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"Je prends le bien où je le trouve."

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ARTICLE VI.

Cases of Convulsions and other Nervous Affections, during Pregnancy, Parturition and the Puerperal state. By Joseph A. Eve, M. D., Professor of Obstetrics, &c., &c., in the Medical College of Georgia. (Continued from No. IX., Vol. III.)

Convulsions after Parturition.

Case XIV. A negro girl, property of Mrs. Sharpe, 21 years of age, primipara, of small stature and feeble health, right arm and leg deformed and smaller than the left, said to be subject to spasms of some kind, was delivered August 28th, 1845, at 10 o'clock, P. M., of a foetus of about seven months, apparently some time dead, after a natural and easy labour. She was attended by my friend and former pupil, Mr., now Dr. Martin, of Atlanta, from whose memoranda of the case the following statement is taken.

After her delivery, she was very comfortable with the exception of a slight headache. As she appeared to be doing so well, after waiting an hour and a half, Dr. Martin was about to leave her, when she had a severe convolution. I saw her, with Dr. Martin, at 12 o'clock, just as she had the second convolution—a half hour after the first. She was bled copiously, sinapisms were applied the whole length of her spine, 3.i. calomel administered, and cold water poured over her head. Convulsions continued to recur. At 3 o'clock, A. M., 29th, three hours from the first bleeding, she was bled again, and the sinapisms renewed. She had been for some time insensible
and unable to swallow. Antispasmodic and purgative enemata were administered and retained in large quantities, but without effect. Her breathing became stertorous, the convulsions more frequent, the pupils dilated, and all her symptoms progressively worse. Most of the remedies ordinarily used in such cases were, energetically and perseveringly, employed. She expired at half-past 10 o'clock, P. M., having been comatose thirteen hours, and during fourteen having had sixteen convulsions. The right side was mainly, if not alone, affected by the convulsions, the left being very little, if at all, moved by them.

_Autopsie_, at 8 o'clock, A. M., August 30th, by Dr. Campbell and Mr. Martin, in presence of Drs. Dugas, Wilson, and others.

The stomach was particularly examined, as it was suspected, from her expressions and threats some days previous, that she had taken something with the intention of destroying the foetus in utero: there was great congestion in this organ—more, however, in some portions than in others, and a spot of considerable size very much softened.

There was nothing unusual in the appearance of the womb and its appendages. The brain was very much congested, with extensive softening on the left side; near the vicinity of the arteria meningea media was observed a dark spot, one inch in diameter, apparently the result of an old coagulum.

_Case XV._ Mimy, a black woman, belonging to T. W. Miller, Esq., about 25 years of age, mother of several children, without any observed premonitory symptom, was seized with a convulsion at 9 o'clock, A. M., January 8th, 1846, nine hours after a remarkably easy and rapid labour.

She was supposed by the servants around her to have fainted; and as she had recovered from its effects when I saw her, twenty minutes after, I was left in doubt as to the nature of the attack. I thought it might be attributable to her breathing carbonic acid gas, with which the air in the room was strongly impregnated from coals burning in an open oven; in a very short time, however, all mystery was removed by the supervision of another similar seizure, evidently a convolution. The convulsive movements were neither violent nor long con-
tinued, but followed by insensibility and stertor. She was bled promptly, and removed to a room with a chimney; cold water was applied to her head by affusion, and sinapisms to her spine and extremities. She had taken a dose of oil in the morning before the attack. She soon recovered speech and intelligence; had a very slight and transient recurrence at 11, A.M.; at half-past 2, P.M., was in a very comfortable and promising state. After so long a suspension, I thought the danger had passed. Fifteen grains of calomel were given, and sinapisms renewed. At 4, P.M., convulsions returned: 3i. calomel was given—her hair was removed, and cloths dipped in cold water applied to the head, as ice could not be obtained: convulsions recurred in rapid succession. In consultation with my friend, Dr. Dawson of Marietta, I bled her again at 5, P.M., with excellent effect, although the state of her pulse rendered the propriety doubtful; the convulsions were reduced in violence and frequency. Cathartic enemata failed to operate, although injected through a long gum-elastic tube introduced, very far into the intestine—as it was intended and supposed into the colon. At 9, P.M., four drops of croton oil were dropped into her mouth, as she lay comatose and unable to swallow. The sinapisms were renewed, and blisters applied to the thighs. She had one convulsion between midnight and morning, and another at 7, A.M. At 8, A.M., next morning, (the 9th,) we found her sensible and able to swallow; her pulse extremely feeble and bowels still unmoved: we gave her six drops more of croton oil, rubbed up in sugar, which were washed down with water. She had taken gruel through the night. During the forenoon, two scruple doses of calomel were administered; enemata were repeated; her bowels acted moderately through the day: she spoke intelligently, and appeared to be improving all day. At 9, P.M., prescribed a tea-spoonful of tincture of asafoetida and two table-spoonfuls of camphor water every two hours, while awake, with gruel and chicken water for nourishment. During the forenoon of the 10th, which was the third day she continued in the same hopeful state; in the afternoon she became more dull: blisters were applied to her extremities, to her neck, and to her breast, in consequence of her
having complained very much of a fixed pain therein. Her bowels were acted on, and all such means employed as her symptoms indicated, but without any benefit—the convulsions recurred, and she became constantly worse, and died the afternoon of the fourth day.

**Autopsie**, early on the next morning, by Dr. Campbell, revealed extensive softening of the brain and great vascularity, the pia mater moderately turgescent; also, adhesion of the pleura pulmonalis to the thorax on both sides, and crude tubercles in abundance.

This woman, we were afterwards informed, had had a violent convulsion, the summer of 1839, followed by inflammation of the brain for several days, and some time subsequently a severe attack of pleurisy. During the last year or two, she had frequently complained of headache, had become very lethargic and dull, and, contrary to her former character, intolerably sullen and morose, all of which, as well as her last attack, I think may be satisfactorily accounted for by the change that had taken place in her brain, the ramollissement, which was doubtless the result of pre-existing inflammation.

**Case XVI.** Dolly, a black woman, belonging to J. L. Coleman, Esq., about 30 years old, multipara, was attacked with convulsions, March 22d, 1846, a fortnight or more after her confinement. I understood at my visit that she had been confined nine days, but subsequently I have been informed that a fortnight or three weeks had elapsed—that she had been perfectly well, and had voluntarily engaged in some out-door work. She had four or five convulsions before, and one after my arrival, from which she soon recovered her sensibility and speech. Her pulse being full and strong, I bled her and administered about twenty-five drops of laudanum and 3 i. tinct. of assafetida, and 3 i. calomel, to be followed the next morning by castor oil or salts. Cold water was poured on her head, and sinapized pediluvia were used, and sinapisms applied as in other cases. She had no farther convolution, and promptly recovered her usual good health.

**Case XVII.** Although the following case cannot be arranged under any of the preceding categories, as it could not be
ascertained whether the convulsions anticipated or supervened on the labour, it is interesting from the fact that the child was extracted alive, after the patient had had many convulsions and appeared reduced to the last extremity, the only instance I have known, and I believe a rare exception to the general rule.

July 25th, 1847. Called in haste to visit Mily, a servant of Major E. B. Glascock, a delicate mulatto girl, aged 20 years, eight or nine months advanced in her third pregnancy. At half-past 8 o'clock, A.M., I found her almost insensible to any impression, unable to articulate intelligibly, her pulse small and very frequent. Nothing satisfactory could be learnt of the history of the case, as through ignorance and stupidity the other servants had not informed her mistress of her illness, until the moment before I was called. Her father, who slept in the same room, said that, at 1 o'clock she became unable to speak;—it is therefore probable that she had her first convulsion previous to that time, but that those present were too sleepy or too stupid to be alarmed at the sight. Whilst endeavoring to make out the diagnosis of the case, a strong convulsion explained its nature. A vein was opened as soon as the fit was off—whilst the blood was flowing, another protracted convulsion followed. The blood was allowed to flow until about thirty ounces were taken. There was no external indication of labour; but on examination the ostincae was found fully dilated, and the head low in the pelvis; the membranes were immediately ruptured with the hope of accelerating the labour, which however did not progress. Instruments were sent for at once, but through a mistake of the servant, there was considerable delay, and she had another convulsion. Sinapisms were applied along the course of her spine and to her extremities, and cold water poured over her head. She appeared to be fast sinking—immediate delivery was the only indication, the only hope, and truly it would seem a forlorn hope, for, before instruments could be procured, she was to appearance in articulo mortis. Not wishing to mutilate the foetus, as I could have no certain evidence of its death, inasmuch as the results of auscultation under such circumstances could not be relied on, I determined to employ
the forceps, but hesitated for a moment, as instantaneous delivery alone could avail any thing, and the head was still oblique in the pelvis and so situated that an ear could not be felt, whether or not to throw aside that instrument and adopt the more prompt method by perforator and crotch, but proceeding with the former, in less than ten minutes extracted a child very nearly, if not quite, at term, and of which, to my surprise, the cord was found to pulsate. After persevering some time in the active employment of means to establish respiration, the child breathed freely, and though feeble at first has survived. Life appeared so nearly extinct in the mother, that it really seemed like extracting the living from the dead. She was delivered at half-past 8 A. M., one hour after she was first seen. After the removal of the placenta, and the administration of a few drachms of the wine of ergot, she began slowly to rally and became so revived, before night, that she could drink from a cup and reply to questions. About 11 o'clock, A. M., she took 3 i. calomel, and in a few hours 3 i. sal. epsom, which operated once or twice during the night, and freely the next day. On the 26th, 27th and 28th, she had a very moderate degree of fever; her bowels were rather too free, but her condition was altogether as comfortable and promising as could have been expected or desired. On the 29th, peritonitis was manifested by great intumescence and tenderness of the abdomen: a large blister was applied over the abdomen, and 3 ss. calomel and ¼ gr. sulphate of morphine given every three hours until three doses were taken, and after a few hours a dose of sal epsom: she also took freely diluent drinks and gruel, as she had previously. 30th, her symptoms were much abated. 31st, she was still better. August 1st and 2d, she appeared to be fully as well or better—her fever was very light—her head had been clear ever since the first evening: the only unfavorable symptom was a diarrhœa, which, though restrained by Dover's powder or morphine, had a constant tendency to recur. August 3d. Diarrhœa became more profuse and uncontrolable, and her vital powers appeared more depressed. Opiates and supporting remedies were prescribed, and every effort made to sustain the failing energies of her system; but in
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vain. The morning of the 4th she was evidently sinking, and expired about mid-day. Early on the morning of the 5th, a post-mortem examination was made by Dr. Campbell, whose notes are subjoined.

"The body not much emaciated. On opening the cranium, the brain is found in a normal condition. Thoracic viscera healthy, with the exception of some crude tubercles, and some post-mortem congestion in the lungs, and a few pleuritic bands. The liver very dark and evincing great engorgement. Mucous membrane of the stomach and intestines somewhat congested. Peritoneum exhibiting marks of inflammation, throughout its whole extent, and that investing the womb and its appendages in a gangrenous state—the broad ligaments tearing with the most careful handling—the womb well contracted. Death in this case was most probably owing to peritoneal inflammation. Nothing discovered by which to account for the convulsions. It is to be regretted, that time and opportunity are not allowed for making a minute examination of the spinal marrow."

Peritoneal inflammation was doubtless the immediate cause of death; the convulsions can only be regarded as indirectly and remotely, if at all, involved in the result, as they may have predisposed to the former, or rendered the system less able to bear its effects or the treatment necessary for its subduction.

Cases in which Convulsions were Threatened.

Case XVIII. Mrs. K., a lady about 20 years of age, of highly sanguine temperament and plethoric habit, primipara, fell in labour, 1 o'clock, June 21st, 1844. At 11, A.M., when the os uteri was dilated to the size of a dollar, her pains became violent and she complained of intense headache, with dazzling or flashes of light. Upon the immediate copious abstraction of blood and the application of cold water to her head by affusion, not only did these alarming symptoms suddenly subside, but her labour was suspended, and did not set in again until the same hour on the 24th, making a suspension of three days, during which time she was kept on very low diet, and each day took a saline cathartic. When her labour was re-established, it progressed without any recurrence of former symptoms, and terminated favorably in all respects.
Case XIX. Mrs. B., of sanguine temperament and very robust frame, of sedentary habits, about 40 years of age, multipara, eight months advanced in gestation, suffered intensely from toothache. Apprehending more danger from the continuance of severe pain and protracted loss of sleep, than from careful extraction, I extracted the tooth (Nov. 10th, 1845)—she immediately fell back in her chair and appeared about to have a convulsion—the muscles of her face and her hands were slightly spasmed. Dashing cold water suddenly and freely on her face, according to the suggestion of Marshall Hall, recalled her from this state, and to all appearance averted an attack of convulsions which seemed to be imminently threatened. She was lifted into bed and directed to be kept perfectly quiet. The next day, her pulse being full and strong, she was bled freely. I did not see her again until December 7th, when in labour, which was protracted and rendered more difficult and violent, by a deviated presentation of the head, which required to be rectified, after which the child was promptly expelled; but immediately on its expulsion, she began to look wildly, talk incoherently, and twitch the muscles of her face, a convulsion to all appearance just about to come on, which, however, was averted as before, by dashing cold water suddenly on her face. She spoke rationally a few minutes, complained of violent headache, and again lapsed into a state of unconsciousness, with evident signs of an approaching convulsion. Dashing cold water on her face again arrested the convulsive movements. From thirty to forty ounces of blood were suddenly abstracted, without her being conscious, after which her head was relieved, and all her threatening symptoms speedily disappeared.

Case XX. Mrs. S., very delicate and nervous, about 25 years of age, after having passed through her fifth labour in less time and with much less suffering than ever before, immediately fell into a state of unconsciousness, with death-like pallor of face, and pulse almost imperceptible. She had lost very little blood, perhaps less than is usual in parturition, certainly not enough to have induced syncope. With one hand I grasped the uterus through the abdominal parietes, while with the other cold wa-
ter was suddenly dashed on her face and neck. The cold water aroused her from this state with a sudden start, into which she soon relapsed again, to be again recalled by the same means. As soon as she could swallow, a tablespoonful of the wine of ergot was given. After discontinuing the manipulations, the binder was carefully applied with the view of promoting uterine contraction. She gradually recovered from this state, and had a good convalescence.

I am aware that it may be questioned whether the symptoms in this case portended convulsions. But I confidently believe that, if nothing had been done for this patient, she would have died without reaction, as some have, from what is usually styled protracted and fatal syncope, or re-action taking place after a lapse of time would probably have been attended by convulsions.

Case XXI. Mrs. S. J., a lady of nervous temperament and delicate health, multipara, 35 years of age, seven months advanced in pregnancy, had had some threatenings of miscarriage, during the fortnight previous to my first visit on the 8th April, 1847, occasioned by a severe fright. She had been bled the day before I saw her. I prescribed a half grain sulph. morph. and a sinapism to her back, which relieved her for the time. The next day she complained of fulness in her head, on which account she was bled again. I did not see her from the 8th until the 10th, when she complained very much of headache, and dimness of vision amounting almost to total blindness; pulse ranging from 100 to 120 per minute, and weak; nervous system very much agitated. Further blood-letting was inadmissible. A scruple of calomel was prescribed, to be followed in five or six hours by a dose of salts, should it fail to operate. Sinapisms were applied along the course of her spine and to her extremities, repeatedly. Cold water was poured over her head almost hourly for several days and nights, except when asleep for a short time, and each time from fifteen to thirty minutes, in the intervals between the affusions, cloths dipped in cold water were applied. Sinapized pediluvia were also frequently used. She often complained of a severe pain about the epigastric region, which was relieved by the sinapisms to her
back. Her blindness was always partially and temporarily relieved by the cold affusions; vision always clearer immediately afterward. She continued in this state, extremely ill, convulsions imminently threatened all the time, without amendment, until the morning of the 16th, when she was found free from fever, and in all respects better, except the dimness of vision, which still continued. During the night of the 16th, I found her in decided labor, with which it was deemed expedient not to interfere in any way, lest a convulsion should be excited. After some hours of almost painless labor, the womb acting very feebly, she expelled a seven months foetus, dead, having perished in consequence of the feet presenting and the second stage being unusually protracted. From her extreme debility, nervousness and dimness of vision, convulsions were apprehended every moment during labour, and for some time after; but there was not the slightest spasmodic action. She had a recurrence of fever which lasted for some days; the affection of her eyes continued for several weeks; she remained in a very low state a long time—her convalescence was exceedingly slow and imperfect—her usual good health not restored for many months.

Case XXII. Mrs. Q., of sanguine temperament and robust, about 30 years of age, between four and five months advanced in her second pregnancy, was reported by those around her to have had a fit and to have been delirious, &c., before I saw her, (May 18th, 1847,) in which it is possible there might have been a mistake. I found her perfectly sensible, but with strong involuntary contractions of the muscles of her arms and legs—her pulse full and strong, 100 beats per minute, complaining of pain in her back and abdomen. This affection was caused by a kick on her back and a blow on her abdomen—her husband, being more potent in blows than words, had adopted this method of settling a domestic controversy and enforcing conjugal obedience. The loss of 3xii. of blood induced syncope; forty drops of laudanum were given—a sinapism applied over her epigastrium and another the whole length of her spine: her pulse fell to 80 per minute and she had no return of the spasms. 19th, 9 o'clock, had slept none, complained of head-ache,
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pulse soft, regular and 85 per minute—ordered a dose of magnesia. In the afternoon, although her bowels had been freely acted on, her pulse had become full and strong and much more frequent, and she complained of intense headache and extreme tenderness all over the abdomen; she was bled to \( \frac{3}{4} \)xxiv., a sinapism applied to her spine, and \( \frac{3}{8} \) i. sal. epsom given, to be repeated in four hours, should it not operate well.

20th, I found her still complaining of headache, and very nervous. Prescribed cold affusions to her head, to be repeated whenever the pain returned—warm sinapized pediluvia, sinapisms to her back and extremities, and a gentle laxative whenever the state of her bowels required it. She soon recovered her usual health, went her full time and gave birth to a living child.

Anomalous Cases.

Case XXIII. Catherine, a servant of Mrs. L., of Edgefield district, 16 years old, about four months advanced in her first pregnancy, was seized (October, 1840) with strong involuntary contractions of her legs and arms, in irregular paroxysms, frequently recurring, without however affecting her mind, resembling very closely, or actually constituting chorea. She was treated by sinapisms, cups, and blisters to her back, especially the lower portion; purgatives, opiates and antispasmodics, &c. These spasmodic movements were frequently suspended by treatment, but they continued to recur at irregular intervals during the latter five months of her pregnancy, becoming so intense at last as to produce transient loss of consciousness, on which account, as well as from the indications of her pulse, she was bled twice during the last two months. She often suffered from retention of urine, requiring catheterism for its relief. Notwithstanding she had suffered so much and so long, and the attacks had assumed a more alarming character in consequence of the brain becoming involved, which at first appeared entirely unaffected. She had a natural and easy labour 6th March, 1847, giving birth to a living and well developed child. This disease recurred after labour with more intensity than before,
March 7th. Being present when she had a very severe paroxysm, I availed myself of the opportunity, while she was insensible, and introduced three setons in her back, along the course of the spine, by which she was very materially benefitted. But I have been informed that she has ever since been subject to chorea occasionally, though in a lighter degree, especially during gestation. Of her subsequent history, however, I cannot speak particularly, as I have seen her very seldom during the last six years.

Case XXIV. Susan Dent, a mulatto woman, multipara, about 35 years old, of medium robustness and embonpoint, during her eighth month of gestation, became without obvious cause so affected that whenever she rose up herself, or was raised up, her extremities would be convulsed, which movement, however, always ceased immediately on her resuming a horizontal position, consciousness perfect all the time.

As she was in other respects perfectly well and comfortable, when lying down, active treatment was not deemed necessary. She was directed to lie down; gentle laxatives occasionally, and sometimes sinapisms to her spine were directed. Her pulse indicating depletion on the 16th October, she was bled. Labour supervened on the 19th, attended with more than usual excitement, which was promptly subdued by another abstraction of blood, after which it progressed naturally and terminated favorably in all respects. Her convalescence was uninterupted. I understood she had a slight return in a subsequent pregnancy, but did not see her.

Case XXV. Mrs. O., a very delicate and nervous young lady, while single, had become subject to a nervous affection which, from description, was doubtless hysterical. It was hoped it would disappear after marriage—had her married life been all calm and sunshine, the happy result anticipated might have been realized; but it was sadly overshadowed—the paroxysms became more intense and frequent, assuming a decided epileptic character. As pregnancy, which occurred soon after marriage, advanced, the fits became more and more frequent, returning at intervals of six, five, four, three and finally, of two weeks; for some time before her confinement, she had
two convulsions every fortnight, that is, after an interval of about thirteen days, she would have one convulsion, and another the day after; then a suspension of the same number of days, and so on. About eighteen days before the termination of gestation, she had three convulsions in two days, on which account she was bled. She had not the slightest unfavorable symptom during labor, which was remarkably easy and in all respects fortunate.

On the eighth day she had a fainting fit, not followed by headache or convulsion; her convulsions, however, gradually returned and have assumed a very serious character, uncontrolled, uninfluenced by every plan of treatment to which she has been subjected.

Remarks on Puerperal Convulsions will be furnished for a future number.

ARTICLE VII.

Hemiplegia.—Notes on the Application of Galvanism with Sherwood's Vibrating Battery. By E. L'Roy Antony, M.D., of Waynesboro', Burke County, Ga.

Patrick Murphy, as his name implies, a native of Ireland, has been in the United States seven years, æt. 30, below middle stature, well made, bilious temperament, a laborer—spends his summers at the North, his winters at the South.

The previous history, as detailed by his brother, is as follows:—Never sick a day in his life; formerly addicted to drink, and has had four attacks of convulsions from the immoderate use of alcoholic stimuli, following which a partial paralysis of his forearms and hands supervened, from which he recovered in three or four days: has not tasted a drop of spirits since May last, at which time he took the "Pledge" in Savannah, immediately preceding his passage out.

During his passage South, pr. brig Savannah, this season, he suffered severely with sea-sickness; remained in Savannah eight days, the last four of which, and immediately preceding this attack, he suffered severely with intense pain in the supé-
rior portion of the left posterior cranial region. On Thursday, November 25th, he arrived at the 80 Mile Station, Central R. Road, pursued his journey on foot, with a considerable bundle on his head, in company with his brother, for fifteen miles, and retired at night with less headache. He was aroused by his brother next morning (Friday) to continue their journey, when it was found impossible for him, either to stand alone or walk, talk, or move his right superior extremity. Much alarmed, his brother brought him to this place, on horseback, at 9, A.M., for medical attention, at which time he presented the following appearance:—Sitting, his body slightly inclined to the right; right shoulder pitched forward, supporting his right forearm with his left hand, strongly simulating the sitting position usually assumed by a patient with fracture of the right clavicle. When asked, what was the matter? he let fall his right arm, which dropped pendant by his side—at the same time endeavoring anxiously to communicate by words the particulars of his case. He commenced a rapid, unintelligible and inarticulate jargon, resembling those peculiar guttural sounds emitted by dumb persons endeavoring to make themselves intelligible by articulation—thereby evidencing lesion at the origin of that nerve, which directs the movements of the muscles of the tongue, and of the pharynx, especially those necessary to the articulation of the voice, viz., the glossopharyngeal, (8th pr. of the old anatomists,) which arises from the anterior part of the corpus restiforme on the outside of the groove which separates this body from the corpus olivare. He was unable to stand without assistance, his right inferior extremity being as completely beyond the power of volition as his right superior; his left leg, though materially enervated, was not paralysed. The skin retains the faculty of sensation, shewing that the paralysis is not complete, but the lesion is located at the proximal termini of the motor nerves only: has had no injury of his head that comes within his recollection, or that of his brother, although the latter says, "his mother used to tell him when a boy, that he got a great fall," since which time he has been troubled with discharge from the ear. This discharge was not suspended during the existence of his late
headache—has no headache the morning after his attack. Co-
lour of his eyes light blue, conjunctiva injected; pupil of the
left eye perfectly normal, that of the right rather sluggish in
its movements; breathing 20; pulse 50, soft, of little volume,
intermitting every seventh beat; appetite unimpaired; tongue
placid and white; deglutition easy; bowels soluble; kidneys
and bladder in ordinary condition; portio-mollis of the 7th
pair and the olfactory nerves unimpaired. Intellectual facul-
ties in reasonable condition, except memory, which is some-
what at fault.

So much then for his past history and present condition—a
sufficiently well marked case of Hemiplegia.

It suggests itself as somewhat singular, to my mind, that so
few of the premonitory symptoms should have presented them-
selves in this case. However, I am not writing a pathological
dissertation, nor do I intend attempting any thing new as to
the pathological state of the encephalon, upon which, as a
symptom, Paralysis or Hemiplegia is developed. But, having
been reared in a school which taught, twenty years ago, that
the human organism was nothing more nor less than an elec-
trical machine—that the various functions, secretion, assimila-
tion, conception, &c., were only the results of the diversised
plays of electricity under various forms and circumstances—
that the “vis nervosa,” with its hundred cognomina, was elec-
tricity, galvanism, magnetism, or any other name, but still the
same active and all-pervading agent—that the nerves were
only telegraphic wires, holding in communication the capital
and every extremity of the empire—that animal life, in short,
was only a result of its affinities!

Early imbued with impressions like these, which have ripen-
ed to irresistible and mature conclusions, I would readily
assume, upon the supervention of a paralysis, that, either there
was a deficiency in the development of the necessary quantum
of the vis nervosa, (electricity,) or that, a sufficiency being de-
veloped, its communication between the paralyzed part and
sensorium commune had been cut off.

Under these impressions, I immediately proposed the trans-
mission of a galvanic current from Sherwood’s Vibrating
Battery, through the encephalon and spinal column, to the extremities of the paralyzed members, thereby substituting the artificial for the natural fluid; that the organism thus temporarily supported, might, speedily, by absorption or otherwise, repair the lesion or remove the obstruction to physiological function; accordingly, I promised to call again in the afternoon and apply the battery.

Friday, Nov. 26. At 4 o'clock, P. M., applied the positive pole to the first cervical, and in succession to the last dorsal vertebrae, the negative pole playing continually from near the positive on the spine, the whole length of the limb to each digital extremity—this I continued 10'; then applied the positive to the left mastoid process and negative to the right—this I continued 2'; then applied the positive over the left organs of concentrativeness, approbativeness and self-esteem, the negative, simultaneously and in succession, to all of the cervical vertebrae, accompanied with passes of that pole to the centre of the chin and entire right side of the neck, dwelling for awhile with the negative pole upon the anterior median line of the neck—this I continued 5'; then applied the positive pole at that point where the tendon of the pectoralis major is inserted into the edge of the bicipital fossa of the os humeri, the negative between the external condyle of the humerus and the insertion of the biceps flexor cubiti, which produced violent flexion of the fore-arm upon the arm—this I continued 10'; I then made the positive range over the dorsal spine, at the same time making passes with the negative down the dorsum of the arm, fore-arm, hands and fingers—this I continued 10'; I then again made the positive pole range (always from above downward) over the cervical vertebrae, and requested him to protrude his tongue, which he did at the left oral commissure, to the apex linguae I touched the negative pole, and instantaneously jerking in his tongue, shouted "Fire! fire, be Jases." I re-applied the negative, however, to the apex and superior surfaces of the tongue for 5'.

I will remark, that in passing the current through the cerebrum, it is absolutely necessary, that you so graduate the charge that the patient can barely perceive it; but in running it
through the brachial or crural extremities I use the whole power of my battery.

When I completed this sitting, which occupied something over 40 minutes, Patrick could articulate with a degree of plainness that enabled me to understand a number of his sentences; he moved his entire right arm, lifting it up and down, at the same time, repeatedly elevating his right foot and striking his heel against the floor, also flexing and extending the foot; said he was stronger and felt much better.

Saturday, 27th. Pupil of right eye as sensitive as the left; conjunctiva clear; breathing 24; movements of the thorax free and easy; pulse 64, soft and regular; the pulsation in the left arm more perceptible to the touch than the right; bowels moved last night; appetite still good; deglutition still easy; tongue covered with a moist white coat, except the edges, which are red and indented—I presume from compression by the teeth. I applied the battery as before for the space of forty minutes; when I concluded the operation, he spoke plainly, sufficiently articulate to be perfectly intelligible; protruded his tongue in a direct line—and, instinctively enough, raised his dexter hand to a horizontal, and shook his fist; could not perform circumduction; raised his foot as before, and stamped on the floor. I then ordered him to be put to bed, which was done. But before I left the house, he came back walking alone, but rather indifferently, into the parlour, thanking me for the relief he had already received.

I had neither made any other prescription, nor altered or amended his usual diet in any particular, confidently relying upon the alleviative as well as curative powers of this agent.

Sunday, 28th. I visited Patrick this afternoon in company with Major Poythress and my professional friend, Dr. Charles W. West, who made a cursory examination of the case, and took minutes during the application of the battery. We neither counted his pulse nor breathing; his countenance melancholic; could scarcely raise his hand to his forehead, and barely stand unsupported—applied the battery as before, producing violent contractions of the flexors, but acting indifferently upon the extensors of the paralyzed arm, except the deltoideus, the con-
Antony, On Hemiplegia. [February,

traction of which elevated the elbow as in abduction. Passed the current through the tongue and entire cervical regions antero-posteriorly; continued the application of the battery thirty minutes; after which his countenance became decidedly illuminated; his articulation almost perfectly distinct; could easily comprehend every word he uttered; could place his hand behind his head; performing semi-circumduction; stood for the space of a half minute upon the paralyzed leg.

I would here remark, that I have not passed the fluid through the nerves of the inferior extremity, for it evidently improved pari passu with the improvement of the superior.

Patrick now speaks for himself, and says, that the pain in his head, previous to his attack, was not severe; but had some pain, with a "falling, as if meself was thrunk."

Monday, 29th. This morning John came early, to inform me, that his brother had arisen from his bed without assistance, and walked into the sitting room, and appeared a great deal better.

This afternoon visited my patient in company with my friends, Dr. Edward J. Carter and Mr. George Mandell, to witness the effect of the galvanic fluid upon the paralyzed limbs.

The first application, on Friday, was gentle, but the second, on Saturday, was of the full power of the machine, and the paralyzed members gave greater evidence of speedy and decided improvement, than upon the first application; accordingly, on Sunday and Monday, I passed as vigorous a current through the arm, as the patient could bear, producing sudden and violent contractions of the flexors, flexing the hand upon the forearm, the forearm upon the arm, and the whole upon the anterior parietes of the thorax.

I had desired to continue the daily application of the galvanic fluid in this case, hoping thereby, to determine whether or not it would fulfil the legitimate indication in the case, viz., the support of the organism during enervation by artificial means, until the resources of the economy should have removed the nervous obstruction; but his brother John, himself a laborer, and now the only visible means of support for both, to avoid expense and make him accessible to his personal friends, de-
determined to remove him immediately to one of the eleemosynaries in the city of Savannah; accordingly, with regret, I gave Patrick a letter to the Hon. H. R. Burroughs, M. D., the present mayor of the city, with a request that the experiment, so far successful, if possible, might be continued.

Such has been the rapid and manifest improvement in this case, to the time of its departure for Savannah, that the recommendation to try the battery in similar cases, is no idle suggestion. I have used it repeatedly, and occasionally with the happiest results in nervous cases: in the distressing symptoms usually accompanying prolapsus uteri, especially in patients of relaxed leuco-phlegmatic habit, I have appealed to it with great confidence and satisfaction.

I have made one application of it in a case of Epilepsy, where the attacks had become quotidian; following the application the patient did not have another attack under ten days. The current in this case was passed from the cerebellum to the coccyx, and through the lumbar and sacral regions anteroposteriorly. The patient, however, at this time, was under the medication of the cyanuret of iron, cold dash, and sol. ext. belladonna.

I have used galvanism thus applied, in acute Rheumatism and Pleuritis, with very happy results.

Fifteen years ago I witnessed its application from the common voltaic pile of zinc and copper, in a case of Traumatic Tetanus from frost-bite, wherein the phalanges, meta-tarsal and tarsal bones of both feet had successively sloughed away, with complete arrest of the tonic spasm, but the patient died hectic.

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ARTICLE VIII.


What is a sedative? In one sense every efficient article of the materia medica is a sedative, or may be made subservient to the induction of sedation in the animal system. But if we
wish to be clear and definite in speaking of the powers and effects of any article, we must always be understood to speak or have reference to its direct effects or impression on diseased animal bodies. None of the minor or indirect effects of medicinal agents, are intended or implied in the present article, unless specifically mentioned. The physiological and poisonous effects are also not entertained. Any article that allays pain, directly or indirectly, and remotely, is by many considered to be a sedative. Every energetic medicinal agent has some peculiar operative power by which it controls, counteracts, or overcomes diseased action, or coincides and aggravates. And unless the circumstances, and the peculiar type, and regularity or irregularity of the disease is noted, an unsuitable and inappropriate article is liable to be administered. It has ever been found useful and convenient to group or class articles that possess something of a direct operative effect in common—notwithstanding no two articles of the class possess the same identical powers or qualities; nor can any one of them answer as an entire substitute for the other. Many articles that possess nothing in common, often indirectly accomplish what others directly effect. In Pneumonitis Caumatodes venesection subdues pain, and induces sleep; but these effects are purely in virtue of its refrigerent or antiphlogistic powers, by which it diminishes the vigor of the circulation and increased vital energies of the system. In the above disease, opium would not be adapted or indicated; but in Pneumonitis Typhoides opium would be the agent indicated for allaying pain and promoting sleep. I care not how powerful or extensive the sedative effects of quinine may be, I have never known it administered, in either of the above diseases, to subdue pain and restlessness—certainly two very desirable objects to the patient and physician. In addition, the state and condition of the system are antipodes in the above cited instances. With such facts or evidence, I am at a loss to divine how the conclusion is reached, that quinine is a sedative. I grant every man has a right to use any term that suits him—he at the same time explaining what he intends to convey by its use.

But from experience and common consent, the various arti-
cles of the materia medica have been grouped and classed, and the leading, direct and prominent effects or powers of each class defined. For example, we have refrigerents or antiphlogistics; nervines or antispasmodics; tonics, narcotics or sedatives. "Narcotics or sedatives are articles which in single full doses directly diminish to a greater or less extent both morbid and non-phlogistic irritability and irritation; and morbid and non-phlogistic sensibility and sensation, and consequently irritative mobility in any part of the system; at the same time more or less perfectly obviating pain, and producing a greater or less degree of somnolency, or even sleep."

I have given the definition of sedatives or narcotics, and as to latitude I think I will satisfy the most fastidious. I believe opium to possess the head and front of the above definition; and it would be just as absurd to deny the cathartic powers of calomel, because it does not purge when given in very minute quantities, as to deny the sedative powers of papaver, because other operative effects are observed when the doses administered are extremely small. If the above definition is correct, or whether correct or not, it designates clearly the properties or powers of the group, and the conditions of the system they are intended to obviate when administered in full doses. I do not deny but that every article which belongs to the group of sedatives or narcotics possess other subordinate powers; but I feel a freedom or confidence in denying to Quinine a place, and that it does not obviate by any direct or uniform effect the conditions of the system specified in the above definition of sedatives. Many of the circumstances noticed are unfriendly to its use, and should be overcome or removed before we can administer quinine successfully. A great degree of the kind of irritability and irritation, sensibility and sensation, spoken of in the definition, and the restlessness and jactitation accompanying are inimical, and contra-indicate to a greater or less extent the use of quinine. And when given alone it often aggravates them to such a degree as to render it absolutely necessary to desist or discontinue its use, however much it may be indicated by the debility of the system or the periodicity of the disease. And as these are the prominent conditions or
circumstances of disease relieved by sedatives and aggravated by quinine, it surely cannot be said to have any claim to a rank among the sedatives, or to possess the powers of sedation. Another, and I must think forcible and valid objection to the sedative claims of quinine, is, that it aggravates pain, if any should exist in the above cases, or induces pain, if it did not previously exist.

How often have all the above operations been confirmed by the observation and experience of physicians, and the unsought for declarations of patients? If, as has been stated—and I am fully persuaded that it can be demonstrated at the bed-side—that quinine increases or excites pain where it does not exist, thus robbing it of all pretension to sedation, or to the production of sedative results. The allaying of pain is the prominent feature relied on by those who stand forth in vindication of its claims to operative sedative effects. In my observation and experience, the ground of its being a sedative is predicted entirely on the fact, that it mitigates or relieves pain in cases of pure debility unconnected with any great degree of the irritability and irritation, &c., on the one hand, and unaccompanied by great torpor on the other. In the one set of cases, papaver is required in conjunction with the quinine, and in the other, acrids (not acids).

If I have succeeded in making myself understood, or of establishing what is the true powers of sedatives and the circumstances of the system indicating their employment, opium must or should be placed at the head of the list of sedatives; and that quinine is not indicated, but that it aggravates all the important conditions and circumstances which render the administration of sedatives necessary; for example, irritability and irritation, restlessness and jactitation, and the pain that may accompany these circumstances of discharge, as set forth in the definition. In regard to the position the great anti-periodic Quinine should occupy, I know of none more suitable or proper than at the head of the list of vegetable tonics. We should bear in mind that every group or class of articles is founded on the principle of relieving or obviating certain circumstances of the system. Sedatives operate by stupifying or
torpifying, and by virtue of this property overcome or relieve the conditions stated in the definition, and they aggravate or produce their poisonous effects when administered in opposite states of the system. Nervines or antispasmodics differ from sedatives in not "being followed by any dullness, torpor, vertigo, somnolency, stupor, or exhaustion; or attended by any increase of the strength of arterial action." Surely properties or qualities sufficiently diversified and numerous to entitle them to being placed in a separate group or class. And notwithstanding these numerous different operative effects, they are indicated to relieve very nearly the same symptoms in which sedatives are beneficially administered. But they effect these objects principally through their direct effects on the nervous system; and the operative effects of sedatives are mainly manifested through the medium of the circulation or sanguineous system. Refrigerants or antiphlogistics operate by decidedly and directly diminishing the vigor or strength of the action of the circulating system, and lessening the vital powers generally. Venesection, antimonials and the neutral salts, are examples of this group, and they relieve the irritability and irritation, sensibility and sensation, restlessness and jactitation, and pain, by diminishing the increased vigor and increased or exalted vital energies on which these circumstances depend. But surely the circumstances of the system in which they are indicated and their manner of obviating diseased action should entitle them to a separate group. I might run through the whole list of articles belonging to the materia medica, but I hope the examples I have offered will serve to illustrate what I understand by a sedative, and in some measure the propriety of classing articles separately; and that quinine does not fall within the range or province of a sedative.

It is unfortunate for medical science that so much "valuable time is wasted and learned dust raised" in observing the minor and subordinate powers of articles, to the neglect of their direct and prominent powers.
ARTICLE IX.

Cases of Foreign Bodies in the Ear. From the Note Book of J. C. Holman, M. D., of Fayetteville, Ga.

Case I. Mrs. C., of Merriwether county, brought her little nurse to my office, in 1845. She was a negro girl about nine years of age, and had gotten a small shot in her ear three days previous to my seeing her. I used the common small syringe, but without success. I then used a 4½ syringe, and injected warm water freely into the ear, with considerable force. On the second effort, the shot was thrown out on the floor. Relief was immediately produced, and her hearing was not impaired in the least.

[Might not this case have been relieved by position, and a blow upon the opposite side of the head to the ear affected? We recollect a similar instance related to us the past spring by an esteemed friend in the interior of this State. He had just commenced the practice of medicine in a village where a patient came to consult the Doctors for a shot in the ear. Among many suggestions made, was the one now proposed, offered by this young physician. But his older brethren, simple as it was, absolutely refused to try it, and went on probing the irritated and inflamed ear with scoops, forceps, &c., and with injections, &c., &c. The patient was finally pronounced to be beyond relief, without new instruments could be invented and made. Reminded of what the young Doctor just returned from College had proposed, he concluded in this extremity of his case to go and see him: who, inclining his head to the side of the ear containing the shot, gave it a sudden blow, when out dropped the foreign body to the great surprise and gratification of the distressed sufferer—and with it out dropped all the older Doctors from said village, and in dropped our young friend to a good and lucrative practice.]

Case II. Mr. G. brought me a negro man, aged about 35, who stated that his wife had poured melted lead in his ear while he was asleep. He was now in great pain, and upon examining his ear I could see the metal. I made an effort to remove it with a small pair of forceps, but failed. I then cut down to the foreign body, and removed it with the forceps. On examining the metal I found it to be a piece of pewter, which must have been put in while in a fluid state. The patient is now well, with the exception of total deafness in the ear.
Case III. I was called, in 1843, to see a little girl, three years of age, who complained of pain and deafness in the left ear. I recommended the use of warm water injections two or three times a day, and then a few drops of sweet oil and laudanum, which was continued for three days. I now re-visited my patient, and with the 4¾ syringe removed what is called here an earwig or scolopendria, three and a half inches long.

I have on my note book some twenty cases of foreign bodies in the ear—such as bugs, worms, spiders, wheat, large lumps of wax, &c., &c., which I have never failed to remove with the 4¾ syringe, which I much prefer to a smaller syringe in such cases. I do not believe there is any danger of injury of the tympanum with a syringe of this size, with moderate force.

[We have no doubt that failure to remove foreign bodies from the ear is owing, in most instances, as Dr. H. suggests, to the smallness of the syringe. We employ Civiale's 6¾ size.]

PART II.—REVIEWS AND EXTRACTS.

ARTICLE X.

Abstracts from the Medical Papers of the Nos. of the Philosophical Magazine, for 1847. By John LeConte, M.D., Professor of Chemistry and Natural Philosophy in the University of Georgia.

"On the Ganglia and Nerves of the Virgin Uterus," By Robert Lee, M.D., F. R. S. (Read before the Royal Society, Jan. 7th, 1847.)

The author states that his recent dissections have enabled him to verify the descriptions he gave of the ganglia and nerves of the uterus in his papers already published in the Philosophical Transactions, and also to detect the existence of ganglia situated in the muscular coat of the uterus, and of plexuses of nerves accompanying all the blood-vessels and absorbents ramifying in its walls, between the peritoneum and lining membrane. By examining the hearts of a foetus, of a child of six years of age, of an adult in the sound state, a human heart greatly hypertrophied, and the heart of an ox, he found that there exists a striking analogy between the ganglia and nerves of the
uterus and those of the heart. He ascertained by microscopic ob-
servation that the muscular and vascular structures of the auricles
and ventricles are endowed with numerous ganglia and plexuses of
nerves, which, as far as he knows, have not yet been described, and
which enlarge simultaneously with the natural growth of the heart,
and also continue to enlarge during its morbid conditions of hypertro-
phy. The author also finds that the size of the ganglia and nerves of
the left ventricle and auricle, in the normal state, is more than double
that of the corresponding parts on the right side.—(Vide. Abstract of
Proceedings of the Royal Society in the Philosophical Magazine for
February, 1847, p. 127.)

"On a Change in the State of Vision of an Eye affected with a mal-
formation." By Prof. J. CHALLIS, M. A.

Twenty years ago the author communicated to the Society a state-
ment of the effects of a mal-formation in his left eye. The rays of
light coming from a luminous point, and falling on the whole surface
of the pupil, do not converge to a point at any position within the eye,
but converge so as to pass through two lines at right angles to each
other, and, in the ordinary position of the head, inclined to the vertical,
as formerly described. As the luminous point is moved further from
or nearer to the eye, the image of the point becomes a straight line
in one or other of the positions above-mentioned. Since 1825, the
inclinations of the two focal lines to the vertical, their length, and their
sharpness do not appear to have undergone any sensible change, but
the distances at which the luminous point must be placed to bring the
focal lines respectively exactly upon the retina are increased, having
been formerly 3·5 and 6 inches, and being now 4·7 and 8·9 inches.
Thus while the shortsightedness of the eye is diminished, the antag-
onism remains the same.—(From Abstract of Proceedings of Cam-
bridge Philosophical Society in Philosophical Magazine for May,
1847, p. 366.)

"Researches into the Effects of certain Physical and Chemical Agents
on the Nervous System." By MARSHALL HALL, M. D. F. R. S.

The professed object of the author, in the present paper, is "to de-
tail the results of an investigation of the phenomena and laws of pro-
duction and action of certain secondary or induced conditions of the
nervous system, which are effected by a voltaic, and probably by any
other electric current, but persistent after the influence of that cur-
rent is withdrawn." This condition he designates by the new term
electrogenic, as describing at once the origin and the independence of that condition. On the present occasion he confines himself to the subject of the electrogenic condition of the muscular nerves, postponing to future inquiries that of the incident nerves and of the spinal marrow; and also the modes of action of other physical and chemical agents, such a mechanical injury, heat and cold, strychnine, and the hydrocyanic acid.

The bones and muscles of the brachial lumbar and pelvic regions of a frog, being isolated from all the other parts of the body, excepting only by means of their respective brachial and lumbar nerves, which were perfectly denuded on all sides, and raised from the glass on which the limbs were laid, a voltaic current from a pair of the "couronne de tasses" was passed downwards through the nerves, in a direction from their origin in the spinal marrow towards their terminations in the muscles. Energetic muscular movements were at first excited; and the current was thus continued during the space of 5, 10, or 15 minutes, and at the end of this period was withdrawn. No sooner was the current discontinued than the muscles were affected with spasmodic contractions, and with a tetanoid rigidity, constituting the secondary, or what the author denominates the electrogenic condition; an effect, which as instantly subsides on the restoration of the voltaic current.

The author proceeds to state the precautions which must be taken to ensure the success of experiments on this subject; and traces the effects of desiccation of the nerves from spontaneous evaporation, and of the application of external moisture, on the phenomena; and also the modifications introduced by varying the extent of voltaic contact. Various experiments are then described, which the author instituted with a view to ascertain the nature of the electrogenic condition of the nerves, and the circumstances under which it is induced; and he is led to the conclusion that the phenomena involve some voltaic principle which has not hitherto been fully investigated.—(From Abstract of Proceedings of the Royal Society in Philosophical Magazine for July, 1847, pp. 72, 73.)

"Researches on the Function of the Intercostal Muscles and on the Respiratory Movements, with some remarks on the Muscular Power in Man." By John Hutchinson, M. R. C. S. Communicated by Sir Benjamin Brodie, Bart., F. R. S.

The object of this paper is to demonstrate by models and dissections the action of the intercostal muscles. After premising an ac-
count of the views of several eminent physiologists, and in particular those promulgated by Haller, the author shows that they resolve themselves into the general opinion that the scaleni or other muscles of the neck fix the first rib, in order to enable the two sets of intercostal muscles to act either separately or conjointly, as inspiratory or expiratory muscles. He then proceeds to state the proofs that the intercostal muscles possess an action which is independent of any other muscle, and also independent of each other, so that any of the 12 ribs may be elevated or depressed by them either separately or conjointly. He demonstrates the nature of this action by means of models, producing oblique tensions between levers representing the ribs, and allowing of rotation on their centres of motion; and he shows that such tension in the direction of the external intercostal muscles, elevates both the levers until the tension ceases, or the position of the bars by proximity obstruct each other. If the tension be exerted in a contrary direction, as in the internal intercostal muscles, the bars are both depressed. This movement was demonstrated by a model. It was farther shown that two tensions decussating can, according to the position of the fulcra, be made to act as associates or antagonists to each other. Such motions are to be considered with reference to the fulcra, bars with one fulcrum common to each having no such action; and the author accordingly draws the following conclusions:—

1st. All the external intercostal muscles are true inspiratory muscles, elevators of the ribs, and with this act they dilate the intercostal spaces, thus increasing the cavity of the chest.

2. The internal intercostal muscles have a double action; the portions situated between the cartilages are associates in action with the external layer, and act as elevators of the cartilages, while the portion between the ribs are depressors, or antagonists of the external layer, and are here true expiratory muscles; with this they decrease the intercostal spaces.

3. These muscles can elevate or depress the ribs independently of any other muscle, fixing the first or last rib. Any one lamella, or series of muscles, can, as required, independently perform inspiration or expiration at any one of the 22 intercostal spaces.

4. In inspiration, the intercostal spaces increase, with a shortening of the muscle; and in expiration, they decrease their perpendicular distance, with a shortening of the muscle.

5. All parallel intercostal muscles, acting with uniform force, concur in the same effect, whether near the fulcrum or more distant from it, and these muscles gain power with their increasing obliquity as well as speed.
In the 3d part of the paper an account is given of the difference between the external thoracic space and the internal pulmonic space. The respiratory movements are described in health and disease, and it is shown that the chest is rarely enlarged at two places at one and the same time.

In conclusion the author conceives that he has established the following propositions:

1. Costal breathing may be distinguished from abdominal, by determining which part is first put in motion, and the kind of respiration may be designated according to the name of such part.

2. Healthy costal breathing begins with the motion of the superior rib, which is followed by that of the lower ones in succession.

3. Ordinary respiration in men is abdominal, in women, costal; extraordinary breathing is the same in both sexes.

4. Any of the ribs, from the 12th to the first, may carry on respiration.

5. Diseased respiration is of various kinds; the movements may be symmetric or not symmetric, costal or abdominal; all or none of the ribs may move; the abdomen may or may not move; the chest may dilate in all its dimensions at one and the same time; costal and abdominal breathing may alternate with one another; costal motion may be undulating or not; and all these may be combined in one, which the author terms "hesitating breathing"; and lastly, the quantity of air breathed is diminished when there exists pulmonary disease.

(From Abstract of Proceedings of the Royal Society, Philosophical Magazine, for Sept., 1847, pp. 223, 224.)


The author gives a detailed description of the structure of the liver in animals belonging to various classes of the animal kingdom. He states that in the Bryozoon, a highly organized polype, it is clearly of the follicular type; and that in the Asterias, the function of the liver is probably shared between the closed appendage of the stomach and the terminal ceca of the large ramifying prolongations of the digestive sac contained in the several rays. Among the Annulosa, the earthworm presents an arrangement of the elements of the hepatic organ, corresponding in simiplcity with the general configuration of the body, a single layer of large biliary cells being applied as a kind of coating over the greater part of the intestinal canal. In another member of
the same class, the Leech, in which the digestive cavity is much less simple, and presents a number of sacculi on each side, these elements have a very different disposition; and the secreting cells, although some remain isolated, for the most part coalesce to form tubes, having a succession of dilatations and constrictions, and finally uniting and opening into the intestine. In Insects, the usual arrangement is that of long curved filamentary tubes, which wind about the intestine; these, in the meat-fly, are sacculated throughout the greater part of their course, till they arrive quite close to the pylorus, where they open; near their origin they appear to consist of separate vesicles, which become gradually fused together, but occasionally they are seen quite separate. The basement membrane of the tubes is strongly marked, and encloses a large quantity of granular matter of a yellowish tinge, with secreting cells; another portion of the liver consists of separate cells lying in a granular blastema, which cells, in a later stage of development, are seen to be included in vesicles or short tubes of homogeneous membrane, often coalescing and exhibiting a more or less manifestly plexiform arrangement; this portion of the liver is regarded by Mr. Newport as really adipose tissue. The author has termed it the Parenchymatous portion of the liver, on account of its general appearance and mode of development, though he has not been able to determine whether the tubes always originate from it. Among the Arachnida, the follicular type of arrangement prevails; and the same is the case with the Crustacea, the follicles in these last being distinctly visible to the naked eye. In Mollusca also, we find the follicular arrangement universally to obtain; yet in certain cases the limiting membrane of the follicles cannot be shown to exist, and the author therefore thinks that its importance is probably not great, but that it serves chiefly to fulfil the mechanical function which its synonym "basement" indicates. The quantity of retained secretion in the liver of molluscosse seems clearly to imply that the bile in them is not an excrementitious fluid; it is used slowly on account of the imperfect character of the respiration.

In passing from the Invertebrata to the vertebrate division of the animal kingdom, and beginning with the class of Fishes, a great change is immediately manifest in the form and character of the biliary organ; it is now a gland of solid texture, to which the term parenchymal is justly applied. Two portions may be distinguished in it, namely, the secreting parenchyma, consisting of delicate cells, or very often of nuclei, granular and elaborated matters in great part,
and the excreting ducts, which, though completely obscured by the surrounding bulky parenchyma, may yet be satisfactorily demonstrated, and traced often to their terminal extremities in the following manner: If a branch of the hepatic duct be taken up in the forceps, it may be dissected out without much difficulty from the surrounding substance, which is very soft and yields readily to gentle manipulation; when a trunk is in this way removed and placed under the microscope, a multitude of minute ramifications are seen adhering to it; among these not a few may be discovered, which do not appear to have suffered injury; some are occasionally seen terminating by distinctly closed extremities; more usually the duct becomes very minute and gradually loses all definite structure, appearing at last like a mere tract of granular matter; in either case there is no communication by continuity with the surrounding parenchyma. Large, yellow corpuscles, peculiar cells, and a considerable quantity of free oily matter usually existing in the liver of various fishes, seem generally to indicate a great superiority in the amount of secretory over that of excretory action, and to betoken clearly the feeble intensity of the aerating function.

In Reptiles, there is the same arrangement in the liver, namely, a secreting parenchyma of cells and an apparatus of excretory ducts, which have the same essential characters as those of fishes; but there exists very frequently in the parenchyma remarkable dark corpuscles, which appear to be masses of retained biliary matter, the import of which, in the situation they occupy, is doubtless the same as that of the similar masses existing in fishes.

In Birds, the parenchyma of the liver is remarkably free from oily or retained biliary matters; it often consists almost wholly of free nuclei and granular matter, with scarcely a single perfect cell; the excretory ducts often greatly resemble those of reptiles, sometimes rather those of mammalia; the essential character is, however, always the same, namely, that they terminate without forming any important connection with the parenchyma.

In mammalia, the parenchyma of the liver consists usually of perfect cells, which are arranged often in linear series of considerable length, radiating from the axis of each lobule; these unite at various points with each other, so as to present a more or less decidedly plexiform appearance. Each lobule, as described by Mr. Hiernan, is separated from the adjacent ones by the terminal twigs of the portal vein, and to a greater or less extent by a "fissure," though in most animals the lobules are continuous with each other both above and
below the fissure. The elaboration of the secreted product seems to be most completely effected in the cells adjoining the margins of the lobules, which are often seen to contain a larger quantity of biliary matter than those in the interior, and to be apparently in the act of discharging it into the fissure; the margin of the lobule then presents an irregular surface with large globules of the secretion clustering together all over it. The capsule of Glisson surrounding the vessels in the portal canals gives a fibrous investment to those surfaces of the lobules which are towards the canal; but when it has arrived in the fissures, it forms a continuous membrane lining the surfaces of opposite lobules; this membrane is often truly homogeneous, and closely resembles the basement tissue: there appears occasionally to be a delicate epithelium on its free surface; but this, as well as the membrane itself, is often absent, when the margin of the lobules is in that condition which has just been described, and which may be termed active. The minute branches of the hepatic duct as they approach their termination undergo a remarkable alteration in their structure; they lose their fibrous coat, which blends itself with the membranous expansions of the capsule of Glisson; their basement membrane becomes gradually indistinct, and at last ceases to exist, and the epithelial particles no longer retain their individuality, but appear to be reduced to mere nuclei, set very close together in a faintly granular basis substance. The mode of their termination is not uniformly the same; frequently they present distinctly closed rounded extremities, between 1 and 2 thousandths of an inch in diameter; at other times they seem to cease gradually in the midst of the fibrous tissue, the nuclei alone being disposed for some little way in such a manner as to convey the idea of a continuation of the duct. These ducts can seldom be discerned in the fissures, but have several times been seen in the "spaces," where several fissures unite; they do not form any thing like a plexus between the lobules. From the anatomical relation of the ducts to the parenchyma, and from the circumstance that a distinct vessel conveying a different kind of blood is distributed to the hepatic duct, as soon as the liver assumes the parenchymal form, it seems probable that the mode in which the secreted bile is conveyed out of the organ, is by its permeating the coats of the minute ducts in obedience to an endosmotic attraction, which takes place between the bile in which the ducts may be said to be bathed, and the denser (perhaps mucous) fluid formed in their interior. The large quantity of oily matter frequently existing in a free state in the secreting parenchyma of the liver, which must be
regarded as a product of secretory action, seems to suggest the idea, that a certain quantity of the biliary secretion may be directly absorbed into the blood, and in this manner conveyed away from the organs, just as occurs in the thyroid body, suprarenal capsules, and other glands unprovided with efferent ducts.

With respect to the development of the liver, the author considers the opinion of Reichart to be decidedly the correct one, namely, that its formation commences by a cellular growth from the germinal membrane, independently of any protrusion of the intestinal canal.

On the morning of the fifth day, the oesophagus and stomach are clearly discernable, the liver lying between the heart, which is in front, and stomach, which is behind; it is manifestly a parenchymal mass, and its border is quite distinct and separate from the digestive canal; at this period, the vitelline duct is wide, it does not open into the abdominal cavity, but its canal is continued into an anterior and posterior division, which are tubes of homogeneous membrane, filled, like the duct, with opaque oily contents; the anterior one runs forwards, and forms behind the liver a terminal expanded cavity, from which then passes one offset, which, gradually dilating, opens into the stomach; a second, which runs in a direction upwards and backwards, and forms apparently a cæcal prolongation; and a third and fourth, which are of smaller size, arise from the anterior part of the cavity and run to the liver, though they cannot be seen to ramify in its substance; at a somewhat later period, these offsets waste away, excepting the one which is continued into the stomach, and then the mass of the liver is completely free and unconnected with any part of the intestine. As the vitelline duct contracts, the anterior and posterior prolongations of it become fairly continuous and form a loop of intestine, the posterior division being evidently destined to form the cloaca and lower part of the canal. The final development of the hepatic duct takes place about the ninth day by a growth proceeding from the liver itself, and consisting of exactly similar material; this growth extends towards the lower part of the loop of duodenum, which is now distinct, and appears to blend with the coats of the intestine; around it, at its lower part, the structure of the pancreas is seen to be in process of formation. The further progress of development of the hepatic duct will, the author thinks, require to be carefully examined, but the details he has given in this paper have satisfied him of the correctness of the statement that the structure of the liver is essentially parenchymal.—(From idem., pp. 224–227.)
Observations on Enlarged Tonsils. By Frank H. Hamilton, M. D., Professor, &c.—(Buffalo Medical Journal.)

I have brief notes of 52 cases of enlarged tonsils which I have extirpated. The notes have been made chiefly by my students, and are not as full or systematic as I wish they were; yet the experience which they embody is perhaps worth recording. I have made some operations in addition to these in my note book, but in the following summary and conclusions, I shall endeavor to confine myself to such practical inferences as the recorded cases alone will justify.

Pathology.—In all the above cases the glands have been simply enlarged and slightly indurated, except that in six or eight instances a few small tubercular deposits have been found in them. I have never seen them schirrous, or affected with any other malignant disease. Of some 50 or more preserved in alcohol, and in the College Museum, not the slightest difference can be seen in their structure; and as to size, the largest is not more than sixteen lines in length, and eight in breadth.

Etiology.—Among the causes assigned by the parents and friends, or by the patients themselves, 10 are set down as attributed to scarlatina, 7 to whooping cough, 3 to croup, 18 to hereditary predisposition, as shown in its having occurred in the parents or other members of the family, and the balance are unaccounted for. Many of these patients had a scrofulous look, and some had, at the same time, enlargements of the lymphatic glands of the neck.

Age at which the Enlargement was first noticed.—Generally between the third or fourth and seventh year of life: from which time they gradually increased in size until the tenth or fifteenth year, or until they were removed.

Effects and results when left to themselves.—They gradually diminish in size after the tenth or twelfth year, and finally disappear, or rather, become reduced to their normal size: so that it is extremely rare to see enlarged tonsils after the twentieth year. I have never seen but one after the twenty-seventh year, and this was at the forty-second year, but the enlargement was moderate.

In the mean time, however, or, at least, during all the period of childhood, the patient is liable to frequent attacks of acute tonsillitis, which alone are sometimes sufficient to permanently impair the health; to a serious impediment in speech and hearing, both of which I think may become permanent, but in proof of this supposition I cannot cite any cases; it is certain, however, that it often interferes materially with the education of
the child. Such children are almost always dull in their studies, or timid and petulant in their manners and feelings. They are also liable to severe attacks of croup in early life, and later to more chronic bronchial affections.

**Local or general Therapeutic treatment.—** Of this I have but little right to speak, since I have myself seldom resorted to any other means than extirpation; and I have not, because I have seldom heard of a cure clearly traceable to these measures, but especially because I have found the operation so simple, certain and safe. If anything can be said in defence of therapeutic means, I would rather leave it to those who have themselves experienced their advantages.

**Circumstances contra-indicating an operation.—** The operation of excision ought not to be made when the glands are inflamed, unless the patient is threatened with suffocation, since the operation is then more difficult, more painful, and is more liable to be followed by fatal inflammation, (I have seen the operation made upon a child, whose tonsils were at the time inflamed, terminate fatally in a few days from inflammation extending to the larynx,) but especially because the danger from hemorrhage is then much greater. A friend of mine, a clergyman, applied to me to excise his tonsils, but I declined because they were inflamed. He went next day to New York city and called immediately upon a famous tonsil cutter, who shaved them off at once, and the wounds bled during three days. The bleeding was finally arrested by the hot iron, but not until life was almost extinct.

They ought not to be excised when no other reason can be assigned than that they are enlarged.

We should prefer not to make the operation, where the patient has a hemorrhagic diathesis.

**Circumstances which indicate an operation.—** It ought to be made when from their size, the patient is in danger of immediate suffocation, in whatever condition they may be. It ought to be made, having first removed all inflammation, when they produce deafness or impair speech, or occasion frequent attacks of tonsilitis, or occasional attacks of laryngitis, or endanger the development of chronic bronchitis, or of phthisis in persons already predisposed. Or it might be proper where, as in one case, which will be stated hereafter, the glands were affected with an obstinate neuralgic disease.

**Age at which the operation can be made; and at which it is usually made.—** Three of my operations were made upon children two years old, but at this age owing to the smallness of the mouth, the operation is more difficult. I have made one upon a man aged forty-two, but the large majority have been made between the ages of four and ten years.
Mode of operation.—No one now questions the superiority of excision to the old, tedious and terribly painful process of ligation. The last argument upon which the ligature was sustained, viz.—that the knife was the most dangerous because of the hemorrhage which might follow—has long been given up: for we know that if some little danger does actually exist from the hemorrhage, it is much more than counterbalanced by the danger which attends the inflammation inevitably consequent upon the use of the ligature. I have never used the ligature myself, but I remember to have seen it used when I was an apprentice, and I can assure those who have never witnessed it, that it is one of the most barbarous operations in the surgical catalogue.

The question is now, only as to the instrument to be used in excision. The number of instruments invented for this purpose is very great, the majority of which have some real merit, and will answer, for probably every man will first use that instrument to which he is most accustomed, yet if I were to recommend a young practitioner to choose, I would unhesitatingly give preference to "Owen’s" instrument. This is the instrument which I have always used, and have preferred, notwithstanding I have five or six other well made and ingenious instruments constructed for the same purpose. In it seem to be combined all the excellences; with none of the faults, of other tonsil instruments. Let me mention a few of the qualities which the instrument ought to possess.

The handle should be sufficiently large to be felt in the grasp and not too smooth—it should be set firmly on the shaft and at a proper angle, greater than a right angle. The shaft should be seven inches long, and three-fourths of an inch wide, so as to separate the teeth of the patient and protect the fingers of the operator—the tonsil should be seized by forceps attached to the instrument rather than by a pin, since, when the pin is used the tonsil may slip off after the operation, and be swallowed, or fall upon the rima glottidis and produce suffocation; the forceps should be so attached upon a pivot as that the tonsil can be drawn through the ring as much or as little as the operator chooses. Those instruments whose stilets merely transfix the tonsil without drawing it through, often fail of taking a sufficient amount of the gland. The forceps which are moved by the action of a spring, I have seen tear out—it is much better that the hand of the operator alone should control the forceps, and especially because by the hand alone can discretion be exercised to the amount to be removed. The teeth of the forceps, when the forceps are opened, should never encroach upon the inner circle of the ring. The ring or fenestrum
which is to receive the tonsil ought to be of moderate size; if large, it requires too much breadth at this part of the instrument. The size which will be found adapted to nearly all, if not all tonsils, is ten lines in breadth by twelve in length. Into this we can always introduce the gland sufficiently far to seize it with the forceps, and if seized, we shall never fail to be able to draw it through as much as we choose. The edge of the knife or guillotine must be cambered—roof-shaped and not rounded, and it must cut by "propulsion," being propelled by the thumb of the hand which holds the instrument. Instruments that cut by "retraction" cannot have properly shaped guillotines, nor can such shaped guillotines be easily sharpened, and they are objectionable also from the fact that they require one hand to hold the instrument, while the other retracts the blade, and the forceps must be abandoned. Besides this, it will always be found where one hand holds the instrument and the other withdraws the blade, that the two forces acting in opposite directions will not be equal, and the ring is liable to be pulled forward or pushed backward and to slip from the gland; but when the thumb of the same hand which grasps the handle projects the blade, the antagonist powers are equal, and the instrument remains steady and firm to its place.

These are a few of the principal points in the construction of a tonsil instrument, whose value every one who operates much will appreciate, but there are many other little details which go to make the perfect instrument, and which require an experienced cutler to properly supply.

If the instrument is not perfect, I would rather use a long pair of forceps and a probe pointed bistoury, yet I object to these generally, because the operation with the bistoury is more difficult, and exposes the mouth and tongue to be badly cut, an accident which can never happen with a well constructed tonsil instrument.—(Owens' instrument may be had at his cutler's shop in Albany.)

The patient being seated before a strong light, the instrument is introduced with its "back" (by the "back" I mean that surface upon which the forceps lie, and by the "face," the opposite surface) applied to the tongue, and its "face" directed to the roof of the mouth: and in this way it is carried below the tonsil, and the tonsil is made to drop into it by pressing from below—a highly practical point, which constitutes nearly all the art of seizing the gland—the "face" is then turned obliquely upwards and outwards and pressed snugly upon the tonsil, while the forceps is made to seize it, and by steady traction draw it through. If the gland is large, the forceps should be moved laterally and slowly. The thumb now completes the operation by firmly thrusting the knife forward.
When, owing to the inability or disinclination of the patient to control the tongue, it is so thrust about that the tonsil cannot be kept in view, the forefinger of the hand not employed in holding the instrument may be held in the ring until the tonsil is felt to be fairly entered, and then the same hand may be withdrawn to seize the forceps, and the balance of the operation will be completed as before described. So easy is it to adjust the gland and seize it by the sense of feeling alone, that, as my students will remember, I seldom look into the mouth during the operation, and yet, if it is large enough to be seized at all, I never fail to bring it out, and so far as I am myself concerned, I have come to prefer this mode of operating, yet I cannot say that those unaccustomed to the operation would not operate better when the gland is in sight.

Hemorrhage from the wound.—The amount is generally trifling, usually not more than half an ounce—occasionally it is two or three ounces. If it does not cease spontaneously in a minute or two, a gargoyle of cold water will arrest it in most cases: but if this fail, let the neck be freely exposed, and a neck-cloth filled with snow placed about the neck, and especially opposite the seat of the tonsil. If snow cannot be obtained, pounded ice, or even cold wet cloths will answer. This plan I have never seen fail of arresting the bleeding most promptly, even where the most powerful astringents and caustics had already been resorted to without effect, or with the effect only of increasing the hemorrhage at each application by disturbing the partially formed coagula. In only three cases of all the number operated upon, has the bleeding been alarming. The two first, a girl and a boy, both a little past the age of puberty, occurred, by a singular coincidence, on the same day. I had removed about two-thirds of each gland in both patients. One bled until partial syncope occurred, and the other was finally arrested by the snow applied to the neck, and short of syncope. This was my first trial of the snow neck-cloth, and it succeeded after a full trial of a great variety of gargles, &c. The last case was a young lady aged 15, and of a strong hemorrhagic diathesis, of which I knew nothing until after the operation. Nor was I informed of the bleeding, which had only come on after she had reached home, until she was already much exhausted. The snow neckerchief again promptly arrested the bleeding, and it did not return.

From this accident therefore the operator has little to fear; nor need he apprehend more danger when he cuts off two-thirds, or even the whole of the gland, than when he merely shaves it or halves it. I have repeatedly, as many witnesses can testify, removed the gland entire, and not more than one or
two table-spoonfuls of blood have followed; while the most alarming bleedings which have occurred were from wounds which left a portion of the glands in situ. No good reason then can be assigned why the gland should not be more fairly extirpated than has been usually recommended and practised.

Other accidents.—No other accidents are liable to follow a properly made operation. The inflammation is usually very slight, and seldom requires any treatment. In a week or ten days, the soreness is entirely gone.

Results.—If no good reason can be assigned why the gland should not be removed more fairly than is generally recommended, a sufficient reason can be assigned why it ought to be. When the whole or two thirds of the gland is cut away, no more trouble is experienced from this source, but when one-half or one-third is removed, the balance does not generally disappear, and not unfrequently it again enlarges. This remark does not agree with the experience of some surgeons who have written upon this subject, and who, believing that if one-half or one-third is cut away the remainder will soon disappear, do not think it necessary to remove more than half at any time. But I have again and again seen cases in which the operation was thus imperfectly made, return to have them re-excised. Some of these have been my own cases, and in which I predicted at the time that the glands would be very likely to trouble them again. In no case, however, in which two-thirds has been removed, have the patients returned.

Neither the speech or the hearing are improved until after the lapse of months after the operation is made. I have never known the speech to be injured by the operation; the apprehensions which some have felt upon this score do not seem to me to be well founded.

The Curability of Insanity; as illustrated by the Records of the Bloomingdale Asylum for the Insane. By Pliny Earle, M. D.—(Annalist.)

It appears that, from the time of the opening of the Asylum, June 16th, 1821, to December 31st, 1844, one thousand eight hundred and forty-one insane persons were received as patients.

The table subjoined exhibits the condition of those who had been discharged, and the numbers still remaining in the Asylum.
The Curability of Insanity.

<table>
<thead>
<tr>
<th></th>
<th>MALES.</th>
<th>FEMALES.</th>
<th>TOTAL.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cured,</td>
<td>408</td>
<td>264</td>
<td>672</td>
</tr>
<tr>
<td>Much improved,</td>
<td>58</td>
<td>46</td>
<td>104</td>
</tr>
<tr>
<td>Improved,</td>
<td>176</td>
<td>142</td>
<td>318</td>
</tr>
<tr>
<td>Relieved,</td>
<td>6</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Unimproved,</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Discharged by request of friends, mostly unimproved,</td>
<td>222</td>
<td>179</td>
<td>401</td>
</tr>
<tr>
<td>Eloped, condition not stated,</td>
<td>26</td>
<td>4</td>
<td>30</td>
</tr>
<tr>
<td>Died,</td>
<td>148</td>
<td>79</td>
<td>227</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whole number discharged,</td>
<td>1046</td>
<td>716</td>
<td>1762</td>
</tr>
<tr>
<td>Remain,</td>
<td>44</td>
<td>35</td>
<td>79</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whole number admitted,</td>
<td>1090</td>
<td>751</td>
<td>1841</td>
</tr>
</tbody>
</table>

One thousand seven hundred and sixty-two patients were discharged, of whom one thousand and forty-six were men, and seven hundred and sixteen women. Of these four hundred and eight men and two hundred and sixty-four women were cured, making a total of six hundred and seventy-two.

There were forty-two of the foregoing patients, twenty-three of whom were men and nineteen women, who, after a short residence in the Institution, were discharged as follows:

<table>
<thead>
<tr>
<th></th>
<th>MALES.</th>
<th>FEMALES.</th>
<th>TOTAL.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Much improved,</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improved,</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relieved,</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharged by request of friends,</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eloped,</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

but, after a brief absence, were re-admitted, and finally discharged cured. These cases should, most unquestionably, be added to the cures in the foregoing table.

It is now (August, 1847) upwards of two years and a half since the close of the period embraced by these statistics. At that time, as will be perceived by the table, there remained in the Institution seventy-nine patients, who were here on their first admission. A large proportion of these were old, incurable cases, which had been in the Asylum for many years.

A sufficient time has now elapsed to test the curability of the few whose disease was of a more recent date. The subjoined list exhibits the present condition of the seventy-nine patients in question:

<table>
<thead>
<tr>
<th></th>
<th>MALES.</th>
<th>FEMALES.</th>
<th>TOTAL.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharged cured,</td>
<td>4</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>&quot; much improved,</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>&quot; improved,</td>
<td>8</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>&quot; unimproved,</td>
<td>7</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td>Died,</td>
<td>4</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Remaining, all incurable,</td>
<td>21</td>
<td>12</td>
<td>33</td>
</tr>
</tbody>
</table>
The results in this table should also be added to the foregoing.

It is not unfrequently the case, that a patient who is progressing towards recovery is, through the anxiety of friends, prematurely removed, before a cure has been established. Eighteen cases of this kind, of which thirteen were discharged much improved, four improved, and one by the request of friends, the condition not stated, are known to have perfectly recovered soon after leaving. It is probable that there may have been more.

Our object being to ascertain, as near as possible, the curability of Insanity, it is very apparent that these cures, also, should be included in the original list. Indeed, it is but justice to the Institution that they should be included, inasmuch as, if they were cured by any system of treatment, it was that which was pursued here.

After these explanations, it appears that the cures were as follows:

<table>
<thead>
<tr>
<th>Discharged cured previously to Dec. 31, 1844</th>
<th>MALES.</th>
<th>FEMALES.</th>
<th>TOTAL.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>408</td>
<td>264</td>
<td>672</td>
</tr>
<tr>
<td>&quot; cured subsequently,</td>
<td>4</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>&quot; not cured on first admission, but</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>cured on re-admission,</td>
<td>23</td>
<td>19</td>
<td>43</td>
</tr>
<tr>
<td>Known to have recovered after discharge,</td>
<td>6</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td>Aggregate</td>
<td>441</td>
<td>301</td>
<td>742</td>
</tr>
</tbody>
</table>

As all the foregoing cases which remain in the Institution are believed to be incurable, and as those who were discharged not cured have become widely scattered, and mostly lost sight of, it is probable that this table exhibits all, or very nearly all, who will ever be known to have been cured. This makes the per cent. of cures on all admissions 40.30. On the men it was 40.46, on the women 40.08.

Some authors believe that, of the insane, females are more curable than males. In these cases, however, as will be perceived, the comparative curability of the two sexes is somewhat in favor of the men.

It would hardly be justifiable to leave the subject of cures, without referring to a cause which has operated unfavourably upon the curability of the patients, taken as a whole, that have been received into this Institution. When the Asylum was first opened, fifty-two were transferred to it from the old Asylum. A great majority of these were chronic and incurable cases, which had been accumulating in that Asylum for many years. This fact will become evident if illustrated by the history of those cases, subsequent to their admission into this Institution, which is as follows:
The Curability of Insanity.

The whole number was, males, females, total.

Discharged cured, 32 20 52
much improving, 1 0 1
improved, 2 3 5
by request of friends, mostly unimproved, 17 10 27
Eloped, condition not stated, 0 1 1
Died, 2 3 5
Remaining, Dec. 31st, 1844, 6 3 9

Total, 32 20 52

Thus it appears that only four of these cases were cured. This is equivalent to but 7.7 per cent.

The condition of the patients who were received from the Almshouse, in considerable numbers at a time, was very similar to those who were brought from the old Asylum. In the several transfers of patients which took place between the Almshouse and this Institution, several were brought here more than once. The whole number of first admissions was sixty-six, of whom twenty-nine were men and thirty-seven women. Of these, only four men and twelve women, a total of sixteen, were cured; and of all that were re-admitted, a recovery did not take place in a single case. Hence we have

Admitted from old Asylum, 32 20 52
Admitted from Almshouse, 29 37 66

Total, 61 57 118

Of all these there were cured but 8 12 20

Now, subtracting these cases from the whole number of admissions, and their cures from the whole number of cures, we have the per cent. of cures in men, 42.08
Do. women, 41.64
Do. both sexes, 41.90

Physicians to Institutions for the Insane are frequently questioned in reference to the time necessary to effect a restoration, in cases of insanity. The following table shows the term of residence in the Asylum of all the patients who were discharged cured:

Less than one month, 45 31 76
From one to two months, 76 37 113
From two to three months, 66 41 107
From three to four months, 61 41 102
The whole number who were in the Asylum less than three months each is two hundred and ninety-six. This is equivalent to forty-four in every hundred that were cured. The whole number from three to six months is two hundred and one, or thirty in every hundred. The whole number from six to twelve months is one hundred and twenty-seven, nearly nineteen in every hundred.

The whole number who were here upwards of one year each is forty-eight, or seven in every hundred.

The mean or average term of residence in the Asylum was, for the men, four months and twenty-seven days, and for the women five months and twenty-six days.

Setting aside the thirteen cases in which the persons were here more than two years each, the average time will be, for men, four months and ten days, and for women, four months and twenty-five days.

The mean or average time of residence of both sexes inclusive is five months and eight days. Excluding the thirteen cases before mentioned, it is four months and sixteen days.

Many people who take their friends to an institution of this kind, appear to be impressed with the idea, that, if a restoration be possible, it can be effected in a few days, as if it were an ordinary fever. But insanity, particularly if reference be had to those cases alone which are sufficiently prolonged to induce their friends to remove them to an Asylum, is essentially a chronic disease, and, even under the most skilful management, requires a considerable time for its removal, and the establishment of mental health. Were it possible always to induce the friends and guardians of patients to leave them at the Asylum a sufficient time, fully and satisfactorily to test their curability by the restorative means here employed, the recoveries would unquestionably be augmented, and that to no inconsiderable extent. At the Retreat, near York, England, where every patient is retained, if not cured, until all curative resources are exhausted, it is stated by the officers of that institution, that thirty-five per cent. of all the recoveries do not take place until the patients have been in the Asylum more than a year.
Discovery of a New Anaesthetic Agent more efficient than Sulphuric Ether. By J. Y. Simpson, M. D., Professor of Midwifery in the University of Edinburgh, Physician-Accoucheur to her Majesty in Scotland, &c. (London Med. Times.)

At the first winter meeting of the Medico-Chirurgical Society of Edinburgh, held on the 10th Nov. last, I had an opportunity of directing the attention of the members to a new agent which I had been using for some time previously for the purpose of producing insensibility to pain in surgical and obstetric practice. This new anaesthetic agent is chloroform, chloroformyle, or perchloride of formyle.* Its composition is expressed by the chemical formula C₂HCl₃. It can be procured by various processes, as by making milk of lime or an aqueous solution of caustic alkali act upon chloral; by distilling alcohol, pyroxilic spirit, or acetone with chloride of lime; by leading a stream of chlorine gas into a solution of caustic potash in spirit of wine, &c. The resulting chloroform obtained by these processes is a heavy, clear, transparent liquid, with a specific gravity as high as 1.480. It is not inflammable. It evaporates readily, and boils at 141°. It possesses an agreeable, fragrant, fruit-like odour, and a saccharine, pleasant taste.

As an inhaled anaesthetic agent, it possesses, I believe, all the advantages of sulphuric ether, without its principal disadvantages.

1. A greatly less quantity of chloroform than of ether is requisite to produce the anaesthetic effect, usually from a hundred to a hundred and twenty drops of chloroform being sufficient, and with some patients much less. I have seen a strong person rendered completely insensible by seven inspirations of thirty drops only of the liquid.

2. Its action is much more rapid and complete, and generally more-persistent. I have almost always seen from ten to twenty inspirations suffice, sometimes fewer. Hence the time of the surgeon is saved; and that preliminary state of excitement which pertains to all narcotizing agents being curtailed, or, indeed, practically abolished, the patient has not the same degree of tendency to exhilaration and talking.

3. Most of those who know from previous experience the sensations produced by ether inhalation, and who have subse-

* In making a variety of experiments upon the inhalation of different volatile chemical liquids, I have, in addition to perchloride of formyle, breathed chloride of hydro-carbon, acetone, nitrate of oxide of ethyle, benzin, the vapour of iodiform, &c. I may probably take another opportunity of describing the results. It is, perhaps, worthy of remark, that, in performing his experiments upon inhalation, Sir Humphrey Davy confined his attention to the inspiration of gases, and does not seem to have breathed any volatile liquid.
quently breathed the chloroform, have strongly declared the
inhalation and influence of chloroform to be far more agreea-
ble and pleasant than those of ether.

4. I believe that, considering the small quantity requisite as
compared with ether, the use of chloroform will be less ex-
pensive than that of ether, more especially as there is every
prospect that the means of forming it may be simplified and
cheapened.

5. Its perfume is not unpleasant, but the reverse; and the
odour of it does not remain for any length of time attached to
the clothes of the attendant, or exhaling in a disagreeable form
from the lungs of the patient, as so generally happens with sul-
phuric ether.

6. Being required in much less quantity, it is much more
portable and transmissible than sulphuric ether.

7. No special kind of inhaler or instrument is necessary for
its exhibition. A little of the liquid diffused upon the interior
of a hollow-shaped sponge, or a pocket-handkerchief, or a piece
of linen or paper, and held over the mouth and nostrils so as to
be fully inhaled, generally suffices in about a minute or two to
produce the desired effect.

I have had an opportunity of using chloroform with perfect
success in several surgical operations (removal of tumours, of
necrosed bone, partial amputation of the great toe,) and in
tooth-drawing, * opening abscesses, for annulling the pain of
dysmenorrhoea and of neuralgia; in two or three cases when I
was using deep and otherwise very painful galvano-puncture
for the treatment of ovarian dropsy; in removing a very large
fibrous tumour from the posterior wall of the uterus by enu-
ucleation, &c. †

I have employed it also in obstetric practice with entire
success. The lady to whom it was first exhibited during

* A young dentist, who has himself had two teeth extracted lately—one under
the influence of ether, and the other under the influence of chloroform—writes
me the following statement of the results:—"About six months ago I had an up-
per molar tooth extracted whilst under the influence of ether, by Mr. Imlach.
The inhalation was continued for several minutes before I presented the usual
appearance of complete etherization; the tooth was extracted, and, although I
did not feel the least pain, yet I was conscious of the operation being performed,
and was quite aware when the crash took place. Some days ago I required
another molar extracted on account of toothache, and this operation was again
performed by the same gentleman. I inhaled the vapour of chloroform, half a
dracm being poured upon a handkerchief for that purpose, and held to my nose
and mouth. Insensibility took place in a few seconds; but I was so completely
dead this time that I was not in the very slightest degree aware of anything that
took place. The subsequent stupefying effects of chloroform went off more ra-
pidly than those of ether, and I was perfectly well and able for my work in a few
minutes."

† I have now exhibited chloroform to about fifty individuals, and in not one
has the slightest bad effect of any kind resulted.
parturition had been previously delivered in the country by craniotomy, after a labour of three days' duration. In this, her second confinement, pains supervened a fortnight before the full time. Three hours and a half after they commenced, and ere the dilatation of the os uteri was completed, I placed her under the influence of the chloroform, by moistening, with half a teaspoonful of the liquid, a pocket-handkerchief rolled up in a funnel shape, and with the broad or open end of the funnel placed over her mouth and nostrils. In consequence of the evaporation of the fluid, it was once more renewed in about ten or twelve minutes. The child was expelled in about twenty-five minutes after the inhalation was begun. The mother subsequently remained longer soporose than commonly happens after ether. The squalling of the child did not, as usual, rouse her; and some minutes elapsed after the placenta was expelled, and after the child was removed by the nurse into another room, before the patient awoke. She then turned round, and observed to me that she had "enjoyed a very comfortable sleep, and, indeed, required it, as she was so tired, but would now be more able for the work before her." I evaded entering into conversation with her, believing, as I do, that the most complete possible quietude forms one of the principal secrets for the successful employment of either ether or chloroform. In a little time she again remarked that she was afraid her "sleep had stopped the pains." Shortly afterwards her infant was brought in by the nurse from the adjoining room, and it was a matter of no small difficulty to convince the astonished mother that the labour was entirely over, and that the child presented to her was really her "own living baby."

Perhaps I may be excused for adding that, since publishing on the subject of ether inhalation in midwifery, seven or eight months ago, and then for the first time directing the attention of the profession to its great use and importance in natural and morbid parturition, I have employed it, with few and rare exceptions, in every case of labour that I have attended, and with the most delightful results, and I have no doubt whatever that some years hence the practice will be general. Obstetricians may oppose it, but I believe our patients themselves will force the use of it upon the profession.† I have never had the pleasure of watching over a series of bet-

* In consequence of extreme anxiety at the unfortunate result of her previous confinement, she had slept little or none for one or two nights preceding the commencement of her present accouchment.

† I am told that the London physicians with two or three exceptions only, have never yet employed ether inhalation in midwifery practice. Three weeks ago I was informed in a letter from Prof. Montgomery, of Dublin, that he believed that in that city, up to that date, it had not been used in a single case of labour.
In some remarks which I published in "The Monthly Journal of Medical Science," for Sept., p. 154, relative to the conditions for ensuring successful etherization in surgery, I took occasion to insist upon the three following leading points:

"First, the patient ought to be left, as far as possible, in a state of absolute quietude and freedom from mental excitemt, both during the induction of etherization, and during his recovery from it. All talking and all question should be strictly prohibited. In this way any tendency to excitement is eschewed, and the proper effect of the ether inhalation more speedily and certainly induced. And secondly, with the same view, the primary state of exhilaration should be entirely avoided, or at least reduced to the shortest possible limit, by impregnating the respired air as fully with the ether-vapour as the patient can bear, and by allowing it to pass into the lungs, both by the mouth and nostrils, so as rapidly and at once to induce its complete and anaesthetic effect. * * * a very common, but certainly a very unpardonable error, being to exhibit an imperfect and exciting, instead of a perfect and narcotizing, dose of the vapour. Many of the alleged failures and misadventures are doubtless entirely attributed to the neglect of this simple rule; not the principle of etherization, but the mode of putting it in practice being altogether to blame. But, thirdly, whatever means or mode of etherization is adopted, the most important of the conditions required for procuring a satisfactory and successful result from its employment in surgery, consists in obstinately determining to avoid the commencement of the operation itself, and never venturing to apply the knife, until the patient is under the full influence of the ether vapour, and thoroughly and indubitably soporized by it."

In fulfilling all these indications, the employment of chloroform evidently offers great and decided advantages in rapidity, facility, and efficiency over the employment of ether. When used for surgical purposes, I would advise it to be given upon a handkerchief, gathered up into a cup-like form, in the hand of the exhibitor, and the open end of the cup placed over the mouth and nostrils of the patient. For the first inspiration or two it should be held at the distance of an inch or so from the face; and then more and more closely applied to it. To ensure a full and perfect anaesthetic effect—more especially when the operation is to be severe—a teaspoonful of the chloroform should at once be placed upon the hollow of the handkerchief, and
immediately held to the face of the patient. Generally a snoring sleep very speedily supervenes; and when it does it is a perfect test of the superinduction of complete insensibility. But many patients are quite anæsthetic without this symptom.

As an illustration of the influence of this new anæsthetic agent, I will select and append notes of two operations performed with it on Friday last by Professor Miller—the first in the Royal Infirmary of Edinburgh, the other in private practice. The notes and remarks are in Mr. Miller’s own words.

Case I. "A boy, four or five years old, with necrosis of one of the bones of the forearm. Could speak nothing but Gaelic. No means, consequently of explaining to him what he was required to do. On holding a handkerchief, on which some chloroform had been sprinkled, to his face, he became frightened, and wrestled to be away. He was held gently, however, by Dr. Simpson, and obliged to inhale. After a few inspirations he ceased to cry or move, and fell into a sound snoring sleep. A deep incision was now made down to the diseased bone; and, by the use of the forceps, nearly the whole of the radius, in the state of sequestrum, was extracted. During this operation, and the subsequent examination of the wound by the finger, not the slightest evidence of the suffering of pain was given. He still slept soundly, and was carried back to his ward in that state. Half an hour afterwards he was found in bed, like a child newly awakened from a refreshing sleep, with a clear, merry eye, and placid expression of countenance, wholly unlike what is found to obtain after ordinary etherization. On being questioned by a Gaelic interpreter who was found among the students, he stated that he had never felt any pain, and that he felt none now. On being shown his wounded arm, he looked much surprised, but neither cried nor otherwise expressed the slightest alarm."

Case II. "A young lady wished to have a tumour (encysted) dissected out from beneath the angle of the jaw. The chloroform was used in small quantity; sprinkled upon a common operation sponge. In considerably less than a minute she was sound asleep, sitting easily in a chair, with her eyes shut, and with her ordinary expression of countenance. The tumour was extirpated, and a stitch inserted, without any pain having been either shown or felt. Her sensations throughout, as she subsequently stated, had been of the most pleasing nature; and her manageableness during the operation was as perfect as if she had been a wax doll or a lay figure.

"No sickness, vomiting, headache, salivation, uneasiness of chest, in any of the cases. Once or twice a tickling cough took place in the first breathings."

* Professor Dumas, (of Paris,) Mr. Milne Edwards, Dr. Christison, Sir George Ballingall, and a large collection of professional gentlemen and students witnessed this operation and two others performed with similar success by Prof. Miller and Dr. Ducan.
The following conclusions respecting Hysteria are arrived at by Professor C. Forget of Strasbourg. (Translated from Gazette Médicale de Paris.)

1. Hysteria frequently attacks persons belonging to the poor and unfortunate class of society.
2. It often affects the sanguine and robust constitutions.
3. It attacks both sexes; but very rarely the male sex.
4. Hysteria is frequently produced where there is an absence of every material and functional lesion of the genital organs.
5. Spinal irritation as formally announced by authors as necessary to hysteria is an error in fact.
6. It is probable, but it so not demonstrated that hysteria is quite often associated with lesions of the uterus and especially of the ovarium.
7. Hysteria is produced sometimes secondary to a lesion of the blood and of several viscera; but it is often primitive and the product of a nervous diathesis or special neuropathy.
8. The nervous diathesis or neuropathy is an essential condition and necessary to the manifestation of hysteria, even when this is secondary.
9. The determining causes of an hysterical attack is oftener moral, or a physical cause whose seat is very variable.
10. The phenomena of hysteria are extremely diversified, and derive its character rather from the disease than from any particular symptoms.
11. Hysterical attacks are oftenest manifested by convulsive phenomena, with which are frequently united disturbance of intellect.
12. Hysteria often clothes itself in the livery of other affections: this constitutes hysteria.
13. Hysteria is one of the most obstinate of diseases, and most subject to returns; one should not confound a suspension, even for a long time, with the radical cure of its attacks.
14. Hysteria is a real, special disease, which consists in a neuropathy, the nature of which is unknown. Its name is an error, and which should be changed.
15. The treatment of hysteria consists—first, in removing complications when they exist; second, in the administration of means directed against the nervous state itself.
16. There is no anti-hysterical remedy. The remedies for hysteria are those which relieve the complications, then those to cure the neuropathy—sedatives, tonics, stimulants, antiphlogistics, according to circumstances.
17. Hysteria being almost always the effect of an hygenical error, it is by correcting this that we must look for securing a radical cure.
Worms found in the Heart and Bloodvessels of a Dog; Symptoms of Hydrophobia. By Dr. T. C. Osborne.—(Western Jour. of Medicine and Surgery.)

Drs. Jennings, Brown, Thorp, and myself, recently made a postmortem examination of a dog that died of supposed hydrophobia. The symptoms were those characterizing that disease, and so well marked as to alarm and mislead the entire community. He was one of those much valued hounds, used in hunting negroes; an old dog, whose health had been good; fat, ordinarily remarkably peaceable; but after his attack, the disposition and appearance of the animal were completely changed. He snapped at every living thing near him, assailing dogs, or bitches, acquaintances or strangers indiscriminately; exhibited dread of water; emaciation; convulsions; and death ensued in ten or fifteen days from the time he was first observed to be diseased.

Autopsy.—The stomach and other abdominal organs were healthy; but the large bloodvessels were found filled with worms; the heart contained of these at least one hundred. The appearance of the worms was remarkably similar, differing only in length. They were round, white, tapering towards the tail, and from half an inch to four inches long, the thickness varying from one-fourth of a line to one line. I did not note as carefully as I ought the form of the head and mouth, and I believe the same is true of the gentlemen who assisted me in the examination.

Among the number of the bitten dogs was a pointer puppy, which alone showed any symptoms of the same disease. It had two fits, and during the second, leaped from a second story window, and was so injured that its owner had it killed. No dissection was made in this case.

Were the convulsions in these cases excited by worms? In the first case, I think there can be no question that they were, and it is to be regretted that a sectio was not made of the body of the second, to determine the fact whether worms existed in it also. Was the disease hydrophobia? I should say it was not, from the fact that of the number of animals bitten by the blood-hound, but a single one exhibited signs of disease afterwards. Is it not probable that many of the cases regarded as hydrophobic, are in reality diseases of a different character, resulting from irritation in some part of the system? And may not worms occasionally be the cause of this irritation? The subject appears to me worthy of investigation, and repeated examinations of the bodies of these animals might lead to valuable conclusions.
Frequency of Hernia in the Human Race.—(Teale's Practical Treatise on Abdominal Hernia.)

By Arnaud it has been calculated that one-eighth of mankind are the subjects of it. Mr. Turnbull, surgeon of the London Truss Society, states, that "after the most diligent and general inquiries throughout the kingdom, he is induced to take them, male and female, and of all ages, upon an average of 1 to 15." This estimate was sanctioned by Monro, supported by the authority of Gimbernat, and was, for many years, generally adopted by European surgeons. It is undoubtedly too high, but other surgeons have erred in the opposite extreme. From a return made by Dr. Vesturme, Inspector-General of the German Legion, it appears, that of 40,460 recruits examined, 365 were rejected on account of their being afflicted with hernia,—nearly 1 in 111, or a little less than 1 per centum; and of 12,835 recruits inspected in Dublin, 116 were rejected on account of the infirmity, or 1 in 110; and it has been supposed that these returns afford a tolerably correct view of the general frequency of hernia, at least in the male population of European states; but the estimate is obviously too low, for many persons afflicted with hernia, and knowing it to be a ground of disqualification for military service, would on this account be prevented from enlisting. A nearer approach to the truth, as far as regards the male population of France of 20 to 21 years of age, may be obtained from the records of the French conscription. Thus, according to M. Malgaigne, of 10,247 persons examined from 1816 to 1823, in the department of the Seine, 314 were hernial, or 1 in 32; and of 751,875 examined throughout the whole of France, from 1831 to 1837, 24,221 were exempted on account of hernia, or nearly 1 in 32. Assuming, then, that there is 1 hernial subject in 32 males in France of 20 to 21 years of age, and calculating the relative proportions of hernial subjects at different ages and in each of the sexes, M. Malgaigne arrives at the following estimate—namely, that there is one hernial subject in 13 of the whole male population of France; 1 in 50 of the whole female population; and 1 in 21$^\frac{1}{4}$ of the entire population. From various observations M. Malgaigne infers, that the relative proportions of hernia in men and women is as 4 to 1. Other statements show a great preponderance of hernia in the male sex; but it may be justly supposed that it is greater than really exists, since women, from motives of delicacy, as well as from their being less engaged in such laborious occupations as compel the hernial subject to seek relief, are less likely than men to be the applicants at a public institution.
The alleged Removal of the Liver.—(From The Annalist.)

The following letter, kindly lent us for publication by a medical friend, explains the mystery relating to this formidable operation, a report of which has been current for some time in the journals of our land, and which we discredited at the time. A more melencoly instance of professional ignorance and charlatanry, it has never been, and may it never again be, our lot to meet with. The idea of supposing such an operation possible without an immediately fatal result, is as absurd as the inability to detect the true nature of the extracted mass—is remarkable; and the pitiful seeking after a spurious notoriety, by extra-professional advertisement, has met its just reward. We shall be much surprised if the quizzing he gets, does not fret Doctor Thompson into a jaundice. Nor should we wonder, if in Columbus, there were one liver less, before long. De-liver us from such reputation, say we!

"I observed in the last number of the Boston Med. and Surg. Journal, a notice of a wonderful operation recently performed in this vicinity, by Dr. Kreider, of Lancaster. The operation referred to, was performed by Dr. Robert Thompson, of this city, assisted by Dr. K. Some two weeks since, our public was astounded by the details of this 'Waterloo' affair, in the public newspapers. The liver was removed, the whole liver, and nothing but the liver. Thus asserted the record, and thus insisted the surgeons. Our physicians were sceptical, as they are apt to be when modern miracles are performed; for, though they did not doubt the honesty or sincerity, or ability of their brothers, they resorted to Hume's favorite argument against the miracle, asserting that the said brothers were more likely to be mistaken, than that the fact could be so. Thus matters went on for some days, the patient, a female, living without a liver, and being 'as comfortable as could be expected.' In the mean time the news spread. From all quarters went up the cry of wonder. Nearly every newspaper in the land chronicled the strange event, and the bold Surgeon was almost clothed, by public acclamation, in the liver-y of Heaven. At last the women died, after having been a liver herself; just long enough to prove to the world, that she could live without a liver! Taking one of the editors of the press along, the Surgeon proceeded to verify beyond all cavil, his diagnosis. It was a moment of intense excitement. Not a word was spoken. Slowly, but confidently, did the little scalpel unfold the mysteries of that inner world to the gaze of day. The integuments are divided and drawn asunder—a hand is thrust into the cavity, to feel where the immense organ, weighing twenty-nine pounds and a-half, had so long reposéd. That organ was not there, but in its place, little dreaming of the noise it had made without, looked up, with a quiet 'how d'ye do,' the real liver, which was removed—not till after the death of the patient. Thus ends this new physiological,
pathological, surgical miracle. The Surgeon published a card the next day, in which the liver figured as an enormous ovarian tumour. Sic transit gloria mundi."

Columbus, Ohio.

Is it certain that there was any tumour at all?

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PART III.—MONTHLY PERISCOPE.

Structure of the Ganglia of the Spinal Nerves. By Rudolph Wagner. (Comptes Rendus, May 10th, 1847.)—The discovery of the true structure of the ganglia, or at least of the ganglia of the spinal, trifical and pneumogastric nerves is an important one for the physiology of the nervous system. I found the same conformation first in the torpedo, and afterwards in the ray and shark. Each elementary fibre which comes from the root of a cerebral or spinal nerve is prolonged into a ganglionary globule, (nervous corpuscle) in which a nucleolus may be seen. From each ganglionary globule another nervous fibre arises, which extends into the peripheric branches of the corresponding nerves. Sometimes the medulla of the fibre is seen clearly to penetrate into the ganglionary globule itself; at others, more delicate nervous fibres arise from them and the primitive fibres gradually enlarge and assume the ordinary appearance.

I was astonished, continues Dr. W., at this structure of the ganglia, which must certainly be the same in man and the other vertebrata. This discovery will change our views of the physiology of the nervous system, and the course we have pursued. But anatomy will always be the basis of physiology.—[Southern Jour. Med. and Phar.

Experiments on the Properties and Functions of the Spinal Cord and their relation to those of the muscles. By M. Brown Sequard. (Comptes Rendus, May 10th, 1847.)—From experiments on frogs, M. Sequard shows that after the division of the spinal marrow, the animal retains the power of contracting the muscles of the posterior extremities; that the strength of the contractions diminished for some time after the division, but that it gradually increased, and at two hours after the operation, the contractile power is twice as great as before the operation. Twenty-four hours after, it is three times as great as before; it remains at this from five to twenty days, and then gradually declines to below the natural standard. The force of the contractions was measured by weights attached to the feet by small hooks. The experiments were instituted to test the independent action of the spinal cord as a generator of nervous power, as proclaimed by Marshall Hall, and fully confirm it.—1b.

Are the movements of the Heart dependant on the Spinal Cord and Brain? By Dr. Julius Budde. (Gazette Med. de Paris, June 5th, 1847, from Arch. Fur. Physiol.)—After passing in review the whole
subject, historically and experimentally, Dr. Budge arrives at the following conclusions:

1. The Medulla Oblongata is the central organ of the movements of the heart, inasmuch as it maintains the irritability of the voluntary muscles.

2. The Medulla Oblongata is also the central organ of the reflex movements of the heart; but its influence is not marked, because,

3. The movements of the heart are principally movements of irritation, and partake very little in the reflex movements of the rest of the body.

4. The ganglia of the sympathetically nerve are not the central organs of the movements of the heart; they neither produce nor keep up its rhythm, but appear to destroy the influence of the voluntary and reflex principle.

5. The brain (of the frog) has no direct evident influence on the movements of the heart, but a decided indirect influence.—Ib.

On Bronchitis. By Dr. Thomas Laycock, Physician to the York Dispensary, and Lecturer on the Theory and Practice of Medicine.

Sometimes there is little or no expectoration during or after an attack of bronchitis; but there is a most teasing cough. In such a case an opiate is indicated, and may be safely given; but you must be very careful how you prescribe opiates in bronchitis. If the cough is excited by the mucous contained in the bronchial tubes, and not by an irritable condition of the nerves or their lining membrane, it is nature expelling an injurious thing. The mucous must be got rid of somehow, and I do not know how it can be got out of the tubes except by coughing. If you give an opiate, it is true that you give the natural effort a quietus, but at the same time, you paralyze the sensory nerves. You paralyze the muscular fibres; and at last, when the mucous has accumulated to such an extent that your patient must cough or die, he cannot cough! Old people are often complaining of their violent morning cough—as soon as they awake they begin; but it is because mucous has accumulated in the bronchi during the night, and it is only perceived by their mucous membrane when sleep ceases—the sentinels have been dormant. But the mucous must be expelled, and, therefore, the patient must cough. The plan in these cases is to reduce the blenorrhcea; first, by taking care that the membrane is not irritated by cold air, and then by suitable remedies. In the meanwhile preach patience to your patient, and tell him his cough is his safeguard so long as the lungs are clogged with phlegm. Sometimes mothers go to a druggist for "something for a cough" that their children had: they get oxymel of squills and syrup of poppies, give a good dose to quiet the babe at night, and in the morning send for the doctor—its cough is stopped, it is "closed in the chest," its lips become livid, and you have to repair the mischief done by the opiate.—[Med. Gaz.

Treacle as a local Remedy for Rheumatism.—Mr. Vines stated to the Reading Pathological Society, a case where a patient was suffering
from rheumatic pains of the legs, and had been treated by eminent men in various ways without relief, when an old nurse recommended the legs to be wrapped in flannel soaked in treacle for some days, which procured him complete relief. He therefore thought there was some sedative influence in the treacle.—[Prov. Med. and Surg. Journal.

Nitrate of Strychnia externally in Gout.—M. Wendt recommends the nitrate of strychnia, in the form of ointment, in irregular gouty affections; for example, in gouty affections of the vertebral column, which, through the filaments of the great sympathetic, attack the chest and give rise to symptoms imitating angina pectoris. The formula recommended is as follows:—nitrate of strychnia 10 parts; axunge 8 parts: to be made into a perfectly homogeneous ointment, and applied by friction on the sides of the spine two or three times a day.—[Am. Jour. Med. Sciences, from Gazette Medicale de Paris.

Treatment of the Nocturnal Cough of Infants.—M. Behrend of Berlin, has successfully employed for the removal of nocturnal cough in infancy, light purgatives; such as manna or tincture of rhubarb administered in the evening. The effect is aided by the administration of drachm-doses of solution of acetate of ammonia given at bed time. Small doses of sulphate of quinine have also been found serviceable. [Charleston Med. Journ. and Rev., from Gaz. Méd.

Lunar Caustic for Cough.—Dr. Post, in a case of distressing cough, which came on at night and lasted several hours, used, with the happiest effects, a strong solution of Arg. Nit. applied to the fauces. No disease could be detected in the chest, but the uvula was enlarged, and the pharynx and fauces were somewhat redder than natural. A solution 3ij. to 3j. water was applied, and with complete relief, though the cough just before had been violent; and the patient remained almost free from it for the next twenty-four hours.—[Annalist.

Specific of Deschamps.—The following formula, recommended by its author as a remedy for all diseases, we give to our readers. It is a good formula, and may be found useful when prescribed with discretion:—

Pulverized Jalap, .... 7 drs.
" Aniseed, .... 1½ "
Alcohol, .... 6 ozs.
Macerate four days and shake frequently during maceration.
Chopped Sarsaparilla, .... 6 ozs.
Pulverized Rhubarb, .... 1½ "
" Aristolochia, .... 1 oz.
" China Brier, .... 1½ oz.
Dissolve in a sufficient quantity of water to boil for two hours, then add to the decoction, Senna leaves, chopped Sassafras, of each 3 ozs. After having infused these two substances for some time in the decoction, strain and express, then add, Soft Sugar 8 lbs., Honey, 16 lbs.
Boil to the consistence of very thick syrup, and when cold pour into bottles. Divide the alcoholic infusion, previously filtered, into as many doses as there are bottles of syrup, and mix exactly each dose with each bottle, by means of a spoon, in a large vessel. This is important. Take care to shake the bottle before using the syrup.—[Charleston Med. Journ. and Rev.

Discharge of a Tooth from the Ear. By Mervin Coates, M. D.—The following curious case happened in my practice. At the time of its occurrence I resided in the Isle of Wight. In the summer of 1846, being myself absent from home, a friend was called upon to attend an old, poor man, who had suffered for some days from severe pain over the whole of one side of the face and head, but more intensely still about the ear. He found him feverish, in great pain, and incapable of opening his mouth; the pinna and skin lining the external meatus were highly inflamed and swollen. Warm fomentations, poultices, and purgatives, were ordered. Two days afterwards I paid him a visit: he was then in great pain, and, otherwise much in the same state as I have already described, but, in addition, there was an oozing of pus from the meatus, and almost entire closure of that passage by a whitish substance, which the patient conjectured to be a piece of onion, introduced there by the recommendation of some old woman, but which a probe detected to be bony. The patient declining to have this removed, he was recommended to continue to foment and poultice. That same night a fit of sneezing forced out the piece of bone felt by the probe, which proved to be one of the wisdom-teeth of the upper jaw; after that the man got well.—[London Lancet.

Treatment of Neuralgia by Superficial Cauterization.—The treatment of neuralgia and of its painful symptoms has, as well as that of many other diseases, derived some benefit from ethereal inhalations. It is not only to the temporary arrest of pain during insensibility that we refer, but to the method recommended by M. Valleeix, and which has already in several instances been productive of the most advantageous results. Thirteen cases of neuralgia, occupying various seats, are recorded in the Union Medicale, by M. A. Notta; ten were speedily cured, two were relieved only partially, and in one no benefit was derived from the treatment, which consisted of very superficial cauterization with the actual cautery during ethereal insensibility. In several instances one application was sufficient; in others it had to be repeated a second time.—[Med. Times, Oct. 30. Med. News.

Prescribing in Newspapers.—Sir: Can we be surprised at the number of deaths which daily occur in children, when we see such paragraphs as the following, in a paper largely circulated amongst the poor? "Cure for Dysestery.—Half a noggin of logwood, well boiled and strained, half a glass of port wine, and twenty drops of laudanum, have proved successful in checking dysentery in adults. For children only fifteen drops of laudanum should be used,"—[Sunday Times, Oct. 3,
Such a prescription (!) will not bear any remarks, but I think it is important to know, whether in the event of an accident from the use of it, the editor of the paper could not be punished—doubtless he is morally guilty of a great crime in permitting its insertion.

I am, sir, your obedient servant,

4th October, 1847.

M. D.

We very often see published in respectable newspapers, "sovereign remedies," which, if strictly followed, would infallibly cause the death of those who swallowed them! Any amount of ignorance will suffice for conducting the medical department of a newspaper. It is a positive disgrace to some of our leading journals, that, before giving circulation to paragraphs on medical subjects, the editors do not cause them to be revised by men who understand the subject. The editors cannot, however, be made legally responsible in the way our correspondent supposes: every reader of a paper is supposed to have enough brains to protect himself; and if he is foolish enough to follow the quasi-medical advice published in the journal, any mischief which follows is considered to be a proper punishment for his folly.—[London Medical Gazette, Oct., 1847. Med. News.

A New Counter-Irritant. By Professor Parker.

R. Croton Oil, . . . . ½i. 
Spirits of Camphor, . . . . ½i. Mix.
Alcohol, . . . . ½vi.

Oath of Hippocrates.—("The philosophic physician is equal to the gods.") To all physicians of all times.—I swear by Apollo, by Æsculapius, by Hygieia, by Panacea, by all the gods and goddesses whom I here invoke as witnesses, to fulfil, according to my best capacity and discernment, the oath which I pronounce and here subscribe.

I swear to consider my master as equal to my parents; I will unite my existence to his, and if he should ever require it, I will divide my effects with him. His sons shall be my brothers, and if they should wish to learn the art of healing, I will instruct them without any immediate salary, or any engagements for the future. Maxims, detailed explanations, in fine, all my medical doctrines shall be transmitted by me to my sons, to those of my master, to pupils engaged by writing and sworn according to medical law, but to none others.

I will prescribe to the sick a proper regimen according to my ability and discernment. I will abstain from all things unjust and injurious. I will never produce abortion. I will preserve, as a physician and a gentleman, the utmost purity of and sanctity of morals. I will never perform lithotomy, but leave that operation for those who make a profession of it.

Into whatever house I shall enter, going to carry aid to the sick, I will remain there a stranger to all iniquity, to all corruption, and to all criminal acts towards man or woman, bond or free. What I see or hear in private life, whilst in the exercise of, or even out of the
exercise of my profession, and which shall not be of a nature to be divulged, I will keep holy and inviolate.

If I fulfil faithfully this oath, and not violate it in any manner, may I obtain a celebrity as a gentleman and a physician, and be glorified by all men in all ages; but if I transgress it and perjure myself, may the contrary befall me.—[Translated for the St. Louis Medical and Surg. Journal.

MEDICAL INTELLIGENCE.

The Grippe, Cholera and Chloroform, (a new anaesthetic agent,) are the engrossing medical subjects of Europe.

The grippe or influenza is there the prevailing epidemic. We hear of its existence from Spain to Scotland—of its reigning from Marseilles to Edinburgh. In London it is reported that 1200 of the police were affected by it at one time, and schools and academies, it is said, have had to be dismissed. The mortality in large cities has greatly increased. A similar epidemic prevailed in Europe in 1832, and at precisely the same season of the year, which preceded the Asiatic cholera.

The cholera still approaches western Europe. It has invaded Poland, and has been announced in Vienna, &c. It is said to be milder than the similar epidemic of 1833.

The announcement of a new anaesthetic agent, by Prof. Simpson of Edinburgh, has created quite a sensation in the medical profession of Europe. Etherization has been far more generally employed abroad than in the United States. It is there used extensively in the practice of Surgery and Midwifery. The distinguished Professor of Obstetrics in the Scottish capital, Dr. S., has been pursuing this subject like a true philosopher; and having satisfied himself and others that Chloroform possesses decided advantages over ether, he has like Jenner, presented in it an invaluable agent to the medical profession—a great boon to suffering humanity.

The failure of the French steamer to cross the Atlantic, and the long voyage of the English one, so retarded the letter of our European correspondent that it arrived too late for our last No. We give place to it now, notwithstanding the article under our Review and Extract department from Prof. Simpson himself. The importance and interest of the subject seem to us to demand the space and the allusion to the same facts.

We are now engaged experimenting with the chloroform. We believe it will take the place of etherization. It is as yet costly.

LETTER III.—FROM OUR EUROPEAN CORRESPONDENT.

Paris, 30th November, 1817.

New means of producing Insensibility by the Inhalation of the Tri-chloride of Formyle.—This substance is called by the French chemists the "Chloroforme," and is produced by the distillation of Alcohol with Hypo chloride of Lime in a retort, and afterwards passing a current of Chlorine gas through the product, and then re-distilling it. It is not inflammable. You will see the formula of Soubeiran in the "Gazette des Hopitaux," and it is considered the best at pre-
sent known. It was first discovered by him in 1831, and described by Leibig in 1832. Dumas, however, has the merit of having determined its composition, in 1835. Dr. Guillot subsequently recommended it in small doses in certain kinds of asthma. From the constituent principles of the chloroform, it is evident that it does not differ much in its nature from the other, and experience has now proved it to be an anaesthetic agent, more rapid, energetic and efficacious, and undoubtedly less irritating; its use not being followed by headache, agitation or pain in the chest, as sometimes happens after ether inhalations. Some of the French pretend, "that like Jackson's discovery of the effects of ether, our knowledge of the action of chloroform is due entirely to chance. They say that my friend, Dr. Simpson of Edinburgh, making experiments on the chloroform, expired it himself, as did also two of his pupils, when the Doctor suddenly fell down, and on recovering his senses, he perceived his two pupils lying on the floor of the apartment, in a state of insensibility. In this way, they assert, was revealed to the Professor of Midwifery (Dr. S.) the special action of this substance, and that then he repeated his experiments among such of his friends as wished to be put under its influence. After some experience thus acquired, he employed it in his private practice, and in a great variety of cases, as an inhaled and anaesthetic agent. Professor Dumas, Dean of the Faculty of Sciences, happened to be present at Edinburgh and witnessed the first public inhalations in three patients on whom surgical operations were successfully performed, and Dumas having immediately afterwards returned home to Paris from his visit to Scotland, and communicated to the Parisians his opinion of what he had seen—this favorable report produced a great sensation here, particularly among the Surgeons of the Hospitals, who lost no time in trying the effects of the chloroform. It is moreover not a little remarkable, that this startling intelligence should have been conveyed to Paris by the very distinguished chemist who has the merit of having first accurately and scientifically exposed the composition of the chloroform. This substance is a dense, limpid, colorless liquid, readily evaporating and possessing an agreeable fruit like odor, and a saccharine, pleasant taste, something resembling a solution of white sugar in strong whiskey. You will not be surprised to learn, that certain parties here, are trying to make out something like a claim in favor of the "Grande nation," as they did also last winter, when Jackson's discovery was first known in Europe. They publish in all the Journals—that France and a French Doctor have the honor of priority of discovery. It may be as well, to state fully this illusive pretension, that people may be in a condition to judge—exactly what it is worth, "and no more." After the great American discovery was made known, various individuals in different countries began to experiment on the effects of the ether, as also on analogous substances, and among others M. Florens, who gave the results of his researches to the Academy, 8th March, 1847. In speaking of the effects of the inhalation of the chloroform in a rabbit, he says, at the end of some minutes it "was entirely etherized." "The spinal marrow was exposed, the posterior cords were insensible; on 5 anterior cords tried successively, 2 alone preserved their motricité—the three others had lost it." To do the French justice, however, they are free to confess that Dr. Simpson was the first to use the chloroform in man. It appears that Simpson had never been satisfied with ether in his obstetric practice, particularly in protracted parturition, from its disagreeable odor, bronchial irritation, &c., and that he was desirous, if possible, to find out some volatile liquid that offered the same advantages as ether without its inconvenience. He tried, therefore, various substances which he selected chiefly in consequence of their agreeable odor. At last Mr. Waldie advised him to use the chloroform, which finally rewarded him richly for all his previous disappointments. Before, however, making his discovery public, Dr. Simpson prudently observed with attention, the anaesthetic effects of this new agent in a great variety of cases, such as—extraction of teeth, opening of abscesses, the treatment of ovarian dropsies by galvano-puncture, also, in patients with neuralgia and in painful dysmenorrhoea, and ultimately during difficult parturition. A dentist in Edinburgh extracted two teeth—one under the influence of ether—the other after the inhalation of chloroform. In the first case, the inhalation was required to be kept up during several minutes, and although the patient did not experience pain during the act of extraction, he had the consciousness
of all that passed. In the second, a handkerchief on which about 2 grammes of the chloroform was poured, having been applied to the nose and mouth, he became completely insensible in some seconds. Besides the stupifying effects of the chloroform always disappear much more quickly than those from ether. Dr. Simpson, who for the last six months, in the majority of labors to which he has been called, had been in the habit of using ether inhalations, did not fail to have recourse to his new anaesthetic agent. The first case in which he applied it, was a patient who in a previous accouchement, and after three days of suffering, was at last delivered by sacrificing the fetus. On her second labor, three hours and a half after the commencement of the pains, and before the first stage was complete, Dr. Simpson placed her under the chloroform. He rolled a handkerchief in the form of a funnel and poured into it a half teaspoonful of the liquid, and then applied it to the nose and mouth of the woman. In consequence of the evaporation he re-moïned the handkerchief in about ten minutes afterwards. The infant was expelled twenty-six minutes from the commencement of the inhalation. The mother remained insensible longer than she would have done under the action of ether; the cries of the infant did not awaken her, as almost always occurs, when ether is used. She did not recover from the stupor until some minutes after the expulsion of the placenta, and when the infant had been removed into another apartment. Shortly after this, she looked around her and remarked, that she had enjoyed a good sleep, for which she had great need, as she would have more strength to support her delivery. Then, soon after, feeling no return of the pains, she expressed her fears that the sleep had suspended the labor. Dr. S. had much difficulty to satisfy her she had been delivered and that the infant that was presented to her was really her own. To complete Dr. Simpson's observations, I avail myself of a few additional statements which he has made public through the medium of an Edinburgh newspaper, to prove that he has left little or nothing to be gleaned in this new field he has the merit of having added to the domain of medicine. In fact, without going so far as to assert that he has exhausted the subject of enquiry, I will contend that at least, he has "viewed the whole ground" with an eye of superior intelligence and accuracy. It possesses over ether the following advantages: 1st, a much smaller quantity is required to produce the same effect; 2d, a more rapid and generally a more persistent action, with less preliminary excitement and tendency to exhilaration; 3d, the inhalation is a great deal less irritating to the chest; 4th, its purgative is pleasant and more evanescent; 5th, as a smaller quantity is used, its application is less expensive—no particular inhaler is necessary—it is quite portable, and all that is required is to diffuse a little of the liquid upon a hollow-shaped sponge, or a pocket handkerchief, and apply the same over the mouth and nostrils, so as to be fully inhaled.

About three weeks ago, Mr. J. Miller, Prof. of Surgery, and Dr. J. Duncan, one of the Surgeons to the Royal Infirmary, employed the chloroform, for the first time publicly, in the presence of Prof. Dumas of this Capital, and of a number of medical gentlemen. I subjoin a brief notice of these cases:—

Case I. A boy about 5 years of age, with necrosis of the radius. Dr. Simpson administered the chloroform. After a few inspirations the patient fell into a profound sleep. By a deep incision and the use of forceps, nearly the whole of the radius in a state of sequestrum was removed. He was carried to bed in a state of complete insensibility, and a long time afterwards awakened as if from a refreshing sleep. He stated that he felt no pain during the operation.

Case II. A soldier, who had salivary fistula consequent on exfoliation of the jaw. An incision was made across the lower jaw—the dense adhering integuments were freely dissected—the edges of the fistula were revivified and brought together by several sutures. On the return of consciousness, the patient said that he had felt nothing.

Case III. Amputation of the great toe. The inhalations produced insensibility in exactly half a minute.

Another case the following day occurred to Mr. Miller, in private practice. Removal of an incysted tumor, below the angle of the jaw. The chloroform was sprinkled upon a common sponge. In less than a minute the patient was sound asleep.

No sickness, vomiting, headache or salivation was produced in any of the
above four cases, nor any uneasiness in the chest. The quantity of chloroform employed in the three cases operated on in the Infirmary did not exceed 15 grammes. To have produced the same effects with ether, several ounces would have been required. From 100 to 120 drops of the chloroform, poured on a sponge or piece of paper, or handkerchief, held close to the nose and mouth, for a minute or so, is all that is necessary to produce its anaesthetic effects. There is one precaution which it is proper to observe, not to apply the inhaling medicine too near to the patient, for M. Gerdy, of La Charité, scalded the face of the first patient on whom he had occasion to employ the chloroform. M. Gerdy, who has written a very able treatise on the physiological action of ether, next used the inhalations of chloroform on himself, at two different times, and again committed the same mistake as in the patient above mentioned and with the same results, having also slightly scalded his lip and nose. He says that he has not yet fully satisfied himself whether ether or chloroform is the better agent of the two. In this respect, however, he is a little singular, as I know no one else that does not prefer the chloroform. There is another point not unworthy of mention, in which I suspect you will not coincide with me, which is, that an ether apparatus is better and more economical than a sponge.* In Paris, chloroform can be got for 18 francs an ounce. In London, the same quantity may be had for 4 shillings. It will soon be much cheaper, now that the demand has become so great. The English journals will inform you, that the chloroform has been successfully employed in the London Hospitals. The 24th of Nov. was the first day on which the chloroform was applied in Paris. At the Hôtel-Dieu, both Roux and Blandin, and also at La Charité, Velpeau, commenced their operations by the use of the chloroform. In the preliminary attempt made by Blandin, the chloroform was not placed near enough to the nose and mouth, consequently a couple of minutes elapsed before the mistake was observed,—when after about a minute, full insensibility was produced. The patient, a woman, had a long and deep incision made in the upper and back part of the thigh, to evacuate the contents of an abscess. She was so unconscious, that it was no easy matter to convince her that the operation had been performed. Blandin's second patient was one of lithotomy in a female. Insensibility was effected in about 50 seconds. The manipulations for the fragmentation of the stone, lasted between 3 and 4 minutes—the insensibility continuing the whole of this period. Roux's case was one of castration for sarcocoele. The patient was put under the full influence of the chloroform in a minute, and the operation was finished without any symptoms of pain. In short, it appears quite unnecessary to multiply examples of the admirable effects of this new agent, and it may be sufficient to state, Amassat, Vidal, Ricord, &c., have all last week repeatedly established its efficacy, and that on all hands with perhaps the exception of M. Gerdy it is considered preferable to ether, as being more rapid, less irritating and exhilarating, and not tending to excite the same amount of talking and—excuse the word—"bavardage." Some friends who have inhaled the chloroform, and who had formerly inhaled the ether, assure me, that the sensations left, after sensibility returns, are infinitely more agreeable than those produced by the action of ether, and that the return to the normal state is also quicker and more free, without leaving any feeling of nausea or confusion of thought. Ricord's first patient vomited after the operation of hydrocele by injection. But this is far from being uncommon in this particular operation, with the other and without it. All the inference we can legitimately deduce from the fact is, that in certain cases the inhalation of chloroform does not prevent the action of vomiting. Velpeau tried the effects of chloroform in man laboring under traumatic tetanus, on the 26th Nov. Its action was kept up for four hours, with marked relaxation of the rigidity and great diminution of the trismus. Latterly it failed to produce any manifest amelioration, and its use was therefore discontinued. The case terminated fatally.

Wednesday, 1st Dec.—I suspect that I have been rather lengthy on the chloroform, especially as the intelligence relative to it must have reached the States by the last French Steamer. I had intended to have sent you something else.

*We agree it is more economical to employ an inhaler or bladder—also more certain to obtain the effects. We are using one.—[Edt.]
However, the feeling of novelty has prevailed. A friend is going out by the Washington, and in all probability I will write you by that opportunity. This omission is of the less consequence, as really nothing out of the usual routine has occurred since I wrote you by Dr. F., of Charleston. To be sure, there has been no diminution of the average amount of ordinary disease—"common doings"—measles, chicken-pox and small-pox, in a mild form, are prevalent. Trouseau inoculated the patients in his ward, to prevent them catching the disease in the natural way. And it is surprising how very slightly they have been effected, some having not over 15 pustules. Trouseau declares that the vaccine matter in Paris, is not worth one cent.

What interest would it be to give you the run of surgical cases:—Perhaps one operation is worthy of being reported, as "a caution." Roux, 10 days ago, exirpated for goitre the whole of the thyroid body, in a strong, healthy, middle aged woman. It formed an elastic, nodulated tumor of the volume of two fists. The operation lasted an hour and ten minutes, and over 30 vessels were ligatured. The superior thyroid veins were quite as large as your fore-finger. She survived this vivisection longer than I had contemplated, having lived 36 hours. In England or in the States, such a fatality would have been noted and publicly reprobated. Here such little matters pass sub silentio, or are regarded as items to swell the abstract scientific results. No doubt Roux meant well.

The Gripe is raging in the South of France, also in some parts of Spain, &c. Of course, as usual, it will run all over the globe. A few cases have occurred in Paris, but of no great severity. The Cholera is expected in the spring to be in our midst.

Before concluding, I desire to inform you of the latest news regarding the Chloroform. Yesterday, (Tuesday) Jobert, at St. Louis, used it in an operation for strangulated femoral hernia, with a sponge simply. It acted in about a minute. Also with the same happy success in the amputation of 3 fingers, in the ease of a boy. He expressed his opinion that it was a better agent than Ether. This morning, Velpeau employed it in the reduction of a dislocated shoulder and in some minor operations. Velpeau has been unwell for a few days, and is still in feeble health. I have not time to read over what I have written. With kind regards,

O. P. G.

Gallantry of the Medical Staff of the United States Army.—Surgeon Hitchcock acted as aide-de-camp during the battle of Buena Vista, although Medical Director to General Taylor's division at the time. His bridle rein was cut in two and his horse wounded under him.

Surgeon Roberts, in the dreadful charge upon Molino del Rey, meeting a company whose officers had all been cut down, took command of it, and was killed whilst leading the men to victory. He was a Georgian, a native of Liberty county.

"In the action in which Walker was killed, Surgeons Reynolds and Laner have won great praise, charging as they did with the mounted force.

"Surgeon Reynolds, who, on this occasion, had volunteered to accompany the small band of cavalry, charged side by side with Capt. Walker, and continued fighting by his side in both parts of the engagement, until the latter fell mortally wounded, and after carrying back his body and receiving his dying breath, again returned to the front, and there remained until the arrival of the reinforcements. Surgeon Reynolds captured a Mexican Lieutenant of the Artillery, and taking from him his sword, delivered him over a prisoner to the American forces; and after the termination of the battle, he resumed the duties of his profession, and properly performed his amputations and other operations on the field of battle."—[Newspaper.

Laner is put for Lamar, Dr. John T., one of our own pupils and a native of this city—he is the Surgeon of the 13th Regiment.
The Protective Influence of Vaccination.—Dr. T. Y. Simmons, Port Physician and Chairman of the Board of Health of Charleston, So. Ca., relates in the January No. of the Charleston Medical Journal and Review, the following remarkable facts on the subject of vaccination:—A ship arrived in distress at quarantine on November 3d, having sailed from Havre the 9th September. She brought over ten cabin passengers and upwards of two hundred steerage passengers of all ages. Six cases, two of small-pox and four of varioloid, had occurred on the passage across the Atlantic. Upon examination, the crew and passengers were all found to have been vaccinated, except the two who had variolae, and three children born on the voyage. Here, then, as the Doctor remarks, under the most favorable circumstances for the spread of the contagion of small-pox, vaccination exerted its wonderful protective influence.

A State Medical Association in Alabama.—We learn that at a Convention of the Physicians of Alabama, held on the 1st of December in Mobile, a State Medical Association was organized. The meeting was numerously attended. Dr. Wooten, who has so ably contributed to our pages, was appointed to address the first assembling of this Association in March next.

Decoction of the Cotton Plant to promote Uterine Contraction.—Dr. Blackburn, of Barnesville, writes us that he has used a strong decoction of the roots of the Cotton plant, in two cases, with successful issue where ergot had failed.

Extensive Sloughing of the Gums.—Dr. Calvin J. Fall, of Henry county, mentions in a letter the case of a negress with a morbid growth of the gums attended with profuse hemorrhage; to such an extent was the tumefaction in both the upper and lower jaws that it completely concealed the teeth. This diseased structure sloughed off, and the patient recovered.

Human Bones.—To what vile purposes are we put?—An English Journal (says the Gazette Médicale de Paris of the 11th Dec.) announces the arrival at Hull of an immense quantity of human bones, collected from the battle fields of Leipsic, Austerlitz and Waterloo, and mixed with those of horses, which are to be ground up and used for agricultural purposes.

Death of the great Prussian Surgeon Dieffenbach.—We learn, with much regret, the sudden death of this celebrated Surgeon, which occurred in Berlin on the 11th of November last. He entered the Charité hospital of that city at 2 o’clock, P. M., in his usual good health, and having been introduced to two French medical gentlemen, was seated between them on a sofa and engaged in describing an operation, when his head fell backwards and inclined to one side as if he intended to whisper in the ear of one of them—ceasing to speak, his true condition was at once detected, and remedies employed to revive him, but without avail. Up to the 15th, four days afterwards, no decomposition or alteration of features having occurred, two medical men were still watching the corpse.

Dieffenbach was only 52 years old. He was born at Königsberg, and first studied Theology. It was only after the wars of 1814 and 15, in which he served as a volunteer, that he studied Médecine. In 1822 he visited Paris and became a pupil of the illustrious Dupuytren. He filled the post at Berlin of the late
Surgeon-General of the Prussian army, Dr. Graefe, the associate of Baron Larrey. He was at his death the first Surgeon of all Germany. He left a work on Etherization, and a history of Surgery nearly completed.

Death of the celebrated English Surgeon, Liston.—The commercial papers by the last steamer from Liverpool announced the death of Mr. Liston, probably by a return of his throat affection alluded to by our European correspondent, in his second letter from Paris. He too has died young, at 52 years.

Donation to a Medical College.—A Mr. Lyne Starling, has left by his will the sum of thirty thousand dollars, to aid in founding and sustaining a Medical College in the city of Columbus, Ohio. Who will imitate this example and remember Augusta, Ga.?

### METEOROLOGICAL OBSERVATIONS


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</table>

16 Fair days. Quantity of Rain 1 inch 35-100. Wind East of N. and S. 8 days. West of do. do. 19 days.

Erratum.—In Dr. Greene’s letter published in the last No., page 62, for 3 read 5 in the doses of the two prescriptions.