine. This No. ably sustains the high character of this Medical Periodical.

one in Philadelphia, the other in New York, engaged in re-publishing
this British Medical Quarterly. It was formerly furnished at $5 to
subscribers, but the price is now reduced to Three Dollars. In
addition, the Messrs. Wood present to each subscriber, paying in
advance, a small Quarterly Retrospect of American and Foreign
Practical Medicine and Surgery, of 64 pages, double columns; or this
latter is afforded alone at $1 per annum, in advance.

Of the character or worth of this Foreign re-publication, nothing
need be advanced by us—it is known to all medical men. Wood's
Retrospect is a useful little periodical.

PART III.—MONTHLY PERISCOPE.

Will insoluble substances introduced into the intestinal canal enter
the circulation? By M. Mialhe.—(Translated for this Journal.)

M. Mialhe has established in his former publications, that the liquid
state is indispensable to the general action of medicines and poisons,
and that in the same class of bodies, every thing being equal, the most
soluble are the most active. But the recent experiments of Prof.
Osterlin seem to establish that insoluble substances can pass from
the intestinal canal into the circulation.

This, if true, overturns entirely the theory which admits the solua-
ble state to be indispensable to absorption. M. Mialhe has repeated
the experiments of the German physician, and from these experiments
there remained the most positive proofs that charcoal introduced into
the digestive canal could not pass into the circulation.

M. Mialhe concludes:

1st. That it is impossible for insoluble substances to pass into the
circulation.

2d. That internal medicaments, to have a general action upon the
organism, should be soluble, or capable of becoming so by the chemi-
ical reaction produced in the organs.

3d. That soluble substances alone are susceptible of undergoing
the phenomenon of absorption, and that the old axiom—*corpora non
agunt nisi sint soluta,* is a truth not less established in physiology than
in general chemistry.—[Gazette Med. de Paris.

Parturition without Pain. By an old Army Physician of Jefferson
Barracks.—I sometime since saw stated in one of our "Medical Jour-
nals," a case of "Parturition" without pain; and as a similar case
once occurred to me, I will relate it. Mrs. J,—, wife of Lieut. J,—,
aged 23, of a light frame, fair complexion, but of feeble constitution
though in good general health, had arrived at the termination of her
gestation with her first child, without the slightest disturbance of her
health in any manner—and was standing in her kitchen making cake,
when "she felt," as she said, "something give way, and water run-
ning down her legs," and as this somewhat alarmed her, she immediately went up to her chamber, and sent for a kind lady, her next neighbor, who hurried in and at once sent for me. Luckily, I was just passing the door. I found her on the bed, and immediately placed her on her left side, and proceeded to examine her, when I at once received the child! "Oh!" said she, "I have dirtied in bed." This caused much laughter in the lady and myself to think that our patient could not distinguish between a motion by stool and the bringing forth a child. The placenta came in five minutes after, in the same way, without the slightest color, save that produced by severing the cord. When all was over, I asked her why she thought she had passed a stool in bed. She replied, "she felt only the same bearing down as when she went to stool, and not the slightest pain, nor when the placenta came away." She had neither after-pain nor hemorrhage, and soon got up well.—[St. Louis Med. and Surg. Journ.]

Case of Super-Faxation—a mare bringing forth at one birth a colt and a mule.—Extract of a letter from Albert N. Read, M. D., addressed to the editor, dated Andover, Ashtabula county, Ohio, January 4th, 1847.

"Permit me to mention to you one of nature's freaks in generation, which occurred in an adjoining township the past summer. A mare at one birth brought forth a well formed colt and a mule. She was put to the Horse some two or three weeks after having received the Jackass. Both the colt and the mule are doing well. I am aware that the fact of impregnation by different males, is not new to physiologists, but the great difference in time, in this instance, I thought was worth mentioning."—[Medical Examiner.

Diagnosis between Syphilitic and Scrofulous Affections of Bone.—This is laid down as follows by Ricord:

Syphilitic Affections of Bone.
1. Very rare with young subjects.
2. Syphilitic antecedents.
3. Compact textures of the bone attacked.
4. Superficial layers attacked.
5. Little tendency to hyperostosis.
6. The pains which precede the development of the affection increase and become very intense, until they decrease again.
7. A tendency to circumscription.
8. Exostosis.
9. Ossification, eburnation, but seldom suppuration.

Scrofulous Affections of Bone.
1. Very frequent in youth.
2. Scrofulous antecedents.
4. Deeper layers attacked.
5. Much tendency to hyperostosis.
6. The tumefaction precedes the pain, but the latter soon increases, and becomes more intense as the disease proceeds.
7. A tendency to diffusion.
8. Hyperostosis.
9. Tendency to softening, suppuration, caries, and necrosis.
10. Difficult cure, and sometimes impossible.

[London Lancet.]
On the Action of Diuretics. By Prof. Krahmer, of Halle.—From a series of experiments, the results of which are recorded in the following table, Professor Krahmer seems to have established, beyond all doubt, that the ordinary so-called diuretics are totally devoid of any physiological action.

Tabular view of the average daily amount of the urine and its constituents (expressed in grammes.)

<table>
<thead>
<tr>
<th>Mean of all the observations (103)</th>
<th>Urine.</th>
<th>Solid</th>
<th>Combustible</th>
<th>Ashes</th>
<th>Urea. Uric Acid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do. of those when no diuretic was taken (62)</td>
<td>2029-3</td>
<td>73-13</td>
<td>38-39</td>
<td>34-69</td>
<td>19-46 0-35</td>
</tr>
<tr>
<td>Do. after the use of distilled water (1)</td>
<td>2084-6</td>
<td>74-01</td>
<td>39-65</td>
<td>35-24</td>
<td>19-64 0-36</td>
</tr>
<tr>
<td>Do. after the use of diuretics (40)</td>
<td>4920-7</td>
<td>70-70</td>
<td>34-69</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pulv. bacc. junip. (4) 1759-1 65-88 29-32 36-56
Terebinth (4) 1277-2 60-37 34-92 23-85
Pulv. fol. digitalis (11) 2103-1 76-16 39-34 36-82 19-71 0-23
Pulv. rad rhei (6) 1899-4 73-56 41-85 37-71 19-46 0-35
Resin. guaiac. (5) 2114-0 75-39 42-77 32-62 23-74 0-29
Tinct. sem. colchici (5) 1756-5 71-99 42-26 29-73 23-84 0-69

Referring to Becquerel's tables as a standard of comparison, we find the corresponding figures: 1319-8 36-8 27-6 9-6 16-5 0-5 which are most of them considerably lower than the above numbers of Krahmer. The subject evidently requires further investigation.—[Jour fur. prakt. Chemie, Bd. xli., pp. 1-7. From Med-Chir. Rev.]

Paralysis of the Tongue from Passion.—The following case is related in the Medicinische Zeitung. A man, aged 59, of delicate constitution, and choleric temperament, while engaged in a dispute, suddenly lost the power of his speech, his intellectual faculties, however, remaining. He was unable from this time to move his tongue freely, or to utter and articulate sounds. Respiration, the heart's action, the digestive and urinary functions, were normal. No symptoms of congestion of the brain were to be observed. His physician had recourse to electricity, which was continued daily for from five to ten minutes. In the course of five days the faculty of speech was restored.—[Journal of Psychological Medicine.

An easy means of rendering the Ulnar Artery accessible to the finger or even to the eye. By M. Malgaigne.—The means suggested by M. Malgaigne, the efficacy of which the reader may at once test upon his own person, will be found of great utility, when circumstances prevent our feeling the pulse at the radial artery, or when it is desired to take up the ulnar. He thus describes it:

"I have several times had occasion to place a ligature around the ulnar artery for lesions of this vessel; and when the cellular tissue is gorged with effused blood, and it is necessary to seek it at a considerable depth, I do not hesitate to term it a very difficult operation. Perhaps the means I am about to state will assist in removing the principal difficulty, which especially depends upon the depth of the artery. If
the fingers and hand are turned forcibly backwards upon the dorsal aspect of the forearm, the relations of the ulnar artery become surprisingly changed. The deep-seated muscles upon which it lies are forcibly raised, and cause a sensible projection under the skin. The tendon of the flexor carpi ulnaris, on the contrary, retreats inwards and backwards; so that the artery, which, in the natural position of parts, is partly concealed by it, is now forced to a much more anterior plane, and lies four or five millimetres on the inner edge of the tendon. In many subjects it becomes more superficial than the radial, and it may be seen raising the skin at each pulsation.

"In traumatic lesions of the vessel, the same position brings the wounded extremity of the vessel towards the surface, and enables us to seize it; and in any case, when we wish to pass a ligature around the vessel, there will be no longer occasion to denude and draw away the tendon of the flexor."—[Rev. Médico-Chirurg., from British and Foreign Med. Chirurg. Rev.]

Muriate of Opium.—Dr. Nichol recommends this as the best preparation of opium, never inducing headache. It is made as follows:

Take of the best powdered opium, 3 j.
Muriatic acid, 3 j.
Distilled water, 3 xx. Mix.
Shake this mixture very frequently every day, during fourteen days, then strain and filter. The dose is from twenty to forty drops according to circumstances. Many of my medical friends have tried this preparation, and they highly approve of it.—[Ranking's Abstract,]

Operation for Internal Hemorrhoids.—Professor Riberi, of Turin,* seizes the base of the tumour, however high it may be placed, with a curved, pointed hook, or tenaculum, and draws it downwards; he then passes a second curved tenaculum through the base, at right angles to the first; the convexity of the curve of the instruments being directed upwards, and their points outwards from the anus. The two instruments are held by an assistant, a ligature passed behind them, and the tumour strangulated, after which the instruments are gently withdrawn. One extremity of the ligature is cut short, and the tumour returned into the rectum without puncturing it. A feeling of numbness is felt by the patient after the operation, to be alleviated by an injection of cold water. The ligatures separate about the third or fourth day, and the cure is complete from the twelfth to the twentieth. The operation has been uniformly successful in M. Riberi's hands.—[Rank's. Abst,]

Treatment of Whitlow. By Dr. Barnes.—Whitlow may be removed in the early stages, and in the later stages may be much relieved, by applying potassa fusa. Slightly moisten the end of a stick of this caustic, and rub it over the surface of the diseased and adjacent parts for a few seconds, until the patient complains of much pain. If this

* Giornale dell' Academia Medico-Chirurgica di Torino.
pain or burning sensation lasts for a few minutes, the application has been sufficient; if it subsides more quickly, re-apply the caustic for a short time. Be very careful not to destroy the skin.—[Retrospect.

**Colour of the Vagina in Pregnancy.** By Dr. Albert.—Dr. Albert states that of all the signs of pregnancy hitherto known, that derivable from the observation of the dark red colour of the vagina is the best, seen as it is by the aid of a speculum at so early a period of pregnancy, and proceeding progressively with the development of the uterus. He has tested its utility in about 30 cases, and has besides examined, with the same success, a great number of animals at various periods of gestation.—[Zeitschrift für Geburtshkunde, from Review.

**Treatment of Fissures of the Anus.**—M. Miday recommends the patient to apply to the anus, night and morning, with the end of the finger, a portion of ointment, about the size of a cherry stone, composed as follows: Axungiæ 15 grammes, tannin 1 gramme, increasing the portion of tannin gradually to three grammes or more, according to its effect on the sensibility of the part. To apply it efficiently, the patient should push his finger as far as possible without forcing the sphincter, and then leave the ointment.

Where fissures are situated higher, a solution of tannin may be injected into the rectum with a small syringe. The quantity of liquid introduced should be as small as possible, in order that it may be retained for some time. In both cases the patient should experience some degree of heat, and smarting continues for some time after the application.—[Medical Times.

**On the Prevention of Habitual Miscarriage.** By Dr. Griffin.—Dr. Griffin, physician to the county of Limerick Infirmary, recommends to the notice of the profession the use of tonics and antispasmodics when there is an habitual tendency to abortion or miscarriage. In three cases, which he treated successfully, he employed the following remedies—two grains and a half of oxide of zinc, with two grains of extract of hop, three times a day; and, after each pill, two tablespoonfuls of a mixture of valerian, aromatic spirits of ammonia, and infusion of snake-root. He recommends also a box of pills to be kept by the patient, containing a grain of opium in each, to be taken when pain comes on, and to repeat the dose every hour till relief is obtained.—[Ibid.

**Hydrocele cured by Compression.** (Translated for this Journal.)—M. Rossi relates the complete cure of a case of hydrocele by compression, which had been previously treated by punctures. He effected the cure by exercising compression upon the tunica vaginalis by means of a thin plate of lead. He applied it on each side of the scrotum, taking precaution to leave the spermatic cord and testicles free. By this means an inflammation was established which produced adhesions of the walls and consequently a radical cure.
By this means the chances of success are much less, than by the process of injection; but it has the advantage of being entirely innocent.—[Gazette Med. de Paris.

Disinfection.—Pound the well dried raw bean of coffee, and strew it over a moderately heated iron plate till the powder assumes a dark brown tint; it will then remove almost any noxious effluvium.


The Electrical Cloth:—a mode of employing Electricity by simple Friction.—The following plan is recommended for the preparation of electrical cloth. Five parts (by measure) of monohydrated sulphuric acid are to be mixed with three parts of monohydrated nitric acid. The cloth, either cotton or linen, is well saturated in this liquid (one part of cloth requiring fifteen parts of liquid by weight), and allowed to digest for an hour. The loosely adhering acid is then squeezed out of it, and it is thoroughly washed in water. In order to deprive it of any sulphuric acid, it is soaked in weak ammonia, and again washed. It is afterwards plunged in water slightly acidulated with nitric acid. This neutralizes any ammonia which may be left, and at the same time increases the electrical and combustible properties of the cloth. It is with this species of pyroxyline that M. Meynier has produced by friction large quantities of electricity; and some practitioners have used it with great benefit, in the form of local application and frictions, in various disorders of the nervous system.—[Med. Gaz.

Substitute for Granville’s Lotion.—The following is the formula:—

R. Strongest preparation of Aq. Ammonia, 4 ozs.
Spts. Rosemary, 2 drs.
" Camphor, 1 dr.

Saturate a piece of cotton or lint and apply immediately with the hand pressed on it, until slight vesication is produced.—[South West. Med. Advocate.

Inferior Animals subject to Intermittent Fever. (Translated for this Journal.)—M. Dupuy has advanced the opinion, that lower animals, sheep in particular, are subject, like man, to intermittent fevers, when they have been exposed to marsh effluvia, and that they have in these cases, enlarged spleens more or less altered.—[Gaz. Med. de Paris.

Statistical Researches of Chorea.—Dr. Easelmann, after collecting reports of cases from different authors, and adding to them his own, finds that females are much more prone to chorea than males, in the proportion of 73 to 27 in 100 cases. Up to the age of 11, of 33 patients, 22 were girls, 11 boys; from 11 to 15 years of age, of 45 cases, 34 were females, and but 11 in males; about fifteen years old, or 22 patients, 17 were women, and only 5 men.

Thus, whilst the proportion of males remains the same before and after the age of 10, the proportion of females increases remarkably
from the 10th to the 16th years; a fact which leads to the conviction that the period of puberty exercises a great influence on the development of the disease.

Respecting the causes of chorea, fright is the most common. Thus in 100 cases, 31 were referable to this cause. Next in the category, rheumatism appears to be a not uncommon cause, eight cases in 100 being traced to it. In 42 instances, the exciting cause could not be arrived at.

The interval elapsing between the operation of the exciting cause and the onset of the morbid phenomena was not noted in 74 cases. In 8, the chorea manifested itself immediately; in 13, after a week, and in 5, after two weeks or more.

Of the success of remedies used, purgatives alone, or combined with diet, were successful in 6 cases, and of benefit in another; 2 cures are referred to rhubarb administered in port wine; arsenic was employed in 7 cases, in two with success; iron in 29, effecting a cure in 19, and benefiting in two cases; zinc, in the form of sulphate chiefly, effected a cure in 45, and improved the state of two others. Quinine, gentian, chamomile, and nux vomica were tried in nine instances, and cured in three. Antiphlogistics were used with three patients, curing two and relieving a third. Electricity has proved of great service in old and rebellious cases, chiefly in young women in whom the chorea had an hysterical character, and in children, where the disease was not dependent on irritation; nine cases of cure out of 15 are attributed to this agent, but in five of those nine cases oxide of zinc and carbonate of iron were conjoined in the treatment. Affusion has also succeeded, but not to such an extent as electricity.

In fine, of the 100 cases, 80 were cured, seven nearly cured, ten relieved more or less, and three died. The duration of treatment was for three weeks in 24 cases, from three to six weeks in 40, from six to eight weeks in 23 cases, and from two to three months in 13 other instances.—[London Lancet.

**Nux Vomica as a Purgative.**—Mr. Boul, of Bath, suggests in the Provincial Journal, the addition of a small portion of the extract of nux vomica, as a remarkable powerful adjuvant to purgatives. He says—

"I ascertained that an aperient scarcely sufficient by itself to produce a single evacuation, when combined with this extract, caused active purgation. The dose must be varied according to the patient's idiosyncrasy, but, generally speaking, a pill, containing three quarters of a grain of Barbadoes aloes, three quarters of a grain of the extract of rhubarb, and half a grain of the extract of nux vomica, (Pharmacopoeia Edinensis,) if taken at bed time, will produce one, or perhaps two full evacuations the following morning. The addition of a single grain of calomel to this pill will cause two or three bilious motions.—[Ibid.

**New method of extracting pure Gold from Alloys and from Ores,** By C. T. Jackson, U, S, G, S.—The following method of obtaining pure metallic gold in the form of a spongy mass has been practised by
me for several years, and no account of the process has, to my know-
ledge, heretofore been published. It is very useful to the chemist and
to the manufacturer, and is more economical than any other method
that I am acquainted with.

After separating the gold from silver by means of a mixture of nitric
and chlorohydric acids as is usually done, the solution containing gold
and copper is to be evaporated to small bulk and the excess of nitric
acid is thus driven off:

A little oxalic acid is now added and then a solution of carbonate of
potash sufficient to take up nearly all the gold in the state of aurite of
potash is gradually added. A large quantity of chrystallized oxalic
acid is then added so as to be in great excess, and the whole is to be
quickly boiled. All the gold is immediately precipitated in the form
of a beautiful yellow sponge which is absolutely pure metallic gold.
All the copper is taken up by the excess of oxalic acid and may be
washed out.

Boil the sponge in pure water so long as any trace of acidity re-
 mains, and the gold is then to be removed from the capsule and dried
on filtering paper. It may be pressed into rolls, bars or thin sheets,
by pressing it moderately in paper. I have made several useful appli-
cations of the gold sponge thus prepared, and had a tooth plugged
with it in October, 1846, to which purpose it is well adapted.—[Am.
Journ. Science and Arts.

Homeopathy.—A highly respectable gentleman, who holds a re-
sponsible station, in a neighboring State, (Ky.,) informed a professional
friend of ours, called to attend him in a recent illness, that, some year
and a half since, he had a strong predilection for Homeopathy. He
became sick, and sent for a practitioner of the Hahnemannian order.
He told him at once that all that ailed him, was the quinine that the doc-
tors had previously given him, and launched into a tirade of abuse of
Allopathy. “I will give you, said he, an antidote to the quinine, and you
will soon be well.” Some powders were given. Not getting better,
after a few days, the patient began to complain. “To-morrow I will
change the medicine,” said the honest disciple; “have patience and
you will soon be well.” On the next day, some drops were given.
They tasted rather bitter, and on testing them, both the powders and
the drops were found to contain considerable quantities of Quinine, not
of the twentieth potency, but good, regular, common sense doses. The
patient was immediately cured—of Homeopathy, and there is no

Account of a Bosjesman, or Bushman.—Dr. Brigham of the Lunatic
Asylum at Utica, N. Y., in a recent tour to the South and Southwest,
thus described an individual he met with at Washington City:

“We saw at Washington many persons distinguished for their great
abilities and mental attainments, but we were perhaps most interested
by a single specimen from the very lowest, in these respects, in the
scale of human beings. We allude to a young Bosjesman or Bush-
man, in the care of Isaac Chase, Esq., United States Consul at Cape Town, Africa. The Bosjesmans are considered a branch of the Hot-tentot race, and are indisputably in the lowest state of degradation that human beings have ever been seen. 'Without houses or even huts,' says Pritchard, 'living in caves and holes in the earth, these naked and half starved savages wander through forests in small companies or separate families, hardly supporting their comfortless existence, by collecting wild roots, by a toilsome search for the eggs of ants, and by devouring whenever they can catch them, lizards, and the most loathsome insects. It is no matter of surprise, that those writers, who search for approximations between mankind and the inferior orders of the creation, fix upon the Bushmen as their favorite theme.'

"This specimen was but 18 years old, and 3 feet 11 inches high, and had been with Mr. Chase four years. Those belonging to his race, seldom attain a height over 4 feet 4 inches. This one looks like a boy of 10, understands what is said to him, and speaks tolerably well, but seems to have few ideas, and no reflection, constantly moving like a monkey. He is very fond of play, but very obstinate, and cannot be made to do any kind of service but a few minutes at a time. His skin is of light copper color, eyes black and far apart, flat nose and high cheek bones. His head is small as a whole, but very small anteriorly, and large posteriorly, and the hair on his head is in patches or clusters of curls, leaving much of the head naked. Mr. C. says he has not, nor those of his race, any religious notions. He seems fond of Mr. C. and is obedient to him, but it is like that of a dog to his master. He supposes Mr. C. has all power, and can do anything, even restore him to life, if drowned, &c. On looking at him, and observing his manners, and trying to arrest his attention and converse with him, we were strongly impressed with his resemblance to the Orang Outang, and did not wonder that he should be regarded by some as the connecting link between that animal and man."—[American Journal of Insanity.

MEDICAL INTELLIGENCE.

Neglect of the Medical Corps of our Army and Navy.—Why have there been no promotions in the Medical profession connected with our Army and Navy in the recent campaigns in Mexico? We have looked in vain for the first surgeon's name, over the long list of promotions among the regular and volunteer troops. There have been created some 500 brevet-commissions during the last two years—indeed, scarcely an officer of our army, it matters not in what capacity he has served, so he was not in the medical staff, who has not been promoted. We read of most onerous duties faithfully performed during the whole war, of gallant services during engagements with the enemy, of several, many sad deaths occurring among the surgeons of the Army and Navy, but not of a single promotion. It is thus ever with the medical profession; whether in civil or military life, we must toil on, toil ever—labor, day and night, before, during and after a battle—and do this without distinction or reward. The soldier who performs one daring deed, is rapidly advanced and adequately requited; but the surgeon, equally self-sacrificing, who renders duties far more arduous,
is seldom noticed—never promoted. We are familiar with the heroes of every battle fought in Mexico, but, with the occasional or general commendation at the close of an officer’s report, we find no further notice of that highly respectable corps of medical men, who have rendered most efficient service to their country, and who have saved many a valuable life. Again we ask the proper authorities, why have there been no promotions among the Surgeons of our army and navy?—Have they alone failed in their duty; if not, why are they alone neglected?

The Ohio Medical and Surgical Journal.—We have just received the first No. of this new medical periodical, issued at Columbus, Ohio, and edited by John Butterfield, M.D., Professor of the Practice of Medicine in the Starling Medical College. It is to be published every other month, each No. to contain 96 pages, at $2.00 per annum, in advance.

We have looked over the pages of this new candidate for professional patronage, and must say we have been well pleased with its spirit and execution. It is gotten up in very neat style; its communications are excellent; and its editor has at once made the impression of a talented, learned and laborious man. We shall no doubt, often refer to its pages with advantage to ourself and readers. A cordial greeting is extended to this Journal, and our best wishes for an honorable career in gathering the many important professional facts, otherwise lost to medical science.

Dr. Green’s Letter concerning our comments on his article on the Diagnosis of Aneurism.—As intimated in our closing remarks on Dr. James M. Green’s communication in the September No., the proof-sheets were sent him to have corrected any errors he should detect in our comments upon it; and he was requested to have prepared by a given time, what he might deem strictly within the province of a critic limited to the correction of mistakes, misstatements, &c. This was necessary in order that the whole subject could be embraced in the same No. of the Journal. After delaying the press more than three days for his express accommodation, he sent us a manuscript of about twelve pages of thirty-five lines each. Besides the utter impossibility of then publishing this lengthy communication, we considered it an unreasonable demand upon the pages of our periodical. Dr. G. had written twice upon the subject and we only once, and then stated we were done with it—we had, moreover, introduced no new matter, and gave him the privilege to correct our errors and thus conclude the discussion.

Desirous of avoiding a controversy, and determined that this Journal should not be made the medium of it, we proposed to Dr. Green that we would publish without word or comment, whatever three professional friends might agree upon in relation to our different views about an aneurismal tumor—or we would distribute, under cover of the Journal, whatever he might think proper to publish on the subject. He has rejected both these propositions, and having withdrawn his last communication to us, is, we understand, about to appeal to the profession. If we have done Dr. Green, his friends or his cause, the least injustice, we do not know how more fair or honorable we could have been than in the propositions we have made to him. If truth and justice have been denied him by us, surely he might have trusted his own friends in Macon. In reference to his contemplated appeal to the profession, we have only one remark to make,
that is, our professional brother may feel assured we shall not return evil for evil, nor railing for railing, but contrariwise.

Notwithstanding the withdrawal of the last communication by Dr. Green, we extract the following facts contained in it, bearing legitimately upon the subject under discussion:

His patient, Deas, went to the West soon after the operation, and he cannot now tell what is the present condition of the tumor upon which he operated, never having heard from him.

Dr. Green has verified by post-mortem examination one case of aneurism of the aorta, and has still the preparation.

Dr. White, of Milledgeville, has met with two cases of aneurism of the carotid artery—one occurred in a negro woman of Dr. Fort, who, assisted by Dr. W., operated successfully; the other, also in a negro woman, from Jones Co., who declining an operation, died quite suddenly.

In corroboration that it was the patient who supposed the aneurism was an enlarged gland, and not his physician, it is stated in the narration of the case, “Deas gave the following history of the tumour.” This we had overlooked, and were justly amenable to criticism for it.

Dr. Green moreover denies that he made any remarkable omissions in stating his cases, but says he has given them full, fair and appropriate, and, with one exception, strongly to the point—he says, too, his quotations are not mis-quotations. We were charitable enough to attribute the differences between us, in reference to quotations, &c., to different editions of the same author. In sustaining our position, to which Dr. Green has forced us, we have endeavored to exercise every disposition to treat him with all possible respect and kindness, in the discussion. We passed over his using a private letter, in no way prepared for publication, and making it the basis of his article on the diagnosis of Aneurism—he was not criticised, for taking an incomplete sentence (in Samuel Cooper's Surgical Dictionary) from Hodgson, on page 91, and coupling it with another incomplete one on page 97, from Scarpa, and attributing them to the same author; the more glaring the error, as Hodgson was speaking of aneurisms, and Scarpa of dilatation of arteries. This mistake was only pointed out. The reader, if he will take the trouble, will by comparing the quotations, decide upon the question here involved between us. We have in every instance referred to the last edition, and in the authority of Prof. Porter, of Dublin, we have preferred his Lectures published in the Medical Press, to his article on Aneurism in the Cyclopaedia of Anat. and Phys. In every other instance, we believe, Dr. Green and ourselves quote from the same book. In completing the history of a case, however, we obtained information from every available source.

When the reader will have perused the appeal to the profession, he can decide if we have acted wisely in excluding it from the Journal.

The opinion of the "Annalist" of Dr. Holmes' report, &c., on National Medical Literature.—"In the Southern Med. and Surg. Jour. for Aug., is a very gentlemanly rencontre between Dr. Holmes, of Boston, the able critic of American Period. Literature, and Dr. P. F. Eve, of Augusta, Ga. It is the reply to a personal letter of Dr. H. to Dr. E. Dr. H. tells him that "of Southern and Western Journals he could find but a few numbers, and of some, not a single one." He was not, therefore, very well qualified to express an opinion respecting the periodical literature of this section of the Union: and he honestly confesses, that being in a region wholly free from malaria, he should not and probably did not
appreciate fully such of it as relates to the subject. Dr. E. very naturally considers that this indifference impairs materially the force and value of Dr. H.'s criticisms on this portion of our National Med. Literature. Dr. E. as naturally complains that he should be charged with injustice in repeating in his journal, a criticism on an Introductory of Dr. H.'s, which it was no offence for Dr. Flint to write and publish. Dr. E., in the letter, is censured for not correcting, or commenting on some typographical errors made by Dr. Mutter, which the said E thinks should have been taken notice of in Dr. H.'s report. Dr. E. avers that Dr. H. devoted 3 or 4 of its pages to the Boston Jt., which is published weekly, and in as many more dismisses all the months and bi-monthlies of Charleston, New Orleans, Memphis, Lexington, &c., &c., &c. Dr. E. thinks that Dr. H. has admitted that, through prejudice, Southern and Western rights and interests on the subject on which he was called upon to report at the meeting of the Nat. Med Conv., were neglected. On the whole, we think Dr. E.'s case is a very good one: and that in a future report of the kind, a rather more extensive acquaintance with the subject will be desirable, on the part of the reporter."

**METEOROLOGICAL OBSERVATIONS.** for August, 1848, at Augusta, Ga. Latitude 33° 37' north—Longitude 4° 32' west Wash. Altitude above tide 152 feet.

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14 Fair days. Quantity of Rain 4 inches 30-100. Wind East of N. and S. 12 days. West of do. do. 8 days.

Errata.—On page 577, seventh line from bottom, read revised for revised. Page 579, twelfth line from top, read dogmatic for diagnostic.