SOUTHERN

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EDITED BY

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Medical College of Georgia.

"Je prends le bien où je le trouve."

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1848.
The use of Iodine at this late day is extensively known, and its respectability as a remedial agent is, now, duly acknowledged by every intelligent physician.

Unlike many articles of the Materia Medica, which enjoyed for a while the meed of unexampled praise and confidence, which time and experience failed to substantiate, leaving them to fall into a disrepute more ignominious by their former elevation—Iodine has attained to the highest rank in the pharmacopoeia, bidding defiance to the tests which would detract from the glories it has won. It is true of this, as of all other medicines, that its reputation may suffer in the hands of ignorance; but our no inconsiderable experience, together with that of many others, has convinced us of its extreme value in the treatment of all diseases in which there is indicated a tonic, a deobstruent or an alternative; and that marked benefit always results from its proper administration, even though a complete cure be not effected.

The existence of this substance was unknown until 1812, when it was discovered by M. Courtois, a Soda manufacturer of Paris. Although its discovery is dated from that period, it was not known to possess any therapeutical property till eight years after, when Dr. Coindet, of Geneva, employed it as a medicine, in the treatment of Goitre, a prevailing and obstinate disease in that district, often baffling the skill of the medical practitioner, and leaving the unfortunate subject at the mercy of the knife as the only alternative.
The success of Coindet was such as to induce him to publish his experience, which furnished data for farther experiment, and placed in the hands of Science a subject for investigation, replete with interest to the world.

Later, the researches of M. Lugol, (whose name must ever be associated with Iodine,) as published in his 1st, 2nd, and 3rd "Memoirs" on the subject, have fully established its value as a remedy in the whole family of scrofulous diseases. In corroboration of his views, we have ample testimony in the report of many others who have written after him. Iodine, from its affinity for many of the salifiable bases, and also from its miscibility with almost any vehicle, forms an element in the constitution of very many pharmaceutical preparations; all which have their individual and peculiar applications to disease; but none so extensively or diversely used as the one under consideration, which alone it is our purpose, here, to notice.

The Iodide of Potassium is an anhydrous neutral salt, resulting from the chemical union of 1 eq. of each of its elements—Iodine and Potassium.

"Hydriodate of Potassa" is in frequent use as a synonyme, but as this salt contains neither hydrogen nor oxygen until a particle of water is added for its solution, the term embodies an erroneous signification in its construction.

This preparation has entirely supplanted the simple substance as an internal remedy, being pre-eminently applicable to all cases in which the Iodine is admissible, for reasons which must upon slight reflection be apparent. In those cases where an Iodine course is indicated, although previous to its administration there exists a tendency to local irritation in the gastro-intestinal surface, the ingestion of simple Iodine, will not fail to determine its development.

Or in like manner—if there is a general irritability pervading the system, the application of this irritant only enhances the disposition, inducing, if persisted in, nervous derangements of well-marked characters.

Here, the Iodide of Potassium exhibits its chief excellency, combining all the virtues with which its mother substance is endowed; yet so changed in its constitution by the regenerating influence of its chemical conjunction, that where we had an
irritant, a substance, mild and sedative in its effect, is presented to us, which manifests its sanitive powers indiscriminately in all cases.

We are aware that there are many who, from an indiscriminating prejudice, or from unadvisedly deriving a rash conclusion from their deficient experience with the remedy, may oppose the views herein adduced; but we will only cite them, in support of our premises, to the many authentic cases on record, of the ingestion of immense quantities of this salt, without producing any irritant or other prejudicial effect: and also to the numerous pathological conditions, characterized by irritability and excitement, in which this remedy has proved remarkably successful.

The extensive and peculiar dominion which this agent exercises over both the absorbent and secretory apparatuses, elicits, at once, our admiration and wonder. And this effect is particularly obvious in a default on the part of these organs, to perform their functions—complying with what we believe to be an established axiom, that disease heightens susceptibility to the action of medicines.

These properties of Iodine were among the first noticed; and forsooth to this day, the only ones alleged to it, by some respectable authority. Coindet first used it to reduce a hypertrophied gland; and since, it has been employed in every variety of hypertrophy, whether the particles deposited in the tissues were normal or abnormal in their character.

To these qualities too, are we indebted for the removal from the system, of any taints or impurities which it may have contracted by infection. Each system of organs constituting the depurative apparatus is incited to redoubled energy, disposing of impurities in a natural manner, without the remedy having any specific antidotal effect upon the vitiation; to which, some have attributed its beneficial influence.

We rely so much upon the powers of this agent, that we are induced to venture the expression of this novel opinion—that under its long continued use, if a supply of food commensurate with the demands of the increased appetite (which is an invariable concomitant upon its use) be indulged in, that the body may undergo its renewal or regeneration in half the time it does, un-
der ordinary circumstances. We have observed that when the appetite was indulged, the subject soon increased in flesh—and a sallow complexion brightened into that of high health. And on the contrary, if the demands of nature were not responded to, and the supply of food withheld, a progressive emaciation would soon be established through the action of the absorbents, and the body, like the blade of Hudibras—

*Would "eat itself away, for lack
Of something else to hue and hack!"

There is an objection preferred against the use of the Iodide of Potassium, which is carried by some even to the entire exclusion of the remedy. The power which it exercises over glandular enlargements has led many to the conclusion, that its influence would be pernicious over the glandular structure in a state of health. This bugbear notion prevails extensively in the country, where retirement and prejudice conspire to exclude the light of truth.

We are acquainted with physicians who, not daring to use this preparation, nor even countenancing it so far as to keep it about their shops, would send off to a neighboring grocery, where medicines, together with every thing else were sold, to get a few grains of the simple Iodine. And when it was obtained they would go through a tedious exposition of *pros* and *cons* to the scrofulous patient in respect to the remedy, to justify, if possible, the use of so hazardous means.

Now, with regard to such an objection we have only to say, that we cannot conceive how the Iodide of Potassium could cause serious wasting of the glands, testicles, mammae, &c., without the co-operation of an absolute dietetic course, which must be detrimental to the patient in every respect.

We would invite especial notice to one singular and most valuable property evinced by this medicine. It is, its almost magical influence over that condition which determines certain organs to, and insures their continuance in, a state of engorgement or congestion. Whether the rationale of this action is to be sought for in its tonic, deobstruent or alterative virtues; or in its depletion of those organs by an inordinate flow of secretion, allowing them to regain their contractility—we will not pretend to decide. The latter explanation is invalidated in the fact, that
the spleen, an organ wanting an excretory duct, is equally subject to its influence, with the liver, kidneys, lungs, &c. Without dealing farther in hypothesis, we merely offer these opinions which we hope to have substantiated in the following cases:

Case I. Mr. G., aged 25 years, lymphatic temperament, had laboured for about eighteen months under general debility, result of repeated attacks of intermittent fever. The ordinary routine of alteratives and tonics had been put in requisition without the least permanent benefit. On examination, find him in the following condition:—Countenance much bloated; respiration short and hurried; pulse weak, irregular and very easily excited—least exercise causing great fatigue; complains of watchfulness and restlessness at night; tongue foul and tremulous; conjunctivae icterode; appetite wanting; liver inactive, with enlargement and tenderness in both hypochondria, particularly the spleen, being immense; abdomen tumid; micturition scanty and sedimentous; œdema of lower extremities and weakness of knees.

Viewing the above case as essentially the result of hepatic and splenic engorgement, upon which all the other symptoms depended, we considered ourselves justifiable in prescribing the Iodide of Potassium, of which the patient took grs. 5 three times a day in a little sweetened water. In less than ten days there was remarkable improvement, and before he had taken two ounces of the salt his health was completely restored and his condition and appearance so altered that one could scarcely recognize him as the cachectic, dropsical, wornout individual of a date but a month previous.

Case II. J. McC. was treated for acute gastro-enteritis by the ordinary means—viz., blisters, alteratives, &c., &c., and was relieved of the more urgent symptoms by these remedies, though at the end of two or three weeks, continued still the subject of a chronic diarrhœa. At this time he was extremely emaciated; skin hard and dry; countenance icterode; pulse feeble and rapid; tongue slightly furred in middle, with reddened edges; appetite absent; liver somewhat enlarged and tender; inferior extremities œdematous, with superficial veins varicosed—left leg much more tumefied than right, and its subcutaneous cellular tissue thickened and indurated from ankle to knee; also indolent ulcer size of twenty-five cent piece on inner side.
Prescribed, Iodide of Potassium, grs. 5, *ter in die*, with cinchon. tinct. comp., 5 ij. On this treatment his amendment was rapid, diarrhoea was relieved in about fourteen days; appetite returned; hepatic engorgement was removed, and with it the varicose condition of veins and ulcer on leg; induration in cellular tissue of leg somewhat lessened, though not entirely removed. The remedy was continued about two weeks longer, when patient appearing entirely cured medication was considered no longer necessary.

**Case III.** W. H., of S. Carolina, aged 35—lymphatic temperament; had been for several years the subject of Dyspepsia, evinced by indigestion, burning in epigastrium after meals, constipation, &c., &c.—had submitted to approved plans of treatment for his disease without relief. On examination, amount of general plethora ordinary; liver and spleen slightly enlarged.

Prescribed, lod. Pot., grs. 5, *ter in die*, with cinchon. tinct. Gomp., 5 ss. Without other treatment he experienced marked relief in ten days, and shortly after considered himself well; though having occasional returns of his symptoms, he had to resume the treatment, interruptedly, for several months longer.

**Case IV.** P. S., aged 40—had been the subject of hepatic and splenic engorgement for several months, for which he had been mercurialized repeatedly, without other than temporary benefit. On examination, he is found with pulse of ordinary frequency, though somewhat feeble; jaundiced; bowels irregular; appetite wanting; had been subject to frequent nausea for a month previous.

Prescribed, after relieving the bowels by a cathartic, the treatment pursued in the foregoing cases—viz., lod. Pot., in combination with the bitter tonics. At the end of six weeks he was well, and able to resume his duty as night guard at the R. R. Dep. without any return of disease.

**Case V.** J. R., aged 28, of bilious temperament—is affected with enlarged liver; skin and conjunctiva jaundiced to very high degree; appetite deficient; vomiting daily.

**Treatment.**—As a cathartic, prescribed grs. 20 of Calomel, followed by Salts and Senna, afterwards Hyd. Pots., grs. 5, *ter in die*, in 5 ij. comp. tinct. of Camomile and Gentian. He was entirely relieved in a short time and able to attend to business.
Case VI. J. M., aged 10, from Harrisburgh—having enlarged liver and spleen from repeated relapses of intermittent fever; complexion anaemic; tongue whitish; abdomen tumid; evacuations colorless and without odour; lower extremities much swollen, and puffy.

Prescribed, grs. 3 of Iod. Pot., *ter in die*, for about three weeks, when, being so much improved, it was thought safe to substitute this expensive article by *murr. tinct. Ferri*.

Case VII. J. D., aged 40—spleen and liver enlarged after remittent fever; dyspepsia, loss of appetite, &c., &c.

Prescription as in the above cases: in about twelve days appetite returned, digestion became regular, and shortly after recovery was complete.

Case VIII. D. C., aged 35—a contractor for canal work, subject to great exposure; during last summer was suddenly attacked with violent congestion of the lungs, imminently threatening immediate dissolution. This was relieved by a prompt and very copious bleeding, followed by active purgation, &c.; but on recovery from these symptoms, there remained much tenderness in the abdomen with enlargement in both hypochondriac regions. Various alteratives were applied with little or no benefit: he was finally treated with grs. 5 of Iod. Pot., *ter in die*—in about two weeks he was able to resume his laborious avocation without return of symptoms.

From an attentive consideration of the above eight cases, it will appear, that the analogy between them all obtains most strictly, and though there is some degree of variation in their individual characters, their differences are plainly to be found in the degree of intensity, rather than in any important pathological characteristic: for instance, in cases first, second and sixth, the hepatic engorgement was sufficient to cause obstruction in the large abdominal venous trunks—hence, the dropsical effusion in the peritoneal cavity and lower extremities. In case second, engorgement being chronic, and the venous obstruction having existed for some time, the watery effusion in the legs had been replaced by indurated coagulable lymph. In the other five cases, the engorgement was found to be only sufficient to deprage the digestive functions, though not adequate to the production of venous obstruction.
In the foregoing treatise it has been our object not to prove that Iodide of Potassium will relieve chronic glandular enlargement, or remove abnormal depositions from the tissues of the body—these are propositions long established beyond mooting; but in the report of the above cases we have endeavored to illustrate its applicability in sanguine engorgement of the liver, spleen, and other viscera, of recent origin, affections ordinarily treated unsatisfactorily by the means usually resorted to—viz., venesection, blisters, mercurialization, &c., &c. What has been said with regard to its faculty of increasing the activity of the absorbent system, we think is fully corroborated in the above cases, and we feel justified in the opinion that it is by this influence that we derived the favorable results which have accrued from its application to the same.

There is one more case, which though unusual, we could not bring in the above catalogue, but which may be worthy of note.

Case IX. T. J. C., aged 25, of nervous temperament and of the scrofulous diathesis, many of his family having died of phthisis—he is very delicate and of unhealthy appearance, complains of restlessness, indigestion, dull pain in chest, has some cough and expectoration. On application for treatment, he was directed to take grs. 5 Iod. Pot., ter in die. Rapid improvement was the result.

This patient, while taking the remedy, continues apparently in perfect health, but on discontinuing its use the symptoms invariably return in a short time: he has been taking it nearly a year, and has attempted several times to omit its use, but finds its continuance actually necessary for his well being, his symptoms always returning upon the omission of the remedy.

Upon this case we will not comment, further than to express the opinion that the medicine most probably is necessary to keep up the equilibrium between the absorbent and secretory functions of the system.

Of the application of the remedy to syphilitic diseases and otherwise, we have had ample opportunity of observing cases during the last year in the practice of Drs. Campbell, my preceptors, from whose notes we have been kindly permitted to appropriate some of the above cases, but this particular use of
the remedy it is not the object of this Thesis to elucidate, and I therefore forbear further remark upon a subject already extended beyond the requirement of the Medical College of Georgia.

ARTICLE XVI.

Some account of an Eruptive Rheumatic Fever, as it prevailed in Sparta and its vicinity, in December and January last.

By E. M. Pendleton, of Sparta, Georgia.

The first case I saw of this disease, (Dec. 19th,) I took for a simple case of Urticaria Febris, as the eruption was very similar, and always attended by considerable itching. In this, however, there is much more floridity of the skin, spreading in large blotches, simulating Scarlatina; but always on a close examination you will find a rash present exactly like Urticaria, which no doubt produces the itching. I therefore regard the eruption as a combination of Scarlatina and Urticaria. In all cases this was not present, but in most; and it appeared at such irregular intervals as to prevent any calculation as to the time it might probably present itself. That it was essentially and mainly a rash I have no doubt, both from the itching and general mildness of the disease when it was well marked and kept out, as well as its danger when repelled, always involving some of the more vital organs.

Another pathognomonic symptom of this disease was the extreme pain and swelling produced throughout the muscular system. This was present in all cases, I believe, and was familiarly denominated muscular rheumatism by physicians and nurses. That this was the consequence of considerable inflammation in the tissues is clear, from the fact that it frequently resulted in effusion into the cellular texture, as well as the pain and swelling above noticed. Whether this inflammation was produced by cold, as in cases of epidemic influenza, or by a translation of the peculiar morbific agent of the eruption, is a question for the curious etiologist to investigate. In some instances the muscles of the face were so swollen as to disfigure the countenance completely, quite as bad as if inflamed by the poison of a bee, and so of other parts of the muscular system; and the pain
and soreness were frequently so intense as to make the patient cry out on the slightest touch.

The different stages of the disease were irregular and variant as to time. What might be called the forming stage lasted in some instances ten or twelve days, during which time the patient complained of soreness in the muscles and great weakness, inertness, and depression of spirits; but still not compelled to go to bed. The next stage was more febrile, which would last but a few days, where the case resulted favorably. During this, the rash would make its appearance. The fever was generally of a low form, the pulse not remarkably quick, nor full, but weak and labored, as if the blood had to struggle with some effort through the arteries which were doubtless compressed by the swollen muscles. When, however, as was the case in several instances in my practice, the disease was not so promptly subdued, the rash being repelled upon the lungs or stomach and bowels, the pulse would become quick and sharp, presenting all the characteristics of a pneumonia or gastro-enterite: then, and only then, did there ever appear to be any thing dangerous about the disease. The two cases which perplexed me most, was one which resulted in a troublesome bronchitis, and another in anasarca. Both of these were confined to bed some five or six weeks, and up to this time (about two months from the advent of the disease) are able to stir but little, the muscular system seeming to have lost its tone from the force and long continuance of the disease.

Conjoined with the above symptoms, generally, of the disease, was a complete prostration of the muscular powers—inability to turn over in bed, or to move the lower extremities, more particularly. In two instances, which I treated, this was complete. The upper extremities, however, were not so much involved—only in one case the extensors were contracted so as to draw the forearm into a right angle with the arm, and this remained throughout the whole course of the disease, gradually yielding as it subsided. In every case which I saw, the rheumatism (so called) was confined to the muscles: it is true, in one or two, it seemed to be anthritic when the swelling and pain was extensive about the ankle-joint; but upon a close examination it was evidently muscular, and the swelling was more from an accumula-
tion of water than any thing else. In this it differs essentially from Dengue.

There were generally two exacerbations of fever within the twenty-four hours, succeeded by remissions—one during the day, at its highest about 2 P. M., and the other about midnight. The tongue, during the first stage, had a slight yellowish fur upon it: when, however, the disease became complicated with visceral inflammation, it would change to a whitish fur in the centre and bright red round the edges, or brownish, with varied size papillae over its whole surface, according to the seat and extent of the inflammation.

This disease has been variously denominated by the few physicians who have seen it, Muscular Rheumatism, Epidemic Influenza, Rheumatic Nettle-rash, Dengue, Breakbone Fever, &c.; but my own impression is, that neither of these names will properly answer for it, or define its multiform and complicated symptoms. I believe its true pathology is simply an inflammation of the muscular tissues of the system, dependent upon and originating in a low humid atmosphere, impregnated with effluvia from decaying vegetable matter. (The two families which suffered most severely lived in situations favorable for such an atmosphere.) And that when this inflammation was thrown out upon the surface, it produced large circumscribed florid blotches and a prurient rash, simulating Scarlatina and Urticaria, (an accidental and not a necessary concomitant of the disease,) or when it fell upon some of the more vital organs, an inflammation of that organ was the consequence.

In the treatment, I regarded it important to keep a determina-
tion to the surface; hence, conjoined with gentle cathartics, I gave stimulating diaphoretics, warm pttisan, pediluvia, hot poultices to the abdomen, equable temperature of the room, &c. In no instance did I think it prudent to bleed, but counter-irritation, by sinapisms, blisters, &c., I considered to be of the first importance, where the bronchia, lungs, or primea viae suffered to any extent.

I saw but eight well marked cases, one of which died after a protracted illness of some five weeks. I was accidentally called to this case once, in the absence of the family physician, and have not learned the history of the case. While I regard the
disease as generally mild in its character, I am free to admit that it may assume a most fearful and dangerous type, baffling the skill of the most experienced. Differing essentially, as it does, from every other disease described in the books, and presenting so singular a combination of symptoms, I thought a brief survey of it for your Journal might be acceptable, and I would be gratified should it elicit from others a similar account of the same disease in other sections, if any other communities have suffered from it.

ARTICLE XVII.

An Essay on Gonorrhæa. By Wm. R. King, M. D., of Roswell, Cobb county, Georgia.

[We acknowledge the reception of the above-named Essay from Dr. King. We take the liberty of omitting the portion of it which relates to history, symptomatology and pathology, because, although drawn up with clearness and perspicuity, it presents no views that are not generally known to the profession. We however cheerfully lay before our readers the Doctor’s observations on the interesting subject of Treatment.]

The treatment may be divided into that required in the first stages of the disease, and that proper in the second or chronic form. There is a marked difference in the treatment of these two stages.

In the first stage, irritating injections should not be used until the inflammatory symptoms are subdued, by antiphlogistic treatment and emollient applications; nor should they be used when the inflammation has spread beyond the “specific distance”—nor when the testicles are tender or inflamed—nor when the discharge ceasing suddenly these parts, have become sore—nor when the perinaeum is very susceptible of inflammation, and especially if it formerly should have suppurated—nor when there is a tendency in the bladder to irritation known by the frequency of micturition. As soon as the inflammatory symptoms abate, an injection of a solution of Nit. Argent, in strength varying from grs. ii. to xxx. pr. ¾ i. once or twice per day, may be
used with much benefit: also, this mixture we have used with much success. Bals. Copaib.

- Spts. Nit. Dule., aa. 3 i.
- Liqr. Potass., . . 3 i.
- Spts. Lavend. comp., q. s.
- Mix. Acaciae, . . 3 vi.

Dose—table-spoonful three times per day. The bowels should be kept regular with saline aperients and mild laxatives.

The second or chronic form, is rather more difficult of the two to subdue. The treatment varies considerably among practitioners, some recommending one mode of treatment and some another. The treatment which we are about to recommend is one which we are authorized to do from observation and experience. Formerly we were in the habit of using a strong solution of Arg. Nitrat., and it will frequently succeed per se, but cases do occur in which we have seen it fail entirely. We generally use the Nitrate of Silver only to premise the treatment, and then follow it with the following injection.

- Ol. Lini., . . 3 i. M.

If the calomel and oil are well mixed, the same benefit is derived from this injection as from the introduction of a bougie smeared over with the Ung. Hydrg. We have succeeded with the injection alone, but as a general rule it is advantageous to begin the treatment with the Argt. Nitrate.

In a work by Andrew Duncan, M. D.,* we find a chapter "concerning the opinion, that mercury cures the Lues Venerea by the evacuation it produces." At the time Dr. Duncan wrote, all forms of venereal were considered under the head of Lues. John Bell soon after considered the question whether Gonorrhœa and Lues Venerea originate from the same contagion, and he was the first one who marked the difference between the two diseases.

Dr. Duncan, in the chapter above mentioned, argues that mercury does not cure lues, by its causing either frequent or copious evacuations; but that its effects upon the system aside from

* Observations on the operation and use of Mercury in the Venereal Disease, by Andrew Duncan, M. D., Fellow of the Royal College of Physicians, Edinburgh, 1772.
its action as a cathartic, are sufficiently obvious. Guaiac had for a time considerable renown as an anti-syphilitic, but as such it has now fallen into disuse. There were other and more active evacuants, which were known to have no such properties as fancy had attributed to it. It was alleged that mercury cured venereal by the evacuation it occasioned, because the good effects derived from its employment, were observed to be more in proportion to the stimulant powers of the preparations which was used, than to the quantity of mercury taken. The data, however, here assumed, by no means leads to the conclusions deduced from thence. The most stimulant preparations of mercury, by their action on the *prime vice*, are, in general, immediately expelled from the system. When this happens they have no influence in the cure of venereal: when they are not thus expelled their nature is such that they most readily enter the system.

Their superior action may be accounted for, then, without supposing that it depends on their producing the most considerable evacuation. Some time ago we met an article, in the New York Journal of Medicine, recommending very highly the use of Hyd. Sub. Mur., xx. to xxx. gr. doses. Till the time we read the article referred to, we had not been in the habit of using the remedy as directed by the writer, but in a trial made, we found his suggestions attended with greater success than had been anticipated by us. The calomel affected the system, but not deleteriously. In all cases active catharsis was produced by the Sulph. Mag. The Hydrg. Sub. Mur. was given at night, and followed in the morning by a dose of Sulph. Mag. To illustrate, we will quote one of many cases.

L——, ætat. 20, of good constitution, having had connection of a suspicious nature last April, on the third day felt the first symptoms of Gonorrhœa, and noticed his linen slightly colored by a discharge from the urethra, thin and almost colorless at first, but which increased in quantity and thickness very materially by the end of twenty-four hours. Suspecting something of the nature of his disease, he called upon Dr.—— for advice and medicine. The Dr. gave him some mixture of Bals. Copaiba, &c., the usual remedy, and advised him to use an injection of the sol. Argent. Nit., grs. iv. to the 3i.
The patient continued under his treatment from that time until he fell into our hands the following October, having labored under the disease something like six months without any beneficial effects from the treatment to which he subjected himself.

It is very important that the patient should observe a strictly abstemious diet and well regulated state of the bowels.


Oct. 24th. Medicine acted finely; the discharge some less—gave an injection.

Oct. 25th. The discharge much less, and changed in its nature.

Oct. 26th. Discharge almost entirely gone, and the parts feel more natural than they have for months: inject, and at night Hyd. Sub. Mur.; Salts in the morning.

Oct. 27th. Had a discharge so slight in the night as scarcely to stain his linen; feels in fine spirits at the prospect of his recovery. Inject.

Oct. 28th. Gave injection Argent. Nit. grs. x. to the 3 i. No discharge this morning.

Oct. 29th. Patient so well this morning no injection was given, but ordered him to use a gonorrhceal mixture.

Allow us to say, in conclusion, we are so much pleased with this mode of practice, that we trust some of our professional brethren will try it and give us the result of their labors.

ARTICLE XVIII.


We have received from our friend, Dr. H., a full and minute report of all the sick, wounded, deaths and discharges, occurring in our army at Tampico, for the months of October, No-
vember and December, 1847. The diseases are arranged in tabular form which presents only the results, without furnishing other particulars; and as our compositor has experienced some difficulty in setting up this report in full, we propose to give here only a synopsis of it.

The troops stationed at Tampico, are composed of Regulars and Volunteers from Illinois and Louisiana. The medical staff is composed of the Medical Director, Dr. Hitchcock, and Drs. Summers, Reemes, Hamill, Whiteside, Talbot, Dashiells and Gardner.

We notice the mortality for October, was 33 from yellow fever, of 69 deaths; for November, 15 from the same source, out of 33 deaths; and for December, the deaths were only 15, and none from this fever.

<table>
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<tr>
<th>Month</th>
<th>Sick and Convalescent</th>
<th>Yellow Fever</th>
<th>Intermittent Fever</th>
<th>Remittent Fever</th>
<th>Typhus Fever</th>
<th>Continued Fever</th>
<th>Diarrhea</th>
<th>Dysentery</th>
<th>Catarh</th>
<th>Wounded</th>
<th>Various other diseases making the amount</th>
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<td>October</td>
<td>300</td>
<td>75</td>
<td>450</td>
<td>56</td>
<td>21</td>
<td>38</td>
<td>115</td>
<td>9</td>
<td>38</td>
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<td>November</td>
<td>326</td>
<td>19</td>
<td>353</td>
<td>84</td>
<td>17</td>
<td>11</td>
<td>76</td>
<td>12</td>
<td>25</td>
<td>30</td>
<td>1053</td>
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<td>December</td>
<td>339</td>
<td></td>
<td>470</td>
<td>46</td>
<td>2</td>
<td>9</td>
<td>47</td>
<td>29</td>
<td>19</td>
<td>33</td>
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For the month of October, 69 died, 6 were discharged, and 827 returned to duty. The mean strength of the Army was 1363, officers and men.

For the month of November, 33 died and 633 returned to duty. Mean strength, 1468.

For December, 15 died, 2 were discharged, and 933 returned to duty. Mean strength, 1549.
ARTICLE XIX.

Lithotomy under the influence of Chloroform, by Professor Paul F. Eve. Reported by John D. Twiggs, M. D., of Augusta, Georgia.

With the cases already reported in the last number of this Journal, wherein the Chloroform has been successfully employed, the following one, which I have just witnessed, may be placed. It is probably the first case of Lithotomy performed in the United States, under the influence of the new anaesthetic agent.

My preceptor, Dr. Eve, was called on the 25th of February last to visit a surgical case in Edgefield District, So. Ca. During the visit, his attention was directed to a child five years old, laboring under symptoms of Stone; and so certain was he that one existed, (although the sound had not been used,) that he made an appointment on the 2nd of March for the operation. Every preparation being made upon our arrival, by the family physicians, Drs. Jennings and Tompkins, the patient was placed on the table. While struggling, the chloroform was held on a sponge to his mouth and nose, and in about a half minute he was in a state of insensibility. The Dr. then allowed him to recover, in order to relieve the anxiety of the family, who were very much alarmed at the death-like effects of this new preparation. He then applied it again, introduced the staff, and instantly detected the stone. The chloroform was then withdrawn, and the patient in a few minutes revived and commenced fretting; the agent being re-applied, the effect was almost instantaneous, and, perfectly unconscious, the operation was performed. With Dupuytren's double Lithotome Cachée the bladder was opened, and the stone felt; seizing it in its short diameter, quite a large calculus was removed for so young a child—the common dressing forceps of the French pocket-case were used for its extraction. During the whole of the operation, which lasted about four minutes, (the only delay being occasioned by the oblong shape of the stone,) no pain was evinced by the patient, who soon recovered consciousness when the chloroform was removed. He was now placed in bed, but vociferated loudly and insisted on getting up. He complained of no pain, but
experienced an itching at the nose and mouth, which was no doubt produced by the pungency of the chloroform.* We left the patient doing well under the charge of the family physicians.

Six days afterwards (8th March), Dr. Jennings writes as follows:—“Our little patient commenced urinating naturally last Saturday evening, (second day after the operation); the next day I applied adhesive strips, but he removed them; the wound, however, has a healthy appearance and is uniting as fast as one could expect. He urinates very freely, though not very often: his penis and scrotum are somewhat swollen, but this has diminished within the last twenty-four hours: he has slight fever during the day. His appetite is good; bowels in a fine condition; pulse but little accelerated; complains of some little pain over the region of the bladder upon pressure, although he is very playful, but as yet refuses to stand alone.”

The dimensions of the stone are as follows:—Length 1 1/4 inches, short diameter 1/8 of an inch, greatest circumference 3 7/8 inches, lesser 2 3/4 inches, weight 3 drachms. The calculus, it will be perceived from this description, was of an oblong shape, and is quite smooth on its surface except at a few points. It is supposed to have originated four years ago, and has not yet been analysed.

PART II.—REVIEWS AND EXTRACTS.

On the Effects of Bloodletting on the Young Subject. By John B. Beck, M. D., Prof. of Materia Medica and Medical Jurisprudence, in the College of Physicians and Surgeons in New-York.—(Annalist.)

There is no subject, perhaps, so deeply interesting to the practical Physician, as the Effects of Bloodletting on the human system, and the various uses to which it may be applied in the management of disease. In promptness and power, it exceeds all other agents, and its capacity for doing good or harm is proportionally great. It is resorted to, also, at every period of life, and by some it is even prescribed, with equal, if not more freedom in children than in adults. It becomes, then, a question of the greatest moment to determine, if possible, whether the age of the patient has any influence in modifying its effects. And this is the subject upon which I propose to make a few remarks.

* He had a small ulcer within the nose.
That the youngest child can sustain the loss of blood within certain limits, as well as the adult, is manifest from a variety of facts. Thus children are sometimes born in a state of asphyxia from apoplexy. On dividing the cord and letting a moderate quantity of blood flow, respiration is established, and every thing does well. Again, not unfrequently from not applying the ligature sufficiently tight around the cord, or from the cord contracting and thus loosening the ligature, hæmorrhage takes place, and yet no injurious consequences result. Besides this, we know that in cases of disease, the youngest children may be bled, not merely without injury, but with advantage. When, however, the loss of blood is carried beyond these limits, important peculiarities are observed, showing a difference in the effects produced in the young subject, from those in the adult.

The first peculiarity is, that the young subject does not bear the loss of considerable quantities of blood, so well as the adult. I am not aware that children fall into a state of syncope from the loss of blood more readily than adults; but when syncope does come on, it is very certain that they do not recover from it so readily, and they are always in more or less danger. In the adult, syncope from the loss of blood, unless the quantity be very large, is a state which, as a general rule, is attended with little or no danger, and from which the patient speedily recovers. Hence it is that physicians are continually in the habit of inducing it in the management of certain forms of disease, and not merely with impunity, but evident advantage. In the young subject it is not so, and it is a state always attended with hazard. If the child recover from it, it does so very slowly, and every now and then it sinks irretrievably under its influence. That this is a fact, is confirmed by abundant testimony, on the part of those who have taken the trouble to make the necessary observations. Dr. Marshall Hall, in speaking on this subject, says, "In infancy, the state of syncope (from the loss of blood) is a state of danger."* Evanson and Maunsell remark, "As a general rule, it is well to stop the flow of blood when decided pallor takes place, without waiting for actual fainting, from which children do not quickly recover."† Armstrong says, "Do not bleed to actual syncope in children, as they are apt to fall into convulsions, of which they may die. Children do not recruit from very large bleedings like adults."‡ Dr. Ryan observes, "The abstraction of blood in cases of infants and children until fainting occurs, is the worse practice

* Researches on the Morbid and Curative Effects of the Loss of Blood, by M Hall, M. D., p. 87.
‡ Lectures, &c., by John Armstrong, M. D., p. 387.
that can be imagined, as convulsions or death may be produced."

Indeed, the general facts admits of no question; and the reason is obvious enough, if we reflect for a moment upon the nature of the agent, and at the same time compare it with the susceptibility of the subject. Carried to the point of syncope, bloodletting is one of the most direct, speedy, and profound sedatives that we have in our possession. In a few moments, it reduces the subject from a state of perfect health or the high excitement of disease, to the state of temporary death. Now it is very evident that the capability of recovering from such a state, must be just in proportion to the powers of the constitution. From the very nature of its organization, therefore, it is obvious that the system of the child cannot sustain so well as the adult a shock so sudden and powerful as this.

The second peculiarity attending the loss of blood in the young subject, is, that the nervous system is more powerfully affected than in the adult. The evidence of this is, that convulsions and coma more frequently occur after the loss of blood in children, than in adults. In the adult, both these occurrences sometimes take place, more especially convulsions. Thus, for example, puerperal hæmorrhage is not unfrequently followed by them. I have witnessed the same thing in a gentleman of irritable habit, who had been bled too largely from the arm. He had lost about a quart of blood, when incipient syncope came on, followed immediately by a violent convulsion. In children, however, these occurrences are much more common; and the reason, no doubt, is the greater predominance, as well as impressibility of the nervous system. A great variety of causes, we know, will induce convulsions in a child, and among these exhaustion is a very common one. With regard to coma, too, this may be brought on in children by any debilitating cause. A striking illustration of this we see now and then in diarrhœa, which has been continued too long. In these cases, the brain becomes suddenly affected, and a state of stupor or coma is induced, which not unfrequently is mistaken for Hydrocephalus. The same thing occurs from the loss of too much blood.

The third peculiarity is, that the repetition of bloodletting is not so well borne by the child as the adult. A child of good constitution and ordinary strength, may bear a first bleeding, perhaps quite as well as an adult. Under particular circumstances, too, of disease, a second may be borne very well. Beyond this, as a general rule, it will be found, I think, that the child cannot well sustain the loss of blood. On this point, I believe, there is little or no difference of opinion among men.

of judgment and observation. Dr. John Clarke says, "Very young children bear very well the loss of blood even to fainting, once or twice, but they ill bear a more frequent repetition of bleeding. Their powers sink under it, and by no art can it be replaced."* Marshall Hall says, "In infancy, a second or a third bloodletting is borne with difficulty."† Evanson and Maunsell say, "Repetitions of bloodletting are not well borne by the child."‡

The fourth peculiarity is, that the effects of local bloodletting, especially leeching, are different upon the child, from what they are upon the adult.—In the adult, the effect of leeching is in a great measure local, and it is not usually resorted to until after general bloodletting is considered inadmissible. In a child, on the contrary, it produces very much the same effect as a general bleeding. From the greater vascularity of the skin, too, the amount of blood lost by a leech, applied to a young subject, is much greater than in the adult, and it is frequently much more difficult to arrest the hæmorrhage from it. The general effect, then, of leeching, on the young subject, is much greater than upon the adult. Hence it is that cases are so frequently occurring, in which children die from leeching. Of this we have numerous cases on record. Dr. Christison says, "I have twice known children bleed to death in Hospital practice, the nurse having laboured under a common prejudice among their craft, that leech-bites cannot bleed too much."§ Pereira states, that "in two cases of infants, I have seen exhaustion with insufficient reaction, consequent on hæmorrhage after a leech-bite, terminate fatally."|| Ryan says, "The loss of blood from a single leech-bite has caused the death of a child."¶

From the foregoing, then, it would seem, that although a child may bear the loss of certain quantities of blood, perhaps quite as well as the adult, when carried beyond this, they do not bear it so well, nor do they bear the repeated and continued loss of blood so well; and under these circumstances, dangerous and even fatal consequences are apt to ensue. In other words, bloodletting is an agent which operates with more power, and is attended with more danger in the child than in the adult.

If all this be so, then some conclusions may be drawn with regard to the practical application of this agent, which to the young practitioner at least, may be of some importance.

1. Great caution should be exercised in bleeding children to the point of syncope. If the state of syncope be attended

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* Commentaries on the Diseases of Children, p. 103.
† Researches on the Loss of Blood, p. 87.
‡ On the Diseases of Children, p. 108.
§ Dispensatory, p. 492.
|| Materia Medica, Vol. II., p. 769.
¶ Manual of Midwifery, p. 475.
with the danger already alluded to, it is very certain that nothing can justify us in producing it, unless it be determined that it is essential to the management and cure of the case. Now, that in most cases, even of decided inflammation, it is not necessary to carry bloodletting to this extent, is very certain. We know that it is not so in the adult, and it evidently cannot be so in the child. As a general rule, therefore, it cannot be required. By some high authorities, however, it is supposed that under certain conditions of diseased action, the safety of the patient depends upon the production of syncope. Thus, for example, in croup, bleeding ad deliquium has been insisted upon by the late Dr. Bayley of New-York,* Dr. Dick of Alexandria,† and Dr. Ferriar of Manchester. The latter especially speaks of it, as "the essential point of the cure, without which no relief can be effected."‡ If in any disease the practice be justifiable, it certainly is in this, and it cannot be denied, that in a great number of instances, it has been resorted to with safety. Notwithstanding this, general experience has abundantly established the fact, that even here it is not necessary, and that all the beneficially sedative effects of the remedy may be obtained, without going to this extent. On this point there appears to be, at the present time, a pretty general concurrence of opinion among enlightened practitioners, and the rule of practice ought to be, never in any case to bleed to syncope, but to stop as soon as paleness of the lips and cheeks comes on. In this way, all the good of bloodletting is secured, while the risks of syncope are avoided.

2. To determine the precise amount of blood proper to be drawn, is a matter of much greater nicety, and involves more serious consequences in the child, than in the adult. In the adult, the loss of a little more blood than is necessary, as a general rule, is a matter of no very great consequence. In the child, on the contrary, it may prove fatal. In the adult, too, we have means of judging how far it ought to be carried, which we have not in the child. Thus, for example, the pulse, which in the adult is so valuable a guide in these cases, cannot be depended upon at all in the child. It is always, therefore, a very nice and difficult problem in practical medicine, how to adjust properly in a child the amount of blood necessary to be drawn, to the exact wants of the case. Now there are only two ways in which this can be done. The first is, by fixing upon a certain amount as suitable to different ages. The second is, to judge by the actual effects produced at the time of taking the

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blood. With regard to the first of these modes, it is evident that it must be a very unsatisfactory guide, if we recollect that no two constitutions are precisely alike, and that there is every difference in the capacity of different systems, even in the same disease, to bear the loss of blood. Then, again, the same disease exists in different degrees of violence, and of course requires a modification in the amount of depletion. Besides all this, different diseases do not require and cannot tolerate the same loss of blood. A general standard, then, founded upon the age of the patient, is really good for nothing, except as a mere approximation. In individual cases, it must be inapplicable. Hence it is, that all those standards laid down by authors differ so much from one another, and must necessarily do so. If blood be taken by leeches, the difficulty is still further increased, from the circumstance that the desired quantity can hardly ever be obtained with any degree of precision: if it is so, it is purely by accident. That this must be so is evident, if we recollect the variable quantities of blood drawn by the leeches themselves, and more especially the greater differences in the after-bleedings. It is not yet settled, I believe, exactly how much blood a leech will draw. Christison says, "Twice as much blood may be usually drawn by fomentations, as by the suction of the leech. A single leech, when applied successfully, may thus be held to draw, from first to last, about half an ounce of blood on an average."* According to Evanson and Maunsell, "the quantity of blood obtained by a good leech, allowed to bleed for half an hour, may be estimated at one ounce."† Mr. Pereira says, "I believe four drachms to be the maximum. On an average, I do not think we ought to estimate it at more than a drachm and a half;"‡ i.e., the quantity taken by the leech itself, without reference to the after-bleeding. Now the fact is, it is impossible to specify the amount of blood drawn, either by the leech itself or in consequence of the subsequent bleedings. Leeches differ in their size very greatly, and there must, of course, be a great difference in the quantity of blood they are capable of taking. Then, again, there is every difference in the after-bleeding, depending on the vascularity of the skin, the part of the body to which they are applied, and various other circumstances. From all this, it is evident how unsafe it must be to draw blood from a child, according to any average standard.

With regard to the second mode, that of judging of the extent to which it should be carried by the effects produced at the time: in many cases this answers exceedingly well. In inflammatory

complaints, where the full effect of the loss of blood may be necessary, the rule can be satisfactorily applied, and the best plan is to bleed in the erect posture, until pallor of the face comes on, without producing actual syncope. In the adult, according to Marshall Hall, the production of actual syncope constitutes the criterion as to the exact amount which the case requires, as well as of the capacity of the system to bear the loss of blood, and therefore he recommends this as the rule for the due administration of the remedy. Now, that this will not answer, must be obvious to every one. Every practitioner knows that cases are continually occurring, in which actual syncope comes on after the loss of a few ounces of blood, when large quantities are afterwards required to be drawn. In children, of course, the rule cannot be applicable. In them, the loss of so much blood as to bring on only approaching syncope might not only be unnecessary, but be attended with danger. From all this, then, it would appear that we are not in possession of any precise mode of determining how much blood ought in all cases to be taken in children; and this shows the necessity of great caution and the exercise of sound judgment, in the use of the remedy.

3. From the uncertainty in estimating the quantity of blood lost by leeches, and the dangers attending the loss of too much from them in children, too great caution cannot be exercised in their use. From the manner in which leeches are ordered by some physicians, in the diseases of children, one would be led to suppose that no harm could ever result from them. From the case, too, with which they may be prescribed, and the appearance of energy which it gives to the practitioner, it is to be feared that not unfrequently they are used without being actually necessary, and even when necessary, they are suffered to draw blood without sufficient regard to the quantity which may be lost. Now it should always be recollected, as already stated, that leeches operate differently on the child from what they do on the adult. In the latter, they are in a great measure local in their action, and may be, and generally are used, when general bleeding is contra-indicated. In the child, on the contrary, they act in the same way as general bleeding. Their sedative effects, therefore, upon the constitution of the child, are much greater; and if suffered to bleed beyond a certain limit, they endanger life. On these accounts, it is more necessary to be cautious in the use of them in children, than in adults. It is not my intention to go into any particulars, in relation to the mode of conducting the process of leeching. There are a few points, however, of a practical character, connected with this subject, which may not be unworthy of notice. 1. When
Leeches are applied to a child, the patient should always be placed in the erect posture. The same rule indeed should be observed, in whatever way blood is drawn. If it be a fact that leeches act like general bloodletting upon the child, the propriety of this rule must be obvious; and it is the more necessary to insist upon it, because it is hardly ever observed. As soon as any paleness of the lips or face appears, the child should be placed in the recumbent posture, and the bleeding arrested.

2. When leeches are applied to a child, the patient should never be left until after the flow of blood is completely stopped.

3. Leeches should never be applied at bed-time, and suffered to bleed during the night. In this way, the patient has, in more cases than one, bled to death. If applied late at night, they should be watched just as in the daytime.

4. As a general rule, leeches should not be applied to soft parts destitute of support from underneath, in consequence of the difficulty of making pressure sufficient to arrest the haemorrhage. The importance of this was first noticed by Dr. Cheyne, who advises them to be applied in croup, not to the neck itself, but over the clavicle, sternum, or ribs.*

5. Leeches sometimes open into arteries, and dangerous haemorrhage has ensued from this cause. A case of this kind happened, in which the temporal artery was thus opened, and Sir Astley Cooper was obliged to divide the artery before the haemorrhage could be arrested.† In all cases, therefore, the progress of the bleeding should be carefully watched.

4 If bloodletting be so profound a sedative to children, it is evident that it is capable of doing a vast deal of harm in cases unsuited to its use, and that it requires a very nice discrimination of the character of the case, before it can be used with safety. This may appear very commonplace; but, commonplace as it is, it is to be feared that it is not sufficiently borne in mind in actual practice. The presence of inflammation or congestion is generally considered a condition justifying and requiring a resort to bloodletting, and so indeed, as a general rule, it is; but it is not so universally. Thus, for example, the inflammation attending scarlatina does not usually require or bear well the loss of blood; and there can be no question that, in this complaint, many a child has been sacrificed by a resort to this remedy. Then, again symptoms analogous to those produced by inflammation or congestion result from a cause directly the opposite, viz: irritation or mere exhaustion. Illustrations of this we see frequently in affections of the head in children, convulsions, &c. In these cases, if the cause of the difficulty be mistaken and

* Pathology of the Larynx and Bronchia, by John Cheyne, M. D., p. 57.
depletion be resorted to, the result may be fatal. All this shows that, before bloodletting is used in children, the nature of the case should be investigated more nicely even than in the adult.

5. In the use of bloodletting in the young subject, especial regard should be had to their constitutions, as well as their mode of living. No principle is better understood, or ought to be so, even in adults, than that in the use of debilitating remedies, due regard should be had to the powers of the system. No practice is safe which does not take into consideration the relative capacity of the system to bear them; otherwise the remedies may be more fatal than the diseases for which they are prescribed. Now we know that in the adult there is every difference in this respect. In the management of the same disease accordingly in different individuals, a very different course of treatment is necessary, if not in the remedies themselves, at least in the extent to which they are carried. In the young subject this is still more necessary. Children whose constitutions are naturally feeble and vicious, or have been enfeebled by debilitating causes, such as poor diet, confined air, &c., sink very readily under the influence of depressing remedies. In these bloodletting is badly borne, and should never be resorted to unless absolutely necessary, and then in moderate quantities.

6. Great caution should be exercised in the repetition of bloodletting. After what has been already said in relation to the effects of repeated bloodletting on the young subject, I should not again allude to it, were it not to notice the opinions of an eminent authority. Dr. Rush, in his "Defence of Bloodletting," makes the following statement: "I could mention many more instances in which bloodletting has snatched from the grave children under three or four months old, by being used three to five times in the ordinary course of their acute diseases."* That the children alluded to by Dr. Rush survived this treatment I do not doubt; but that these repeated bleedings were necessary, I can hardly believe. At any rate, a practice like this, if generally adopted, would, in my humble opinion, end in the most disastrous results.

In concluding this paper, I trust it may not be thought that I am opposed to the use of bloodletting in the diseases of children. The physician who discards this agent, understands but poorly his profession or the duty which he owes his patients. The proper use of a remedy, however, is one thing, the abuse of it is another; and I must express the opinion, founded on no small observation, that it is frequently resorted to in children

when it is unnecessary—when necessary, it is often carried too far—and that in its general use, there is frequently an absence of precision and care, which in many cases renders it a most dangerous remedy. With regard to the use of bloodletting generally in this country, there can be no doubt that the authority of Dr. Rush has exerted an influence the most deleterious. That it should have done so is not surprising. Living at a time when medicine was yet in its infancy among us—at the head of the oldest and most influential of our medical schools and attracting by his enthusiasm and his eloquence a large proportion of the students of the country, his sway for a series of years, was unlimited, and his sanguinary precepts and his still more sanguinary practice* were speedily diffused from one end of the country to the other. Although Sad experience has long since exposed the fallacy, as well as danger of his doctrines, yet many of the evil consequences of them are still to be met with; and not the least of these, it appears to me, is the opportunity which they have, indirectly at least, afforded for the prevalence of quackery. It is a part of our nature to fly from one extreme to another. When an error is once exposed, we are apt to go immediately to its opposite, inferring

* To justify the language used above, and which may be considered too strong by some, let me make a quotation or two from Dr. Rush’s celebrated “Defence of Bloodletting.” “Bleeding should be continued with the symptoms which first indicated it continues, should it be until four-fifths of the blood contained in the body are drawn away.” Med. Obs. & Inq. vol. 4, p. 353. The amount of blood in an adult is estimated at about 32 lbs. Four-fifths is over 24 lbs.

Again, in enumerating the advantages of bloodletting, he says: “In cases where bleeding does not cure, it may be used with advantage as a palliative remedy. Many diseases induce death in a full and highly excited state of the system. Here opium does harm, while bleeding affords certain relief. It belongs to this remedy, in such cases, to save pain, to relieve convulsions, to compose the mind, to protract the use of reason, to induce sleep, and thus to smooth the passage out of life.” Med. Obs. and Inqs. vol. 4, p. 357. In other words, if I understand him, one of the advantages of bleeding is, that it makes persons die easily! This reminds me of a melancholy case which I once witnessed. A young gentleman, about eighteen years of age, had been suffering about three months under organic disease of the brain. During this period he had been subjected to every kind of treatment. Bloodletting, emetics, cathartics, mercurials, tonics, &c., had all been used in succession, but without arresting at all the progress of the disease, and he had now become stone blind, was paralytic, and reduced to the extremest state of emaciation and debility. In short he was barely kept alive by the use of stimulants. In this state of things a friendly doctor happened to drop in, and expressed the opinion that the disease was inflammation of the brain, and that a good bleeding would relieve him. Notwithstanding the urgent remonstrances of the attending physician, that the result would be almost immediate death, the idea took with his friends, and he wasbled by the doctor who suggested the practice. As might have been expected, in about six hours he was a corpse, and the great consolation seemed to be that he died so easily! Very, on becoming acquainted with such practice, one would be tempted to believe that the Emperor Nero must have been a very tender-hearted man in condemning Seneca to so pleasant a mode of terminating his existence as bleeding to death. For the particulars see the Annals of Tacitus, Book 15, Sect. 69.
that what is the reverse of wrong must necessarily be right; and so it has been in regard to bloodletting. The public having been made acquainted with the evils of the practice of Dr. Rush, a prejudice, if not general, at least very extensive, has been created against the remedy itself, and empirics, always ready to play upon the weaknesses and prejudices of the community, have seized upon it for the mere purposes of traffic. Accordingly, the land is now filled with a set of men who pretend to practice medicine, without resorting not merely to bloodletting, but many of the other remedies sanctioned by long and tried experience. And what is melancholy, but true, they find a ready sympathy in a large portion of the community. Whether I am too severe in attributing the popular empiricism of the day to the influence of Dr. Rush, must be left to the judgment of the profession. One thing, however, is very certain, and which we see illustrated every day. Whenever a person has been overtaxed with active medicine, he is apt to discard all belief in medicine generally, and he is then ready to fall into any absurdity. It is with medicine as it is with religion. Superstition once thrown off, infidelity follows, and the result in both cases is the same. Calm reflection and rational inquiry are out of the question, and boasted independence speedily becomes the easy prey of the knave and the empiric.

The Sequels of Scarlet Fever and Measels. By J. A. Higgins-Ton, Esq.—A paper read before the Brighton and Sussex Medico-Chirurgical Society, August 5th, 1847.—(London Medical Gazette.)

As far back as the year 1843, I published in the pages of the Gazette some pathological remarks on scarlet fever, showing that this disease is, at a certain period of its course, an inflammatory one, requiring the aid of antiphlogistic measures. As my experience enlarged, my views become, of course, wider, and I was able to compare scarlet fever with other disorders, especially with measles; the conclusions of my mind upon which, I now submit to your approval and publication in the pages of your periodical, if you please.

It is not generally admitted, even if it be understood,—at least I have not hitherto found it distinctly stated in medical works,—that there is an essential difference between scarlet fever and measles exhibited in the particular mode in which the poison of either disease subsides of itself, or is eliminated from the constitution—the one subsiding or settling upon the
liver, or being eliminated through it, and the other subsiding or settling upon the kidneys, or being eliminated through them. Both these diseases fall upon the skin in their primary manifestations; but, in their sequels, they are respectively opposite and different; for in its issue, the measles attack the liver, while the scarlet fever attacks the renal emunctories. This is the proposition of the case, or the problem that I wish to propound or prove.

I apprehend that the strumous diathesis will be found predominant in either predicament. But, where is struma not predominant, if not latent? The manifold cares and anxieties, or, in other words, the numerous causes of vital exhaustion which subsist in savage or civilized life, are more than sufficient to engender or aggravate struma, the most lamentable of human ailments, and the most lingering of incurable maladies. The first and the last stages of phthisis pulmonalis; the suppuration of a single cervical gland, and the destructive ulceration of the synovial membrane of the knee-joint; the precocious intellect of strumous childhood, and the premature old age of strumous manhood: are alike signs too well known to those before whom I am speaking, to render it necessary or becoming in me to dwell upon the peculiar character of health or disease which they indicate, or to describe the fatal goal towards which they tend and advance with uncontrolable obstinacy, and very often with amazing velocity.

Whatever depresses the vital forces is the cause of struma—a cause whose habitation is favored by the congenital or acquired debility of the great nervous centres—the cerebro-spinal axis, which, in the discharge of its several functions, betrays a greater or less imperfection in their respective failures. In the brain itself, the governing organ of life, resides the origin of all chronic, if not of all active maladies. Blushing, the most common imperfection or virtue of the strumous habit, arises from debility of the brain, which, incapable of sustaining the shock of mental emotion, becomes, all of a sudden, powerless in its guard over the superficial or peripheral vessels of the cheeks, so that their capillaries, unexpectedly and ungovernably relaxed, admit the red blood to flow into them and to remain fixed there, for a time at least, in spite of every act of volition to the contrary. This is, in principle, an explanation of acute inflammation; there being, perhaps, no inflammation that does not begin in local or general debility; the received Hunterian dogma of excess of arterial action being an exceedingly debateable question. Not that this alters in the slightest degree the usual treatment, which rests upon fact and experience, and not at all upon the probabilities of this or that theory entertained by pathologists either of ancient or modern date.
But, to return to the subject of our present enquiry, namely, that of measles and scarlet fever, both of them being a poison eventually set free, the latter through the kidneys, and the former by the liver.

I appeal to those who have carefully attended to these two diseases, and request them to consider whether they have not observed diarrhœa follow upon measles, and renal affections succeed to the scarlatina? I submit the question to practitioners of large experience, or, if not to those of large practice, at least to those of still larger minds, who have well observed what little they may have been called upon to treat. For there is a wide difference between those who have seen a great deal carelessly, and those who have seen much less, but, at the same time, have studied what little they may have seen with care and attention.

Now the three great emunctories of the frame are the lungs, the liver, and the kidneys,—by the kidneys are eliminated the azotised or nitrogenous compounds in a fluid form,—by the liver the carbonaceous materials in a solid form,—and by the lungs the same carbonaceous materials in a gaseous or aerial form,—namely, that of carbonic acid gas. Cruveilhier, in some very striking experiments, has shown, that, by introducing certain heterogeneous particles into the blood through the veins, one or other of these three great emunctories becomes deranged according to the kind of poison or obstruction that has been introduced. The first effect of these deleterious substances is on the veins themselves, that is to say, provided that these substances are arrested in their course before reaching the arterial branches or ramifications of the circulating tree, producing pus in the veins—phlebitis, in fact,—gangrene and death. But if these heterogeneous particles pass forwards from the veins into the arteries, their ultimate effects fall upon the more vital organs far removed from the seat of the original mischief, giving rise to abscesses in the muscles, the joints, the eye, the liver, softening of the various tissues, inflammations in distant organs, depositions of pus, blood, lymph, and serous effusions. And what is very singular is, that Gaspard agrees with Cruveilheir in asserting that, in its course along the current of the circulation, the poison finds great difficulty in its transmission from the arterial to the venous capillaries; while Cruveilheir remarks that, in successful cases, the poison, when dilute or in small quantity, is eliminated by intestinal or urinary excretion, but that when large or concentrated it kills. Tiedemann and Magendie have, indeed, put the question almost entirely at rest by their experiments, which demonstrate that the liver and the lungs are the two great emunctories of the frame; and it
is owing, perhaps, to this, says Dr. Ferguson, who has written very ably on this point of pathology, and from whose work on Puerperal Diseases the foregoing observations are chiefly borrowed—it is owing, perhaps, to this, that they (the lungs and the liver) are, of all the organs of the body, the seats of the greatest number of maladies. Surgeons know well enough the fever that follows upon amputation when the veins have been injured, or have become the focus of suppurative inflammation—a fever which is well known to them in its source as it is in its almost invariably fatal issue. And the accoucheur knows far better than I am able to describe to him, the formidable symptoms of puerperal peritonitis, its rapid progress, and its lamentable catastrophe—a catastrophe originating, as Cruveilhier has so picturesquely portrayed, in a pathological condition both of the womb in particular and of the constitution in general, precisely similar to that following upon the amputation of a limb, or the introduction of a morbific poison into the veins; deranged excretions, pus, &c., together with inflammation of the veins (phlebitis), disturbed circulation, typhus fever, delirium, purulent infiltrations, and death. In fact, the patient dies of poison. It is probable that some of the symptoms of the hectic infesting the last stages of phthisis pulmonalis may be attributable to the absorption of pus from the lungs, and that the colliquative diarrhœa which precedes the end may arise from the purulent matter continually welling up from the ulcerated lung, and as frequently swallowed as spat out by the patient; for the pus thus swallowed carries with it the germs of struma, and infects the intestinal glands with it; besides which, diarrhœa is, as is generally known, one of the modes by which pus is evacuated from the system.

I have been led to introduce these remarks in order to show that it is not a private opinion of my own, but that it is the conviction of some of the most approved pathologists in Europe, that the mass of circulating blood may be poisoned, and that the poison thus circulating is eliminated from the blood through the channel of one or other of the three great emunctories of the frame.

[i] Thus, it will be found that, after the measles have passed by, and the eruption has effloresced and disappeared in the usual way, there supervenes a stage characterised by gastro-hepatic symptoms, eruptions at the angles of the mouth, or sore eyes, (lipitudo, or chronic conjunctivitis of a scrofulous aspect). The liver is either directly or indirectly brought to a halt; there is black or pale, and eventually exceedingly yellow, bile. The countenance becomes flushed and excited, the sleep disturbed, the appetite diminished or lost, and the pulse and the heart's
action accelerated. It may be there is bilious vomiting or diarrhœa, in which what is popularly called "an overflow of bile," shows itself. On the loss of appetite quickly follows failure of the strength, and with the hurry of the pulse is associated fever. Now, if the poison of measles be not (as I apprehend it ought to be) eliminated through the liver, or if the liver remain torpid and inactive even under the exhibition of its ordinary medical stimulants or reagents, it will follow that the fever runs into the type of what is usually known as infantile, remittent fever, that is to say, a fever with irregular intermissions, chiefly affecting the muco-hepatic surfaces, and continuing from one to six or eight weeks. During his anxious interval, there will be observed obstinate derangement of the entire alimentary canal, a very white tongue, costive or relaxed bowels, thirst, absolute loss of appetite, debility, delirium, emaciation, and death; or, on the contrary, instead of death, recovery from the lowest and most alarming stage of attenuation and decline. The most favorable crisis is vomiting—the vomiting of yellow or green bilious matters,—or diarrhœa, sudden and unexpected, by which the alimentary canal is discharged of its morbid contents, or the liver is emulged of its overloaded or poisonous congestion. But if this diarrhœa or vomiting do not take place, the fever proceeds, and may, after having lasted a certain number of days or weeks, subside by leaving the little sufferer as thin as a ghost and as pale as the waning moon. When the mother holds her darling in her lap, scarcely discernible in point of color from the sheet that envelopes its wasted limbs, she may begin to hope that the sharpness of death has passed, and that her offspring will be restored to life as well as to its wonted hue and noisy animation and strength.

[ii.] But the reverse of all this is the case in the sequels of scarlet-fever. Of the many cases that I have been unhappy enough to witness, I never saw one in which, when the kidneys had been decidedly affected, a perfect restoration to the former state of health was ever accomplished. They have all declined. The passing hopes of to-day have been blighted by the positive relapse of to-morrow; and though, in some instances, several years have ensued, yet the event has been always the same, and the starting-point of the illness has never failed to terminate in protracted hopes, disappointment, and death.

When we consider that the kidneys,—the great emunctories of those deleterious elements which, if retained within the round of the circulating blood, act as a specific poison on the brain,—are the organs primarily and chiefly affected, there can be no hesitation in declaring, that, if their natural or normal tone be not restored at once, death must, sooner or later, be the inevitable
result. This is the simple fact. The inflammation of scarlet fever is, by one of the hitherto unexplained operations in disease, translated from the skin to the kidneys, which, when thus attacked, are, no longer able to excrete the nitrogenous compounds from the blood, and, consequently, become the immediate instrument for interrupting and putting a stop to the functions of the arterial and cerebro-spinal systems together; for, if these nitrogenous or azotised materials be not excreted, but are retained and sent back on the brain, they operate as a direct poison, depress the vital forces, and eventually disable and annihilate the whole process of life. The truth is, when, upon discovering that after scarlet fever the urine contains no lithic acid, nor any of the lithates (the lateritious deposit of health), but that, on the contrary, it betrays the presence of the phosphates, or albumen, or blood (haematuria), we may be sure that the kidneys are in such a case already the seat of the diseased poison, virus, or action, that there is danger either immediate or remote, and that the final debility or disease of the patient may be predicted with the greatest certainty. I have not yet seen a confirmed case of this description ever recovered from. There is something so extremely delicate in the renal tissue, and, at the same time, something so essential to life in its perfect capacity, that any intermediate stage between its primitive perfection and its ultimate disorganisation is, in its various proportions, phases, and degrees, equally detrimental or destructive to the animal economy.

The result of renal disorder in consequence of scarlet fever, is profound debility,—a debility which, as it generally happens at an early or a premature age, it is very mournful to witness. At its commencement there is doubtless a stage of inflammation which can be met and successfully treated by the ordinary antiphlogistic remedies; only this stage is very short; and if it be not foreseen in its onset, if its transit be not perceived, or if its existence have not been recognised,—then its after treatment is nugatory, at least only palliative. It is during the inflammatory stage that the brain is troubled with meningitis—a kind of inflammation by no means uncommon in connection with primary or secondary disorders of the kidney. At the first, while the urine is high-colored, scanty, and of a high specific gravity, the proper treatment will consist in calomel, salines, antimony, venesection, cupping, or leeches; but afterwards, when the acute stage, short as it is, has passed away, nothing will be beneficial, except the warmer purgatives, good food, the mineral acids, and removal to a more invigorating air. Recovery will, in a certain degree, reward the adoption of these measures, but perfect recovery never. The die has been
cast: the lot of life is determined, and nothing remains but a broken constitution, scarcely worth the having.

The end of these cases is permanent debility. I have seen it at all ages—at 12, at 15, and at 45. One of the sadest results is, that, as the brain declines in power, stimulants are proportionally more and more requisite; for the sinuses of the encephalon are, from their anatomical construction, incapable of contraction, and, consequently, cannot accommodate themselves to the diminished stream of blood. Now, as the heart declines in power, the jet of arterial blood thrown up into the brain is depressed,—the same stream does not continue to reach the great nervous centres,—energy declines,—and, with the loss of cerebral energy, declines pari passu the tonic functions of the spinal cord and the kidneys. Thus, power is lost, and with the loss of power in general is also lost the particular energy to excern the lithates—those poisonous elements of the circulating mass of blood: in short, all is lost, except under the pressure of ardent spirits and the highest therapeutic tonics, which can, however, be sustained only for a limited length of time. The glands of the neck inflame, indurate, and run into suppuration: the pus is discharged, ulceration ensues, and sometimes lays bare an extensive surface: the limbs become oedematous,—the cellular or areolar tissue mortifies over those points of bone unavoidably pressed upon by the bedding,—the entire skin becomes white, dry and furaceous, and anasarca is formed. The progress is soon told. The phosphatic diathesis is established. In protracted cases, renal calculi are formed and passed, life is prolonged, but the patient is cut off from the fellowship of life, and death calls him to his account by means of dropsy, paralysis, or coma.


Rigidity of the os and neck of the uterus during the course of labour, is by no means a rare occurrence, and offers sometimes no inconsiderable obstacle to its safe accomplishment. But it is not, generally speaking, a dangerous complication, and is in a great majority of cases easily overcome by appropriate general or local means. There is, however a source of rigidity sometimes met with, more serious in its character and exercising a more important and sometimes fatal influence upon the progress of labour; I mean rigidity with more or less complete occlusion
of the os uteri. This rare condition may be congenital, but it is more often the result of previous disease of the parts, occurring as a consequence of protracted or instrumental labour—and when met with must be boldly treated by free incisions—otherwise exhaustion, laceration, or extensive and fatal sloughing may take place, either before or after the labour is accomplished. In the course of my obstetrical practice, I have met with but one such case—and in which I pursued the bold practice above alluded to with the most satisfactory results.

The patient was a young woman of about 25 years of age, who had been the subject of instrumental delivery in her first labour, the result of which was inflammation and sloughing to a serious extent—I found her advanced to about the fourth month of her second pregnancy, and suffering under active uterine contraction, with considerable haemorrhage. Examination per vaginam detected a preternatural hardness of the whole neck, and the os uteri which was dilated to about the size of a dime piece, conveyed to the finger the sensation of a firm structure—the uterine contraction having not the slightest effect upon it. As her pulse was firm, and skin hot and dry, I bled her "ad dilutum," and kept up the impression with nauseating doses of tart emetic for nearly six hours, without effect. The pains, however, increased in violence, and an arm of the foetus was actually cut off by the sharp and firm edge of the os uteri and expelled; fearing the worst from such powerful and unavailing contractions, I determined to incise freely the strictured os uteri, which, with the assistance of my friend, Dr. Le Monnier, I effectually accomplished, and had the satisfaction of seeing the balance of the foetus expelled in a short time afterwards. My patient suffered very little from the operation, and soon recovered her usual health.

Simple rigidity, as I said above, does not often resist general means, such as venesection, when the patient admits of it, or nauseating doses of tart emetic, either with or without opium. But sometimes even these means fail, and then we have a precious recourse in belladonna, which in my own opinion and experience dilates the os uteri as rapidly and effectually as it does the pupil of the eye.

Case 1.—I was called to Mrs. G., aged about 19 years, in labor with her first child: she had been suffering already nearly twelve hours, and the os uteri thick, hard and dry; was dilated scarcely more than the size of a half dollar piece—pulse being full and skin dry, she was bled to fainting, and the impression kept up with tart emetic. But discovering little or no effect after the lapse of six hours, though the skin had become cool and relaxed, I applied belladonna freely, and in little more than one hour the labor was over.
Case 2.—Was also a primipara, and the patient, aged about 20 years, had been in labor about fourteen hours before I was sent for. I found the contractions active, and the os uteri about the size of a quarter dollar, thick and hard, though the head was low down in the pelvis. As general means seemed here indicated also, I bled usque ad deliquium and gave solution of tart. emetic, without effect for nearly four hours. A liberal application of belladonna, as in the above case, terminated the labor in less than one hour after its use.

Case 3.—Was a premature labor, seventh month of gestation, and was brought on by a fall. The patient had been in active labor under the charge of a midwife before I was sent for. I found the os uteri dry, hard and diffused, and open to the extent of about half a dollar. Tart. emetic used as in the other cases, producing no effect; I resorted to belladonna, and as pains seemed flagging, gave ergot—under the combined influence of which the case was terminated in little more than a hour.

Case 4.—Was also a premature labor—patient a primipara and term of pregnancy about sixth month. Uterine action was brought on by a fall, and the contractions had been pretty active for several hours before I was called. On examination, found the common dryness and heat, the head descending rapidly in the pelvis, covered by the hard and rigid neck, and the os uteri felt so small and wiry, that I feared incisions would be necessary.

The bleeding and tart. emetic to nausea and the effects kept up for some time, seemed to produce some influence upon the parts—but after a few hours, finding no further benefit resulting, I applied the belladonna, which in this case seemed to act more readily than in any previous one in which I had used it, for the labor was terminated in little less than one hour after its application—showing its rapid influence not only upon the os uteri, but also upon the soft parts below, viz., the perineum and os externum.

The foregoing cases are only a few of many similar ones occurring in my practice. They are not given as novelties, for the same results obtain every day where the belladonna is efficiently used. But as the profession is by no means agreed upon the obstetric value of this agent, and as some high authorities have even pronounced against it, I am disposed to think that its mode of application has a good deal to do with its efficiency, for we know that the usual method of applying it is either in extract or ointment of the extract, carried on the end of the finger to the parts to be acted upon. But this plan is uncertain, and for this reason, that the medicine is wiped from the finger during its passage through the vagina, and little or none of it reaches its destination—hence, in my opinion, the frequent failures and
disappointments complained of. Now, in order to obviate this inconvenience and secure a direct contact of the article, I have been in the habit for some time back of employing it by injection, either in the form of a watery solution of the extract, or as an ointment sufficiently fluid to answer the same purpose. The instrument used should be an ordinary vagina syringe. Employed in this way I am pretty sure that very few disappointments would result.

In relation to the above method of applying belladonna by the os uteri, viz., by injection, I would remark that I was under the impression, until lately, that it was peculiar to myself. But I have within a short time had occasion to learn that Professor Eve, of Georgia, has recommended precisely the same practice. Although I find myself shorn of the merits of originality in this matter, yet I am highly pleased in having the testimony of such excellent authority in behalf of its value.

[Our friend, Professor J. A. Eve, desires us to say that Professor Cenas has given him more credit than is justly due to him—that in an extemporaneous lecture he may have advised a solution of the extract of Belladonna, in preference to the ointment in rigidity of the os uteri, and some gentleman in attendance may have spoken of it afterward, but candour and justice prompt him to declare that Professor Cenas is fairly entitled to the claim of originality, being the first to employ it in practice, and publish the result; and that whilst grateful to Prof. Cenas for his kindness, and admiring his magnanimity, he takes pleasure in correcting the mistake, by which he had done himself injustice.]

The Cause, Prevention and Treatment of Typhus Fever. By

1. Pidduck, M. D. — (Lancet.)

The cause of typhus fever is the exhalation of a specific poison from the bodies of the sick, by which persons in health become infected with the disease, as in cases of small-pox, measles, scarlet fever, &c.

This poison may be destroyed by a temperature of 212 deg., whether by boiling in water or by hot air; it may also be diluted by washing and ventilation, so as to be rendered inert.

The prevention of typhus fever consists—

1. In separating the healthy, particularly the young, from the sick.

2. In removing curtains and carpets from the room, and clothes from the person of the sick.

3. In boiling linen and cotton garments, blankets, and rugs in water, before they are washed, and in baking woollen cloth garments, which cannot be boiled, put into a sack, in an oven.

4. In washing the bodies of the sick, and the floors of rooms, with soap and water, and the walls and ceilings with lime.
5. In lighting fires in fireplaces, and setting open windows and doors.

6. In keeping provisions away from the apartment of the sick. But as this poison exerts a much more malignant and fatal effect upon persons whose health is impaired by exposure to malarious influence, it is of great importance that putrid effluvia from drains, dunghills or privies, should be carefully obviated.

The drains from houses should be covered in, cesspools and necessaries should be emptied, stagnant ponds should be run off, and every cottage in the country should be provided with a bricked cistern, covered with a wooden flap-lid, for the reception of all solid and liquid manure, which should be emptied and carried out on the land, as soon as it is full.

If these precautions are taken, there is no need for chloride of lime or any other disinfecting agents, which only correct putrid effluvia; they have no power to destroy the poison. They are worse than useless when they lead to a false security, and occasion the neglect of these more efficient means. In like manner, drinking to excess, especially ardent spirits, eating unwholesome food, such as bad potatoes; decaying vegetables, half-rotten fruit, musty or sour meal, unsound meat, stale fish, and drinking stagnant water, should be carefully avoided. Great attention should be paid to personal and domestic cleanliness. The house should be kept dry, warm, and well ventilated.

The treatment of typhus fever. This is better left to the medical practitioner in the locality, who is best able to judge as to the remedies most suitable for individual cases.

The following are the principles which guide the practice in the typhus fever of London:

1. To remove all offending matters from the stomach and bowels, an emetic of salt water or ipecacuanha is administered, then a grain or two of calomel, and fifteen grains of rhubarb, followed by castor oil if necessary.

2. After the operation of the emetic and purgative, the patient is washed all over with soap and water, and put into a clean warm bed, with a fire in the room, and the window open.

3. Five grains of the chlorate of potass in a wine-glassful of camphor-mixture is ordered every six hours. The chlorate of potass seems to aid the vital energies in expelling the poison, evinced in the improved colour of the skin, and altered state of the secretions.

The diet consists of bread and milk, or gruel, seasoned with salt instead of sugar, light broth, and f. e. s. h, well-boiled vegetables; whey, sago tea, or lime-blossom tea, and oat-meal toast-water.

The body linen and flannel vest are changed daily, and the sheets once a week; the dirty linen, cotton and flannel, are put at once into cold water, and boiled before they are washed.
From this statement, it is evident that the cure of typhus fever can no more be effected by medical treatment than the cure of small-pox, measles, or scarlet fever. The disease, once set in, must run its course. It terminates naturally on or about the fifteenth day. The object of medical treatment, therefore, is to avert its fatal tendency; or, in other words, to conduct the patient in safety through its different stages. If the disease do not admit of cure, much may be done toward its prevention. 1. By separating the healthy from the sick. 2. By destroying or diluting the poison. 3. By avoiding all those causes which impair the health, and weaken the powers of resistance.

On the Internal Use of Nitrate of Silver in Obstinate Diarrhoea and Dysentery. By Thomas Aikin, Esq.—(Dublin Medical Press.)

The author of this communication remarks, that the topical application of the nitrate of silver to inflamed or ulcerated mucous surfaces is confessedly a most efficient mode of treating such cases. The knowledge of this fact may have induced physicians to employ the same remedy internally against disease invading the mucous surface of the hollow viscera. Accordingly we find that ample testimony is afforded to the efficacy of the nitrate of silver in certain morbid conditions of the mucous coat of the stomach; but no English writer, Copland excepted, (Dictionary of Medicine,) sanctions its employment as a therapeutic agent in morbid conditions of the mucous surface of the intestinal tube. The author's object in the present communication is to adduce such testimony in favor of its sanative power in these affections as may stimulate further inquiry into the action of this salt in certain obstinate forms of diarrhoea and dysentery, which occasionally resist the action of the most esteemed remedies wielded in the ablest manner.

Boudin (Gazette Méd. No. 51, 1836), physician to the Military Hospital at Marseilles, treated fifty cases of typhoid fever (dohthin-enteritis), in most of which severe diarrhoea was the most prominent feature, with the nitrate of silver thus:—When the lower portion of the intestinal tract was presumed to be the seat of ulceration, enemata, containing from one to three grains, dissolved in distilled water, were administered. In most cases one enema sufficed, the symptoms undergoing speedy amelioration. In other cases the remedy was given by the mouth, in half-grain doses every half hour, [?] formed into pills with gum tragacanth, or starch, until from two to four grains were thus taken. In some instances these two modes of treatment were combined: the
results were that only two of the fifty cases succumbed. Examination showed "many ulcers" on the mucous membrane in a case of incipient cicatrization—"en voie de cicatrisation." There was evidence of the solution administered per rectum having passed the ileo-caecal valve, and producing effects on the lower portion of the ileum precisely similar to those resulting from its action on the surface of the colon.

Kalt confirms Boudin's statement, having treated twenty-two cases of dothinteritis with the nitrate of silver. Of these one died. He gave it in mixture (grs. ij. to vj. in decoct. salep. oz. vj.); a table-spoonful of which was taken every half hour, or hour, according to circumstances.

Hirsch of Königsberg (Hufeland's Journal) found the nitrate of silver to succeed in obstinate cases of diarrhoea on the failure of ordinary remedies. It proved specially useful in the diarrhoea of newly-weaned infants. In "the advanced stage of such cases, when emaciation was extreme, the dejections being frequent, fetid, and consisting of a variously coloured, sometimes greenish, or bloody mucus, and wanting altogether the fecal character. When aphthous ulceration pervaded the mouth, and when prostration was extreme, the action of the nitrate was brilliant." He gave it to children thus:—

B. Argent nitrat. crystall. gr. ½.
Aqua destill. 3 ij.
Gum mimosae 3 ij.
Sacch. albi 3 ij.
Misce. Ft. mist.

A tea-spoonful of this mixture was given every two hours, and an enema, containing a quarter grain of the salt, with mucilage and a little opium, was administered. The good effects of this treatment were occasionally visible in a few hours, sometimes not until the second day. He pronounces it a specific in the diarrhoea of infants. He found it almost equally efficacious in severe forms of diarrhoea and dysentery occurring in adults. He administered it to the latter in pills, in doses varying from one-twelfth to one-twentieth of a grain every two hours. For this purpose he recommends liquorice powder as preferable to the vegetable extracts which affect its decomposition. He also gave enemata, containing half a grain or a grain, with mucilage and opium.

Canstatt also extols the nitrate of silver as prescribed by Hirsch in the diarrhoea ab lactatorum:

Since the author became acquainted with Hirsch's observations, opportunity presented for testing the powers of the nitrate of silver in a severe case of diarrhoea occurring in a child of a year old. Vomiting and purging set in, and continued with almost unabated intensity for five days. The stomach at length retained fluids
in small quantities, but the purging continued. Chalk mixture, kino, opium, and acetate of lead were tried, and all, with the exception of the last, seemed to increase the irritation. The dejections were frequently greenish, sometimes bloody, and very fetid. On the sixth day prostration was very great; there was a tendency to stupor, and quantities of greenish mucus were voided. Under these circumstances he gave the mixture as prescribed by Hirsch. The first dose seemed to increase the discharges; however, in about six hours, the character of the dejections were improved, they became feculent, and every symptom underwent a corresponding improvement.

Should the foregoing observations induce practitioners in this country to subject the action of the nitrate of silver in diseases of the mucous surface of the intestines to a more extensive trial, they may arrive at results confirmatory of those already obtained by the authorities which the author has quoted, and thereby extend the application of an agent of great therapeutic energy to forms of disease occasionally so intractable as to baffle the powers of ordinary remedies.

[The advantage of the nitrate of silver in the diarrhoea of infants, of which we have had considerable experience, is also acknowledged by Bouchart (Manuel Pratique des Nouveau-nés) and by Trousseau. We have given it frequently, and with much benefit also, in the “irritable” bowels of the adult. We generally prefer to exhibit it in solution, more especially in children, since, if given in pill or powder, we have no guarantee that it will not, by suddenly dissolving, exert all its effects, which, in that case, may be too powerful, upon a circumscribed portion of the mucous membrane. This is a point which is not sufficiently attended to in prescribing the nitrate of silver for gastrodynia, and sufficiently accounts for the diversity of opinion respecting its benefit in this complaint. It may be readily conceived that it makes all the difference whether half a grain of solid nitrate of silver lies in a corner of the stomach and dissolves, or whether originally in solution its action is distributed throughout the entire irritable mucous membrane.—Ranking.]

**Epidemic Dysentery.** By James Bryan, M. D., Lecturer on Surgery, late Professor of Surgery and Medical Jurisprudence in the Academy of Medicine, Vermont. Also formerly Physician and Surgeon to the Philadelphia Dispensary, etc.—(N. Y. Journ. of Medicine.)

The winter of 1846-7 in Philadelphia was certainly “sicca et aquilonia,” dry and cold, particularly the latter part of it, and acute inflammations were of course common during the greater
part of the winter. The spring was "pluviosum" or wet, and was also cold and late; and so far does not correspond with the description of the father of medicine. A large amount of rain fell during the months of March, April and May, with what is generally understood as a "raw atmosphere." Not until June did the thermometer rise sufficiently to make it comfortable without good fires in our houses.

The latter part of June, however, became suddenly warm; and in the beginning of July, the heat became intense, alternating with heavy showers of rain. From the middle of July, to about the 10th of August, the weather was most oppressive, and remarkable for the suddenness with which, on several occasions, the thermometer fell in a few hours at one time to the extent of forty degrees between the evening and the following morning. The change was most uncomfortable. On one day the heated air appeared as if issuing from a furnace, and the next morning winter clothing was necessary. The cold continued for three or four days, gradually giving way, until the thermometer rose again to the point (more than one hundred) to which it had risen before. Large numbers of children and old persons died suddenly during this time.

The Dysentery commenced in May, and has continued to the present time, 20th of August. The last case I was called to, was a lady about eight months gone in gestation; the disease is yielding very rapidly to the calomel, ipecacuanha and opium treatment, with starch and laudanum injections.

The severest cases occurred about the middle of July, and the mildest are those seen now.

The following cases are presented as examples of the disease and its treatment, as observed by myself. As usual, in the language of Dr. Rush, the epidemic influence has induced most other diseases "to wear its livery." Perhaps the most serious attendant and follower of the disease was engorgements of the brain and inflammation of its membranes. This was particularly the case about the middle of July, when the heat was greatest and most oppressive. The mortality among children, at that time, was much greater than has been usual at the same season of the year; many of them dying of diseases of the brain and its membranes.

In many instances, in adults, the disease (Dysentery) was accompanied with general jaundice, and sallowness of the skin.—The attack was often sudden, during a meal, or in the midst of conversation, or after drinking water; the latter would be instantly expelled from the stomach, and the vomiting and nausea would continue long after the discharges per anum had commenced. Almost every one suffered from a feeling of nausea, a
Epidemic Dysentery.

disposition to costiveness, or a diarrhoea; generally the latter following on the heels of the constipation. A diarrhoea commenced, changed to a Dysentery in a few hours. The symptoms could not be attributed altogether to the heat of the weather, or the use of unripe fruit; (the latter, we believe very unjustly, stands as the scape-goat for all bowel affections during the summer months:) because they commenced long before the thermometer had attained a high range, and two whole months before the fruits of the season appeared in our markets.

I had not an opportunity of making many post-obit examinations. In one case, which occurred in the practice of three of our most eminent practitioners, I found pretty extensive ulcerations in small spots over the lower part of the colon and throughout the rectum; they were not, however, deep; the mucous membrane seems alone to have suffered, appearing as if nibbled by some insect. It was also softened and thickened.

General bleeding, as far as my experience and that of a number of my medical friends extended, was not found necessary. Leeches and blistering, particularly the latter, produced very happy effects. In some cases the starch and laudanum clysters, with the exhibition of calomel and opium per orem, met the indications, and were successful. In most of my cases I found the "Hope's Mixture," or a modification of it, entirely successful. The use in the early stages of mass. hydrarg. in three grain pills at night, in conjunction with the acid treatment, was found very effectual in checking the bilious vomiting and nausea, as well as changing the bitter taste in the mouth. Small quantities of ice, allowed to melt in the mouth, were the best means of relieving the thirst, which, in most cases, was very urgent. I did not find the combinations of ipecacuanha, opium and calomel, so successful this season as formerly in dysenteric affections.

The disease was confined to no age, color, or condition in life. My own observation, however, induced me to believe that the black did not suffer as much as the white portion of our population.

Case 1.—On the 15th of June, I was called to visit Miss A., aged 9 years, with a severe Dysentery, the sixth day of the disease. I commenced the treatment with the use of the acetate of lead and opium, with starch and laudanum clysters. This proving ineffectual, I tried the hydrargyrum cum creta et opii, in conjunction with mucilaginous and opiate injections. On the tenth day, I commenced, on the recommendation of my friend, Dr. S. G. Morton, who consulted with me in the case, the use of the following mixture:

B. Acid nitric, gtt. iv.
Aqua camph., f ¹⁄₃iv.
Tinct. opii, gttt. lx.  M.
Take a tea-spoonful every hour, and use the starch and morphia injections. This treatment, with the use of a mild nutritious and unirritating diet, was continued up to the fourteenth day, when the symptoms had so far abated, that she was directed to use a mild cold infusion of Prunus Virginianus bark. The convalescence was slow but regular; and in about three weeks, with the use of the above infusion, and two or three other tonics, she was able to go out of the city to the country. 

The following case, though not strictly indigenous to our city, is given as exhibiting, in an aggravated form, the symptoms of the disease as imported from Mexico, where it is known to have been very prevalent and fatal among the men of our army.

Case 2.—On the 19th of July, I was requested to see Capt. G. D., who has suffered with chronic Dysentery, more or less, during the last four months. He has just returned from New Orleans, between which place and Vera Cruz, Tampico, Mataroraz, and other Southern ports, he has been engaged in his profession for the last ten months. On leaving this city, ten months ago, he was a fine, healthy, robust man. He is now very much emaciated; sallow, and scarcely able to walk or stand upon his feet. He has from twenty to thirty stools per diem, consisting of blood, mucus, and pus. Has very little appetite, continual and urgent thirst, with great tenderness of the abdomen, particularly in the epigastric region, continued jactitation and insomonia. The pulse is quick, small and frequent. Suffers very much from nausea and unpleasant tastes in his mouth and throat, with occasional vomiting of bilious and other matters, especially after drinking water, or other fluids. Is a perfectly temperate man.

I commenced the treatment by prescribing the following:

B. Acid nitric, gtt. iv.
Aqua camph., f ⅔ iv.
Aqua morph., f ⅓ ss. M.

Take a tea-spoonful every two hours, and to take in the evening one three-grain pill of mass. hydrarg.

20th. Eleven o'clock, A. M. No stool to-day up to this time. The number of passages during the night much diminished. This freedom from stools, he says, has not occurred before, since the commencement of the disease; feels generally better.

21st. Number of stools increased, and pain returned both at stool and in the intervals. To take a clyster of thin flour starch with a teaspoonful of the liquor morphia, and repeat during the day.

22d. Passed a bad night. Vomited several times; the stools have increased very much in frequency, the pain is greater with great debility—to take the following:
M. To take two tea-spoonfuls every two hours, alternating with the following:

β. Protochlorid. hydrarg., gr. vj.
   Pulv. opii, gr. iij.

M. 23d. 9 o’clock, A. M. Has had but two passages since 5 o’clock yesterday; tongue more furred, particularly in the centre. The blistered surface discharges freely. The pain in different parts of the abdomen is much less, but the blister is very sore and painful. Continue medicines, and to take some weak mutton soup, with a small quantity of rice in it.

Ditto, 5 o’clock, P. M. Only three stools during the day; no pain, no blood in the discharges. Patient remains on his back, on account of the blister. Continue medicines and diet; the soup agrees well with the stomach. Had a refreshing sleep from 10 to 12 o’clock; this, with one hour’s sleep obtained last night, is the first he has had for a long time.

24th. One stool during last night; taken a pint of boiled milk this morning. One stool this morning; slept very well last night, without morphia. The blister healing slowly. No pain.

25th. No stools last night, but one this morning, and that nearly natural and without pain or blood. Slept well, has taken “tea and toast” for breakfast, is able to sit up and shave himself. Continue acid mixture.

26th. Appears convalescent; to take camomile tea, and continue acid mixture in half the former doses. The patient continued to improve, the appetite increased, and the digestive organs became strong and healthy.

Case 3.—On the 28th of July I was called to visit Mr. T., a young man 25 years of age, a house-painter. Had suffered during the last five days with occasional pains in the abdomen; with nausea and diarrhoea, the discharges tinged with blood.
had taken some medicine once or twice, with partial relief. This afternoon he was seized with intense pain in the bowels and excessive vomiting. Several painful anal discharges mixed with blood. When I saw him, I found him tossing about on his bed in great pain. Every now and then vomiting freely, cold skin and sweat; small pulse, thirst, with pain in the head, and generally through the bones. The tongue was covered with a thick fur, dark in the centre. I directed a pediluvium of warm water and mustard, a large sinapism to the abdomen, and twenty grains of calomel to be administered in molasses. The dose to be repeated at the end of three hours. The thirst to be allevayed by pieces of ice allowed to melt on the tongue. Cold applications to the head.

29th. The brother called early this morning, and informed me that my patient had had no vomiting after the first dose of calomel, the latter appearing to act as an anodyne. Had passed a comfortable night, slept well, and, in fact, was met in the street this morning considering himself well. I directed him to take a dose of oleum ricini. The cure was complete. Two other cases in the same house, on the same occasion, were treated in this way with like results.

Case 4.—I was requested to visit a patient in West Philadelphia, Mr. D., a strong laboring man, who had had Dysentery for five days. On the first day he sent to Mr. B., a popular drug vender, for “medicine for the Dysentery.” Some astringent mixtures were sent, the use of which checked, in three days, the discharges; left the tongue furred, the pulse quick, the skin dry, the stomach irritable, and a continual hiccough, which was very distressing to the patient, and alarming to his friends. The hiccough had existed two days when I was called, accompanied with great difficulty in swallowing fluids. I prescribed twenty grains of calomel, to be repeated at the end of three hours. Meeting my friend, Dr. S. Jackson, of Northumberland, I mentioned the case to him, and he concurred with me in thinking the case somewhat dangerous, and recommended, if the prescription already made did not relieve the patient in twenty-four hours, the use of blue pill to salivation.

2d day. The hiccough was moderated for a short time by the calomel, it having induced great sickness of stomach, and pretty free vomiting of bilious matter, which relieved the patient considerably for a short time. The second dose did the same thing to a less extent. Still, however, the hiccough continued. I directed a three-grain pill of blue mass to be taken every two hours, and a tea-spoonful of Hoffman’s Anodyne every three hours; to take mutton soup and boiled milk well salted as a diet.
3d day. The hiccough has nearly subsided, each dose of the anodyne relieves it; the bowels have been moved once, the appetite has improved, the stomach retains both soup and milk.

4th day. The hiccough ceased at twelve o'clock last night; two passages per anum without pain or blood; strength improving, general condition much better; continue pills. This patient gradually recovered, but not until the gums were "touched." The convalescence was slow, but sure.

In this case, I considered that the stomach and liver had become, to a certain extent, paralyzed; very much as in the case of the confirmed drunkard, or in the latter stages of typhoid fever; and therefore prescribed the calomel in large doses, with the view of rousing them from their torpid condition. The use of the blue mass was of course designed to keep up the impression and continue the action; the favorable termination of the disease would seem to justify this view of the case.

September 1st. In conversation with my medical acquaintances, and by my own practice, I find the bowel diseases above described have generally given place, at this early day, to autumnal fevers, generally of a bilious type. This is the case in the city proper, and more especially in the suburbs, and along the water-courses. The banks of the Schuylkill are lined with cases of bilious fevers, some of them very severe. The weather is close and sultry, with almost daily thunder showers, followed by a hot sun, which fills the air with terrene vapors impregnated with the gases thrown off from dead and decaying vegetable matter.

Action of Medicines. By Professor Blake.—(Ibid.)

Professor Blake of the St. Louis University, has published a valuable paper in the November No. of the St. Louis Medical and Surgical Journal, on the subject of the Action of Medicines, containing the results of numerous experiments, made during the last few years. The principal objects which Dr. B. has aimed to ascertain are, "whether medicines act by being taken into the circulation, or whether they produce their effects by impressions made on the nerves of the part to which they are applied, which impressions are capable of strongly modifying the functions of the nervous centres, and by this means re-acting on the whole system?" Another question which he has attempted to solve, is, whether "when a substance is absorbed into the blood, do the re-actions it gives rise to, depend on the chemical properties of the substance used? or in other words, are the reactions between the elements of the blood and tissues and inorganic
compounds, governed by the same laws when taking place in living animals, as they are when these same elements are mixed together out of the body, and no longer forming a part of the living organism?" With respect to the first point, viz., the absorption of medicines into the blood, before acting upon the system, after stating the opposite views entertained by physiologists on this subject, Prof. B. states, that a carefully conducted series of experiments has convinced him, that an appreciable interval of time always elapses between the application of a poison to a mucous surface, and the appearance of the first symptoms of its action, the interval varying in different animals. For example: half a drachm of anhydrous hydrocyanic acid, applied to the tongue of a large dog, produced no effect until eleven seconds had elapsed; the respiration then became affected, and the animal was dead in thirty seconds from the time the poison was introduced. When the animal was made to respire through a tube introduced into the trachea, a longer interval elapsed between the application of the poison to the mouth, and the appearance of the first symptoms of its action, owing, in the opinion of Dr. B., to the poison having a longer distance to go before reaching the brain; "for," he observes, "owing to the great volatility of the thing, hydrocyanic acid, it is instantly converted into a vapor on coming into contact with so warm a surface as the mouth; it thus becomes inhaled into the lungs, and is there absorbed by the mucous surfaces, and reaches the brain through the pulmonary veins, the left cavities of the heart, the aorta and carotids; whereas, when it is prevented from entering directly into the lungs, it has, in addition to the above course, to pass down the jugular vein, into the right side of the heart, and through the pulmonary artery."

The difference in the two cases amounted, however, to only five or six seconds. The uniformity of this result would seem to establish very conclusively the correctness of the explanation above given.

In experiments with the alcoholic extract of Conia obtained from the seeds, Dr. B. found, on injecting a small quantity in solution into the femoral vein of a dog, that fifteen seconds elapsed before the slightest symptoms of its action manifested itself. The animal then became convulsed, and died in 30 seconds after the administration of the poison. This experiment was repeated four times, and in no instance did any symptoms appear in less than 15 seconds.

Having procured some Woorari poison from Sir B. Brodie, Dr. B. injected five grains of it, dissolved in water, into the jugular vein of a dog; no symptoms of the action of the poison
showed themselves until 20 seconds had elapsed, and the animal died in 45 seconds.

*Strychnine* was also extensively used by Dr. B. in his experiments; five grains in solution being injected into the jugular vein of a dog, spasms were first observed about twelve seconds after the poison was introduced, and the animal died in a minute and a half. The results of all the experiments on this subject justify the inference, that an interval always elapses between the application of a poison to any part of the body and the appearance of the first symptoms of its action; and therefore, that there is no reason to believe that poisons ever act by a direct impression produced in the nerves of the part to which they are applied.

As the rapidity of the circulation differs considerably in different classes of animals, Dr. B. remarks, that "it is evident that, if a poison acts by being carried to the nervous centres through the medium of the circulating fluid, it must reach the brain most rapidly in those animals in which the circulation is quickest." He accordingly made experiments on the horse, dog, rabbit, fowl, and goose, using, for the most part, *Woorari* or *Strychnine*.

On the horse, six grains of Strychnine, injected into the jugular vein, produced the first symptoms of its action by slight twitchings of the muscles of the thorax, in sixteen seconds; in seventeen seconds the animal fell like a mass of marble, every muscle being in a state of the greatest rigidity; the animal died in tetanic spasms four minutes after the injection of the poison. When strong doses of concentrated hydrocyanic acid were poured on the tongue of the horse, no symptoms were perceived until after an interval of from twelve to seventeen seconds. It will be observed, that the time required for these poisons to act, when introduced into the veins, or applied to the mouth of the dog, was from eleven to twelve seconds, an interval of four or five seconds less than the time required to produce any effect upon the horse. In the *fowl*, the interval was still shorter; a grain and a half of strychnine, introduced into the jugular vein, producing convulsions in six and a half seconds, and in eight seconds causing the death of the animal.

In the *rabbit* the interval was only four seconds and a half, the animal dying in seven seconds; the hydrocyanic acid was found, in some instances, to act in less than four seconds, when poured on the tongue. These experiments on different animals were often repeated by Dr. B., and always with the same results. It is thus proved, that in different animals the interval varies that elapses between the time when a poison is applied to the tissues or mixed with the blood, and the appearance of
the first symptoms of its action—it being sixteen seconds in the horse, and four and a half seconds in the rabbit. If poisons acted by an impression on the nerves of the part to which they are applied, they should act with equal rapidity on all animals, which is not the fact. The conclusions arrived at by Prof. B. are the following.

I. That an appreciable interval always elapses between the administration of a poison and the appearance of any symptoms of its action.

II. That this interval varies in different animals, being shorter or longer, according to the size of the animal and the rapidity of its circulation.

III. That the nearer the point at which the poison is introduced into the system is to the brain, the more rapidly are its effects manifested.

By another series of well-devised and skilfully-executed experiments, Prof. B. has shown that the time required for the blood to complete the whole round of the circulation in the horse, is about twenty seconds; in the dog, from ten to twelve seconds; in the fowl, six seconds; in the rabbit, four and a half seconds; thus furnishing a most striking agreement between the numbers furnished by the two series of experiments—an agreement so close as to render it impossible not to admit an intimate connection between the action of poisons, and the circulation of the blood; the periods of time, in fact, being coincident.

The paper of Prof. Blake is an extremely valuable one, and we hope he will favor the profession with the results of farther investigations connected with this important subject.

BIBLIOGRAPHICAL.

1. Lectures on the physical phenomena of living beings. By Carlo Matteucci, Professor in the University of Pisa. (Translated under the superintendence of Jonathan Pereira, M. D., F. R. S.)

This is the title of a new and interesting publication, just issued from the press of Lea & Blanchard, Philadelphia.

The Lectures here embodied, were written and delivered by their distinguished author under a special appointment from the Government of Tuscany, made in the year 1844, and have already, previous to their appearance in an English garb, undergone two editions in Italy and one in France. They evidence throughout, a profound knowledge of the anatomical structure of the human body, and its physiological, as well as pathological phenomena. His extensive acquaintance with
the science of Comparative Anatomy, comes in largely to his aid in the prosecution of some of his most important researches, and it is but due to the learned author to say, that where he has not originated or discovered, he has at least confirmed, some of the most valuable and novel facts now known to be connected with the laws of organic life.

Without designing to undervalue his contributions to the subjects of Capillarity, Endosmose, Digestion, Nutrition, &c., I refer especially to the establishment of the doctrine of electro-vital currents in animal bodies, and the certain development of light, as well as heat, as the result of functional action. In short, however his views and researches may lead him to differ in some points with many other eminent physiologists of the day, upon the great questions which he has so ably canvassed, we believe that his judicious, ingenious, and laboriously conducted experiments, directed successfully by a penetrating and observant mind, richly stored with scientific knowledge, should rank him with Liebig, Chaptal, and Mulder, while his easy, unostentatious and perspicuous style, will ever recommend his writings.

A. M.


It is with pleasure that we call the attention of our readers to a new edition of Prof. Dunglison's valuable work upon the Practice of Medicine. The author is certainly the most industrious compiler in our country, and deserves much credit for his efforts to promulgate the views of writers whose works would otherwise be little known amongst us. The work before us is one of the most elaborate treatises of the kind we have. The author "trusts that the present edition will be regarded as an adequate exponent of the existing condition of knowledge on the important departments of which it treats." We regret that the learned author has not availed himself of many valuable practical suggestions contained in the pages of the old and new series of the Southern Medical and Surgical Journal, especially those in relation to the pathology and treatment of Remittent fevers, Rheumatism, Colica Pictonum, Purulent Ophthalmia of infants, &c., &c. The error is too common in our country of heralding exotic views often valueless, to the neglect of important contributions of indigenous origin. A few years since, Drs. Cammann and Clarke, of New York, announced in one of the medical periodicals of that city, the discovery of a new method of exploring the chest, which consisted in the auscultation by means of a
solid stethoscope of the sounds produced by percussion. This is certainly one of the most valuable improvements in the art of diagnosis made since the days of Laennec; yet it is not even hinted at by Professor Dunglison in his chapter devoted to the "physical examination of the chest."


The pamphlet before us is a reprint of an article read by Professor Simpson to the Medico-Chirurgical Society of Edinburgh at their meeting on the 1st Dec., 1847. It contains not only arguments, but also facts, in favor of the use of anaesthetic means in surgical operations and obstetric practice.

"Malgaigne (1842) showed that under amputations of the thigh, in the hospitals of Paris, 62 in every 100 died; in Edinburgh, the mortality from this operation, in the only years during which the hospital reports were published (1839–42) was 50 in every 100; Mr. Phillips of London (1844) found the average mortality 40 in 100; Dr. Lawrie at Glasgow (1839) found it also in the hospitals of that city to be 40 in 100. I have notes of 135 cases in which this same operation has been performed in hospital practice on patients in an etherized state, out of these 135 cases 33 died, or only 24 in 100."

Prof. S., after urging the advantages of chloroform over sulphuric ether, adduces 12 cases of natural and morbid parturition in which he administered it with the most decided advantage. The appendix contains letters from Drs. J. C. Warren, W. Channing, A. R. Thompson, C. T. Jackson, M. Wyman, J. M. Warren, &c., all of whom give a decided preference to chloroform over ether, in surgical and obstetric practice, and recommend the article prepared by Wm. B. Little & Co., of Boston.


It is truly refreshing, in this age of book-making, when, for the purpose of acquiring the title of "author," men care but little whether what they publish be new or not, to have placed in our hands a production intrinsically original. The work of Prof. Bartlett is not only his own, but is decidedly the most valuable treatise on Fevers with
which we are acquainted. As its title indicates, it contains the "History, Diagnosis and Treatment of the Fevers of the United States," comprehending Typhoid, Typhus, Periodical and Yellow fevers. The work is remarkably systematic, and written in a clear, perspicuous and easy style. It is eminently calculated to be useful to the profession and cannot fail to secure to its able author an European reputation, as well as to reflect credit upon the medical literature of our country. D.


These volumes, issued from the American press under the supervision of Dr. G. W. Norris, have been lying upon our table for the past four or five months. We have had occasion very frequently to refer to the work during the course of Lectures on Surgery, just completed in our Medical College. At one time we contemplated a review of it for this Journal; hence the delay of this notice. The matter of the author, Dr. Chelius, has however, been before the profession for several years, and the notes, &c., of the translator, Dr. South, are chiefly made up of extracts from John Hunter's works, Sir Astley Cooper's, &c., &c.,—so that we thought it would be best simply to give our opinion respecting this system of Surgery.

We have here in these 2168 pages, including an analytical index of 171 pages, another immense work on Surgery, only equalled in matter by Townsend's, Mott's, Velpeau's. With these two systems of Surgery, the first embracing German and English, and the latter French and American, surely no student need be at a loss for any thing in this department of the medical profession. The work before us is well gotten up by the publishers: Dr. Norris has only referred to American Surgical literature; and it may be considered as complete as any system of Surgery can well be.


We are indebted to the Publishers, as we are for the preceding
works, for a copy of this translation of Prof. Lallemand’s on Spermathrosis, of which it may be said no one has yet attempted to improve. It is, we believe, not only the best, but the only complete publication on the subject.


Silliman’s Journal is now known and acknowledged over the world to be one of the most scientific and best conducted publications of the day. It has long been our desire to do what we could to extend the usefulness of this periodical, of which every American may be proud. Our attention has just been called to the March No., lying on our table, which we find peculiarly rich in scientific matter and intelligence. We call upon every friend of Science and Arts of our country, to sustain, by his subscription and contributions, this truly American Journal.

PART III.—MONTHLY PERISCOPE.

Diagnosis of Scurvy and Purpura.—In an elaborate article which the present prevalence of scurvy has given rise to, the author, Dr. Curran, makes the following distinctions between that disease and purpura:

**SCURVY.**

- Most frequent after 18 years of age.
- Chieflv affects males.
- Gums more or less sore and spongy.
- Ecchymoses more frequent than petechiae.
- Shades of eruption most various.
- Lower extremities almost exclusively affected.
- Muscular indurations nearly always.
- Hematuria scarcely ever.
- Bloody stools very rare.
- True hemoptysis never.
- Neuralgic pains and pains in the spots various.
- Effusions in joints frequent.
- Contraction of flexor muscles frequent.
- Lasts for months, if not interfered with.
- Frequently fatal if not checked.
- Always in connection with errors in diet.
- Affects large numbers of individuals at the same time.
- Speedily cured by lemon juice and fresh vegetables.

**PURPURA.**

- Most frequent between 3 and 18 years of age.
- Females.
- Gums bleed sometimes, are rarely sore, and never spongy.
- Petechia-like spots frequent, ecchymoses rarer.
- At first always dark colored.
- All parts nearly equally.

- Never.
- Not infrequent.
- Occasionally.
- Never.

- Never.
- Never.
- Rarely lasts more than a few days.
- Scarcely ever fatal.
- None such discoverable.
- Sporadic; epidemics extremely rare.
- Cured by purgation and turpentine.

[Dublin Quarterly Journal.]

Dr. Heberden’s Treatment of Dysentery.—Dr. Ayres, after quoting the elegant Latin of the “Commentaries,” in which the use of saline aperients in dysentery is strongly urged, remarks:
I have been in the habit of giving saline purgatives for the last seven or eight years, and, as I can safely affirm, without a single unfavorable or untoward result. To adults I have usually given a drachm of sulphate of magnesia, combined with a grain of ipecacuanha, in some simple aromatic water, every six hours; to children about half the quantity; and to infants a still smaller dose. I have observed that so soon as natural fecal dejections are produced, the bloody mucusites cease to be discharged, the tenesmus disappears, and the patient is cured. In by far the majority of cases the bowels have been properly relieved within twenty-four or thirty-six hours; but in a few cases of a more severe character the bowels have been more obstinate, and the saline purgatives have not produced their proper effect until after the lapse of three days. I have also, occasionally, observed the continuance of tenesmus after the proper action of the bowels; but this has been easily relieved by an opiate. The addition of small doses of ipecacuanha I have imagined to be beneficial, from the known efficacy of this substance in several intestinal diseases; but I should place my chief reliance on the saline purgative. In practice I direct the patient to continue the medicine until fecal motions have made their appearance, and then either to take the medicine less frequently, or altogether omit it, as, without this precaution, severe diarrhoea might be induced. Where this plan of treatment has been adopted, I have not seen a single case in which the disease became chronic.—[Medical Times.

Skoda's Treatment of Pneumonia.—Dr. George W. Balfour, in a paper read before the Medico-Chirurgical Society of Edinburgh, and published in the Edinburgh Med. and Surg. Journ. (Oct., 1847,) gives the following account of the treatment for pneumonia pursued by Dr. Skoda in the General Hospital, Vienna.

"On entering on his duties, Dr. Skoda treated this disease according to the most approved principles. He drew blood from the system; leeched and blistered freely; giving at one time tartar-emetic in various doses—at another employing mercury equally freely. Becoming, however, skeptical as to the amount of benefit derived from such heroic treatment, he gradually left it off; and now nauseants and mercurials are equally unknown. Leeches, cupping-glasses, and blisters are never employed, and general bleeding only where the fever runs high, and the dyspnoe: is great, previous to hepatisation. After this has occurred, he regards the abstraction of blood as injurious, diminishing the chance of a speedy and complete absorption of the exudation. If dyspnoeæ or cyanosis be occasioned by a secretion of tough mucus, an emetic is given. His general treatment consists in giving a scruple of Extractum graminis, ext. Glycyrrhize, or some other equally innocuous extract; from ten to twenty grains of nitre, or latterly a quarter of a grain of corrosive sublimate, by way of attempting to reduce the plasticity of the blood. These remedies are dissolved in from six to eight ounces of water, and given often warm, in the course of the day. From six to eight grains of Dover's powder are occasionally employed, or a grain or two of opium is given, according to the amount of pain and irritation present. Many patients are treated wholly without opium. All have a thick warm cloth (umschlag) laid over the chest. The temperature of the wards is about 60° F. summer and winter; and though well aired during the former season, they are close and ill-ventilated during the latter. The diet is in conformity with the habits of the people, and not more rigid than in other hospitals."

This method of treatment has been pursued, Dr. Balfour states, for three years, and the results have been most satisfactory.—[Am. Jour.
Treatment of Coryza.—M. Deschamps states that he succeeds in suspending a common cold, if taken at the onset by injecting into the nostrils a weak solution of the extract of opium. The liquid may be either thrown up with a syringe, or alternately snuffed up each nostril, the other being closed with the finger.—[Journ. de Chirurgie.]

Treatment of Acute Rheumatism.—In recent cases Romberg’s practice is to bleed at the first instance; to keep the painful limbs at an equable temperature by enveloping them in wadding, and to exhibit ten minims of the tincture of colchicum seeds every two hours, combined with two scruples of the sulphate of magnesia. The remedy found most efficacious in shortening the duration of an acute attack was the bichloride of mercury. To adults it was given in the dose of 1-8th to 1-6th of a grain three times a day. Counter-irritants were at the same time applied.—[Romberg’s Clinical Observations. Brit. and For. Med. Review.]

Influence of Periods of the Day on Births.—Dr. Casper has ascertained—
1st. That the greatest number of births occur between nine o’clock in the evening and six in the morning; while the smallest number occur between nine in the morning and six in the evening.
2d. The pains of labour commence most frequently between twelve at night and three in the morning, but frequently between six and nine in the morning.
3d. The influence of night is more marked with respect to the commencement of labour than with respect to complete delivery.
4th. Among those births in which the pains commenced by day, the greater number were male children, and vice versa.
5th. On an average the delivery was more protracted when the pains commenced by day than by night.
6th. The preponderance of nocturnal over diurnal births is more striking in respect to children born dead than to those born alive.
[British and Foreign Med. Review.

Treatment of Chronic Liptitudo. By ISAAC HAYS, M. D., Surgeon to Wills Hospital.—Ophthalmia tarsi is generally a manageable disease, but occasionally cases are met with in which the affection, in consequence of neglect or bad management, has persisted for years, —the lids have become pulpy, their lining membrane thickened and villous, causing more or less eversion (ectropium), their edges raw and sometimes ulcerated, the cilia irregular and scanty, or entirely lost; with photophobia, lachrymation, &c. Two such cases came under our charge during our recent service at Wills Hospital, and as they had resisted the usual remedies, I was induced to try the alternate application of tincture of iodine, and the solid sulphate of copper, at intervals of three days. The external surface of the lids was painted with the former; and three days afterwards the latter was freely applied over the thickened conjunctiva. Under this treatment
both cases, one of them of 12 or 14 years continuance, have recovered, and we are induced to communicate the circumstance in hopes that this course may prove equally useful in the hands of others.—[American Journal of Med. Sciences.

Rapid Mode of Producing Vesication.—Apply six drops of a mixture of one drachm of liq. ammoniac fortissimus, and two drachms of olive oil, to the woollen side of Markwick's spongio-piline, (patent lint,) and press this gently against the skin. In the course of ten minutes a perfect blister is formed.—[Pharm. Journ.

Nitrate of Silver, in the form of Compound Powder, in Chronic Discharges from the Ear.—The difficulty of applying nitrate of silver in the solid form, or in the form of solution, to the tube of the external ear, led M. Bonnafont, a considerable time since, to contrive a powder, which, in cases of chronic discharges from the organ, might be blown in. His formula directs equal parts of fused nitrate silver, talc of Venice, and lycopodium powder, thoroughly pulverized. He affirms, that with certain precautions as to the previous cleansing of the meatus from purulent matter, and the like, this treatment is of the greatest service.—[Bulletin de Thérapeutique, and Gazette Médicale de Paris, from N. Y. Journal.]

Physometra Tympanitis.—(From Meigs' "Females and their Diseases.") Dr. Brown was a famous physician, who lived at Port Tobacco, in Maryland, many years ago. He was one of three brothers, all of whom obtained considerable eminence in medicine in their own Districts and States. He was the Dr. Brown who was called in consultation with Dr. Dick and Dr. Craik, at the last illness of General Washington. My master, Dr. Thomas Hanson Marshall Fendal, of Georgia, was his pupil, and he told me, thirty-eight years ago, that this was one of Dr. Brown's formulas. Dr. F. used it in almost all severe cases of tympanitic disorder, and I have used it ever since, and ever shall.

Take one ounce of manna,
One drachm of anise seed,
Eight ounces of boiling water.
Mix them, and let the mixture rest for half an hour, then strain the liquor.
To the strained liquor add three drachms or four drachms of Carbonate of Magnesia, so as to make a perfect mixture.
A wine-glassful may be given for the dose, to be repeated every two hours, or three hours, until it operates.

To make Leeches take.—Dr. Rennes recommends a piece of linen wetted with pure wine; the leeches then placed in the linen are applied to the parts to be topically bled. They are said to take hold immediately and draw vigorously.—[Journ. des Connaissances.
### MEDICAL INTELLIGENCE.

*Medical College of Georgia—Graduates for Session 1847-8.*—Accompanying the last No. of our Journal, was a Catalogue of the Students for the last Course of Lectures in the Medical College of Georgia. Through inadvertence, the name of Mr. B. S. Simmons, of Georgia, was omitted; making the whole number 151, instead of 150. At the close of the course, the Degree was conferred upon the following approved candidates:

<table>
<thead>
<tr>
<th>Name</th>
<th>Residence</th>
<th>Thesis</th>
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<tbody>
<tr>
<td>J. H. Walton</td>
<td>Georgia</td>
<td>Gastritis</td>
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<tr>
<td>G. G. Mathews</td>
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<td>Gonorrhoea</td>
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<td>J. A. Ethridge</td>
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<td>Bloodletting</td>
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<td>J. H. Oliver</td>
<td>&quot;</td>
<td>Acute Hepatitis</td>
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<td>A. G. Hulsey</td>
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<td>Typhoid Fever</td>
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<tr>
<td>E. M. Fant</td>
<td>So. Carolina</td>
<td>Oil of Turpentine</td>
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<td>Thomas J. Hester</td>
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<td>Rhus Toxocodendrum</td>
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<td>W. Capers Bowie</td>
<td>Georgia</td>
<td>Phrenitis</td>
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<td>Andrew Young</td>
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<td>Pneumonia</td>
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<tr>
<td>H. C. Hines</td>
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<td>Fetal Circulation</td>
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<td>J. E. Ellison</td>
<td>&quot;</td>
<td>Medical Reform</td>
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<tr>
<td>Henry Rossignol</td>
<td>&quot;</td>
<td>Gonorrhoea and Chancrese</td>
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<td>H. A. Bignon</td>
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<td>Sulphate Quinine</td>
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<td>A. C. Hart</td>
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<td>Juriah Harris, Jun't.</td>
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<td>R. T. Stell</td>
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<td>O. J. Settle</td>
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<td>E. W. Perry</td>
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<td>J. D. Twiggs</td>
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<td>Effects of Tobacco</td>
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<td>Lewe Sessions</td>
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<td>Gonorrhoea</td>
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<td>T. A. Ward</td>
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<td>Prolapsus Uteri</td>
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<td>T. C. H. Wilson</td>
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<td>Mercureials in Fever</td>
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<td>H. E. Hurst</td>
<td>Alabama</td>
<td>Pneumonia</td>
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<td>J. P. Clopton</td>
<td>Georgia</td>
<td>Diseases of the Liver</td>
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<td>Cicero Gibson</td>
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<td>Robert Montgomery</td>
<td>Tennessee</td>
<td>Dyspepsia</td>
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<td>D. F. Bowers</td>
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<td>Congestive Fever</td>
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<td>R. L. Warren</td>
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<td>Phlegmasia Dolens</td>
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<td>Enoch Mulkey</td>
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<td>S. G. N. Ferguson</td>
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<td>F. E. Fitton</td>
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<td>Purpura Hemorrhagica</td>
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<td>William Lindsey</td>
<td>Georgia</td>
<td>Obstructed Labour, &amp;c.</td>
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<td>W. P. Parker</td>
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<td>T. E. Massingale</td>
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<td>R. A. Trippe</td>
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<td>Laryngitis Membranacea</td>
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<td>John Clardy</td>
<td>So. Carolina</td>
<td>Remitting Fever</td>
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<td>J. A. Williams</td>
<td>Georgia</td>
<td>Quinine</td>
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<td>W. H. C Prior</td>
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<td>Intermittent Fever</td>
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<td>J. R. Johnson</td>
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<td>Intermittent Fever</td>
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<td>J. L. Harris</td>
<td>Alabama</td>
<td>Inflammation</td>
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<td>J. E. Walker</td>
<td>Georgia</td>
<td>Science of Medicine</td>
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<td>D. B. O'Sullivan</td>
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<td>Drastic Cathartics in Paroxysmal Fever</td>
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<td>D. A. Rich</td>
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<td>J. N. Simmons</td>
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<td>C. C. H. Mathews</td>
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<td>Medicinal Combination</td>
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<td>G. B. Knight</td>
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<td>W. R. Neal</td>
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<td>John Riordon</td>
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<td>J. W. Yarborough</td>
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<td>Intermittent Fever</td>
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<td>Lafayette Riley</td>
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Of which number, 42 were from Georgia,
5 from South Carolina,
4 from Alabama,
1 from Tennessee.

Total, 52 Graduates.

Prof. Garvin, on the part of the Faculty, delivered a very excellent and appropriate Address to the Graduating Class, and Dr. Fitten, of their number, in his response, did honor to himself and his associates by whom he had been selected for the occasion.

Chloroform applied to Midwifery, as well as Surgery, in Augusta, Ga.—With much pleasure, we give place to the following letter, with the sentiments of which we pretty well accord. Differences of opinion and practice too, must be expected in a country like our own, where medicine may be exercised without restriction. Where neither the law nor people acknowledge science in the healing art, the introduction of any new potent agent as a remedial means must be attended with disastrous results in its indiscriminate application to diseases. The discoverer of chloroform to produce insensibility, Prof. Simpson, of Edinburgh, expressly stated that as it contained no oxygen, a closed inhaler should never be employed. A handkerchief or sponge was recommended in its administration to patients; so that the atmosphere might have access to the nose and mouth during respiration. An air-tight inhaler was recently employed by a dentist in Cincinnati, to produce insensibility in a lady whose tooth was about to be extracted; and the news-papers of the day are widely circulating the report of her death. Had carbonic acid gas been used, instead of chloroform, the same unpleasant result could not have been more effectually secured. Chloroform, like every agent of the materia medica, requires discrimination in its application.

Since the report in our last No. (and we here correct an omission in it, viz: on page 188, 13th line, between the words “cases” and “to”, please insert with one exception,) we have resorted to chloroformization in a few cases. Besides the one published under the original department of this No., it has been employed in a case of Hare-lip, Episioraphy,* Strabismus, &c. In the case of Lithotomy, the rectum was freely evacuated after the state of insensibility was produced, although the bowels were stated to be empty. In the Hare-lip, for fear of strangulation by the blood entering the larynx, the anaesthetic condition was designedly only partial. In the Episioraphy, we found the operation could not be performed while the woman was under the influence of the chloroform. The rectum, by its involuntary contraction, would occasion the inferior posterior surface of the vagina to bulge up, which when removed by the finger, the uterus would descend. Chloroformization had to be abandoned, and the operation performed without its aid. In the operation for Strabismus, a hook was used to draw the eye outwards, to expose the tendon of the internal rectus muscle. This was in our own son, aged 13 years.

Letter from Professor J. A. Eve, to the Editor, on the use of Chloroform in Obstetric Practice. March 15th, 1845.

Dear Doctor—Before taking leave of our last Class, I expressed to them my thorough conviction of the safety and utility of the Chloroform in Obstetric

*Episeion, the labia pudendi, and raphe, suture.
Practice; as these have certainly been satisfactorily demonstrated by Professor Simpson, to whom the gratitude of the gentler sex and the medical profession is due for having introduced it into obstetrics. And its safety and utility determine the propriety; for it is absurd to object to its use as an attempt to counteract the Divine decree which said to our first mother "in sorrow thou shalt bring forth." The argument would be equally good against all obstetric assistance, and indeed of equal force against any profession or calling in life, by which any descendant of Adam may "eat bread," otherwise than "in the sweat of his brow." It is certainly much more consonant with sound reason and true religion, to regard all the discoveries and improvements in Science and Art as the blessings of God, given to soften the severity of the primeval curse, and meliorate man's fallen state, without respect to person or sex.

But whilst the safety of Chloroform, in properly selected cases, has been demonstrated, it is unreasonable to suppose that an agent, so powerful in its action on the nervous system as entirely to suspend sensibility, can be altogether devoid of danger, in some cases, and no caution requisite in its administration.

My opinion is, that it should only be administered in labours of unusual severity, or wherein some capital obstetric operation is required, and never, unless the system is free from disease, especially from those of the head, or even a predisposition thereto. That it should rarely, if ever, be given before the termination of the first stage; that the patient should not be kept under its influence more than one or two continuous hours, but be allowed to wake up, and after a short interval be put to sleep again, as often as may be considered necessary.

On the 4th instant, I administered the chloroform to a lady whose former labours had been very painful and protracted: at a quarter past 10 o'clock, P.M., soon after the second stage had commenced she began to inhale it simply poured on a handkerchief, as a piece of sponge could not be procured. She soon fell asleep, but the uterine contractions continued with equal force and more effect. My first remark was, that the contractions were more efficient in advancing the labour, though farther apart, but on timing the intervals by a watch, it was found that they were only apparently long, from the intense anxiety with which I waited for the uterus to act, and that sometimes the interval was not more than two or three minutes. Her pulse became slower. Her respiration was sometimes audible, but never stertorous; during most of the time she slept and breathed as sweetly and softly as an infant. She would occasionally wake up partially, and eagerly grasp and press the handkerchief to her nose to deepen the effect. She continued under the influence of the chloroform an hour and a quarter, unconscious of pain until after the expulsion of the head, when she awoke and earnestly entreated for more, but the supply was exhausted. She declared that if she had had more, the whole birth would have been accomplished without her knowledge; but even as it was, she said she did not suffer near as much, as she otherwise would have done, from the last pain or two required to terminate the delivery, in consequence of having had so long a respite from pain.

I confidently believe, had she not taken the chloroform, her labour would have continued some hours longer, as on former occasions, when her children were much smaller than in this instance; the child weighed eleven pounds.

The agency of chloroform in accelerating labour is most probably attributable, in a great degree, if not principally, to its effect in rendering the patient silent and motionless, when no power being expended in exclamation and motion, all the energies of the system are concentrated on the uterus.

This lady compared the sensation excited in her head, by chloroform, to the sound of ten thousand hammers, but it was not at all painful or even unpleasant. She expressed herself in the highest degree delighted with its effects, and thanked Heaven that she had had resolution enough to take it—that hereafter she would not be afraid to use it for any purpose.

Not the slightest injury was sustained, either by mother or offspring.

Since the above was written, there has been published in the Medical Examiner a letter from Professor Meigs to Professor Simpson, in which the former gentleman objects to chloroform, in obstetric practice—lst, because he regards the pain in parturition as physiological, and thinks it ought not to be suppressed,
and really, because, in the employment of instruments, he considers it necessary to know how much the patient suffers to avoid doing harm.

The first objection appears to me rather more specious than solid, for admitting the pain to be physiological, I can perceive no good reason why it should not be relieved, if susceptible of relief, without interference with the process or injury to the patient. But it is a difficult question to determine how much pain is strictly physiological, or essential to parturition, and how much is the result of the unnatural and injurious habits and customs of civilized life; for we know that in the savage state and among those whose manner of living is more natural and conducive to the healthy performance of all the physical functions, there is comparatively very little pain or danger; and even in the most refined society, instances are not very uncommon of almost painless labour.

In what are styled easy labours, or whenever the suffering is not intense, anaesthesia is scarcely necessary, even if there were no danger at all. But pain, when inordinate, is itself a great source of danger, as it may destroy life directly, or indirectly, by inducing convulsions or other fatal affections: it should certainly therefore be at least abated, whether physiological or pathological. If there were no dangers to be apprehended from pain, it is in itself a great evil, and its relief an object of vast importance, one of the happiest achievements and highest triumphs of medicine. Surgical statistics declare a diminished mortality, under the use of anaesthetic agents, and I think it highly probable there will hereafter be the same result in obstetrics.

Professor Meigs' second objection does not appear to me much more valid than the first. The degree of pain actually felt is not always in proportion to the injury sustained, and the expression is a still more fallible criterion. Some complain excessively when suffering comparatively very little, whilst others make very little complaint, however intense their sufferings may be. Nothing can compensate to the accoucheur for a want of the most minute and accurate knowledge of the maternal structures and the position and relations to them of the foetal head. He should always operate by art and not by force, graduating the power employed by his knowledge of what may be applied and borne with safety, and not by the resistance to be overcome: he should always know that he is using no destructive violence, inflicting no injury, whether the patient be sensible of it or not. It would certainly be a very uncertain and unsafe reliance, to depend on the patient to inform us whether we are applying and using instruments properly. One great source of embarrassment and danger in operative midwifery is the difficulty often encountered, of controlling the voluntary movements of the patient, which is entirely obviated by the anaesthetic influence of the chloroform. It is in instrumental deliveries, and during the performance of other important obstetric operations, that I consider its administration peculiarly appropriate and advantageous.

With sincere regard, your friend,

J. A. Eve.

The first meeting of the Medical Association of Alabama.—We have received the following intelligence respecting the first regular meeting of the Medical Association of Alabama: It was held on the 8th and 9th of March, at Selma—Dr. R. Lee Fearne, was elected President for the ensuing year; Drs. S. D. Holt and B. R. Hogan, Vice Presidents; Dr. J. Marion Sims, Recording Secretary; and Dr. H. V. Wooten, Corresponding Secretary. Committees were appointed to investigate the diseases, &c., which may occur during the year in the different sections of the State, and report fully on the subject at the next annual session, which will be held in Wetumpka on the first Tuesday of March, 1849. The following Delegates were elected to the National Medical Association: Wm. B. Johnson, P. H. Lewis, A. Lopez, B. R. Hogan, H. V. Wooten, D. H. Bythewood, J. E. Prestridge, B. A. Blakey, Ed. Gantt, F. A. Bates. Dr. A. G. Mabry was appointed to deliver the next annual address.

The meeting, we learn, was a full one, and the very best spirit pervaded its
Medical Convention of South Carolina.—We learn from the March No. of the Charleston Medical Journal, that a Convention has recently been held in that city of the Physicians of South Carolina. It resulted in the formation of the South Carolina Medical Association, with the following named officers:—Dr. Moultrie, President; Drs. Branch and Ready, Vice-Presidents; Dr. Cain, Recording Secretary; Dr. Johnson, Corresponding Secretary; Dr. Robertson, Treasurer; and Dr. Gaillard, Orator for 1819.

To the Editor of the Southern Medical and Surgical Journal:
At a regular meeting of the Georgia Medical Society held on the 2d instant, the following gentlemen were elected officers for the present year:—President, Richard D. Arnold, M. D.; Vice-President, P. M. Kollock, M. D.; Secretary, Treasurer and Librarian, Johnston B. Tufts, M. D.

Very respectfully, your obedient servant, JOHNSTON B. TUFTS, M. D., Sec'y G. M. S.

Savannah, March 3d, 1848.

Epidemic Pneumonia.—Dr. Jones writes to us from Irwinton, Ga., dated Feb. 1848:—"I am now very busily engaged in treating an Epidemic Pneumonia which is prevailing extensively in this and the counties west of this place. There is something particularly interesting in the history of the disease, but it is impossible for me to give it to you now. It is confined entirely to the districts and water courses where intermittent fever is most prevalent during autumn.

"The attack is sudden and violent, with great prostration of strength; rapid, feeble, and irregular pulse; the peculiar rusty sputa appear in a few hours. It will not bear well general depletion—large doses of quinine give almost certain relief."

Permanent recovery from Deafness, by the inhalation of Ether.—We have the fact from good authority, that a lady in Macon, Ga., while subjected to etherization for the extraction of a tooth, suddenly recovered her hearing. This occurred some months ago, and the perception of sounds remains perfect.

Epidemic Measles—From all sections of our State, and from several of the adjoining ones, we learn the prevalence of the Measles. Its character in this city thus far, is mild.

Health of Augusta, Georgia.—During the sixteen Sessions of Lectures in the Medical College of Georgia, embracing four months of each year and about 1250 Students, there has occurred but one death.

Another fact on the same subject, is, that we have four persons, three white and one colored, residing in the same family, each over 80 years old. They are from the French West India Isles.

MEDICAL MISCELLANY.

M. Hénot, surgeon in chief and professor of the Military Hospital of Instruction at Metz, France, has performed successfully the disarticulation at the cixo-
femoral joint. The patient was under the influence of the ether; aged 26 years; disease, a voluminous exostosis: method, anterior and posterior flaps; time, 5 minutes and 30 seconds, including the ligatures to the arteries of the anterior flap.

M. Liston died on the 9th of Dec., of an aneurism of the aorta near the in-nominata. It had opened into the trachea.

The celebrated chemist, Baron Berzelius, has for two months past, Nov. and Dec., been laboring under paralysis of the inferior extremities. His intellect remains perfect and his Secretary writes every day, while he dictates. He also carries on his chemical experiments.

M. Bouillaud, having declined the Presidency of the Academy of Medicine in Paris, M. Royer Collard was elected in his place. M. Velpeau, vice-President, and M. Melier the annual Secretary.

It is proposed in Germany, to levy a tax on all dogs, as a prophylactic means against hydrophobia. How many worthless curs exist in the United States, each one of whom, besides consuming what might support a hog, may possibly be the means of propagating a most terrible and incurable disease. We counted in our city the other day, eleven dogs following one black boy.

There are no less than 36 missionary Physicians now engaged in the work of civilizing and converting the heathen world. Of this number, a large majority are from the United States.

OBITUARY NOTICES.

At a meeting of the Faculty, Alumni, and Students of the Medical College of Georgia, held on the 20th March, 1848, the following Preamble and Resolutions were unanimously adopted:

Having by Divine dispensation been bereft of our friend and associate, Dr. David A. Rich—one whose life was not only blameless, but who united to talent of high order, an abiding love of virtue, an amiable disposition and amenity of manners, which never failed to secure the respect and admiration of all who knew him—Therefore,

Resolved, That we deplore the death of our lamented friend and associate, who has been cut off in the vigor of life, and in the midst of bright prospects of a useful and honorable career.

Resolved, That as a mark of respect to the memory of the deceased, we will wear the usual badge of mourning for thirty days.

Resolved, That a copy of these resolutions be forwarded to the relations of our departed friend, as an expression of profound sympathy in their sore bereave-ment.

Resolved, That these proceedings be published in the city papers, and in the Southern Medical and Surgical Journal.

G. M. Newton, Chairman.

J. N. Simmons, Secretary.

Death of Dr. Harden of Georgia.—With deep regret it becomes our painful duty to record the death of Dr. Harden, of Liberty county, Ga. It was never our good fortune to meet him in life; but for years past we have been associated with his name in the medical periodicals of the day. He was a graduate of the Pennsylvania University; had contributed largely to our medical journals: he died of dyspeptic symptoms near Tallahassee, Florida, on the 16th February,
1848, at the early age of 38. In a preceding No. of this Journal, vol. 2, p. 590, we took occasion to express our opinion of Dr. Harden's contributions to the medical literature of our country. His articles in the Southern Medical and Surgical Journal, and in the American Journal of Medical Sciences, had secured to him a well earned reputation as a writer. His researches on Isopathia, or the Parallelism of Diseases, were alone sufficient to stamp him an indetachable student and a man of decided talent. No one in this State has done more for medicine. Under many disadvantages he toiled on undismayed by disease or death itself, and with the christian's hope he sank into an early grave. We mourn the loss of one of the most active and interesting collaborators in the death of Dr. John Macpherson Berrien Harden—society, one of its most useful and benevolent members—science, a true friend and ardent cultivator—and our profession, a most devoted and kind-hearted brother.

Deaths in Philadelphia.—Dr. Hewson, for many years one of the Surgeons to the Pennsylvania Hospital, and long engaged in extensive practice in Philadelphia, has just died at an advanced age.

Dr. Jacob Randolph, the son-in-law of the late Dr. Physick, one of the Surgeons to the Pennsylvania Hospital, Lecturer on Clinical Surgery in the University of Pennsylvania, we learn by the papers has also suddenly deceased.

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<td>Remarks</td>
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<td>1 38 29 83-100</td>
<td>56 29 80-100</td>
<td>N. W. Cloudy afternoon.</td>
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<td>2 41 72-100</td>
<td>64 62-100</td>
<td>s. Rain 35-100.</td>
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<td>3 46 65-100</td>
<td>54 62-100</td>
<td>s. Rain.</td>
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<td>4 51 45-100</td>
<td>63 45-100</td>
<td>w. Cloudy — breeze.</td>
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<td>5 39 45-100</td>
<td>44 51-100</td>
<td>w. Fair — blow.</td>
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<td>6 29 62-100</td>
<td>40 72-100</td>
<td>w. Fair — blow.</td>
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<tr>
<td>8 32 67-100</td>
<td>55 61-100</td>
<td>N. W. Fair — blow.</td>
</tr>
<tr>
<td>9 24 30 2-100</td>
<td>53 30 2-100</td>
<td>N. W. Fair.</td>
</tr>
<tr>
<td>10 33 29 94-100</td>
<td>55 29 88-100</td>
<td>E. Cloudy.</td>
</tr>
<tr>
<td>11 46 84-100</td>
<td>63 83-100</td>
<td>S. W. Cloudy — sprinkle.</td>
</tr>
<tr>
<td>12 35 93-100</td>
<td>53 95-130</td>
<td>N. Fair since 12 o'clock.</td>
</tr>
<tr>
<td>13 30 14-100</td>
<td>56 30 12-100</td>
<td>S. Fair.</td>
</tr>
<tr>
<td>14 30 30 2-100</td>
<td>56 29 90-100</td>
<td>E. Cloudy.</td>
</tr>
<tr>
<td>15 55 29 91-100</td>
<td>59 88-100</td>
<td>S. W. Rain. 85-100.</td>
</tr>
<tr>
<td>16 56 85-100</td>
<td>61 81-100</td>
<td>S. W. Rain.</td>
</tr>
<tr>
<td>17 56 76-100</td>
<td>64 76-100</td>
<td>S. W. Cloudy.</td>
</tr>
<tr>
<td>18 53 86-100</td>
<td>52 86-100</td>
<td>E. Rain — drizzly.</td>
</tr>
<tr>
<td>19 46 84-100</td>
<td>55 72-100</td>
<td>S. W. Cloudy.</td>
</tr>
<tr>
<td>20 56 66-100</td>
<td>66 64-100</td>
<td>S. W. Cloudy — heavy rain at 12 M.</td>
</tr>
<tr>
<td>21 56 66-100</td>
<td>66 64-100</td>
<td>S. W. Rain. 2 inches and 65-100.</td>
</tr>
<tr>
<td>22 61 65-100</td>
<td>66 57-100</td>
<td>S. W. Rain.</td>
</tr>
<tr>
<td>23 55 80-100</td>
<td>62 81-100</td>
<td>N. W. Cloudy — rain.</td>
</tr>
<tr>
<td>24 51 74-100</td>
<td>47 77-100</td>
<td>N. W. Rain. 2 inches.</td>
</tr>
<tr>
<td>25 41 89-100</td>
<td>41 90-100</td>
<td>N. W. Rain.</td>
</tr>
<tr>
<td>26 35 92-100</td>
<td>43 98-100</td>
<td>N. W. Cloudy — sprinkle.</td>
</tr>
<tr>
<td>27 30 93-100</td>
<td>61 87-100</td>
<td>N. W. Cloudy.</td>
</tr>
<tr>
<td>28 30 85-100</td>
<td>64 83-100</td>
<td>W. Fair — breeze.</td>
</tr>
<tr>
<td>29 40 63-100</td>
<td>73 63-100</td>
<td>W. Fair — breeze.</td>
</tr>
</tbody>
</table>

10 Fair days. Quantity of Rain 6 inches 30-100. Wind East of N. and S. 3 days. West of do. do. 15 days.