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"Je prends le bien où je le trouve."

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The reader will perceive that I have headed my article Colchicum. Although thus headed, Cathartics will be treated of in general and Colchicum in particular. We have various species or varieties of cathartics, and each variety or kind is adapted to the removal of certain conditions of the diseased animal system. A portion of these articles have scarcely any effect in obviating confirmed pathological conditions: nevertheless they are grouped or classed in reference to the quality or kind of operation they excite in or from the alimentary canal and collectitious viscera. Cathartics have been divided into four species or varieties, which are presumed to include all the important divisions of this class of medical agents.—(Doubtful, if what I state in the sequel is true.)

The first division or species, Eccoproctics: they gently move and quicken very slightly the peristaltic action, and hasten in a limited degree the discharge of fecal matter, thereby obviating moderate costiveness or torpor of the bowels; but are inert and inefficient articles in changing the conditions on which strikingly diseased and pathological actions depend—manna or honey will serve as an example.

The second species, Copragogue Cathartics, very obviously increase and hasten the discharge of fecal matter from the intestinal canal, producing little or no change in the quality or kind of operations, but merely purge the alvine canal of its con-
tents. Castor oil will serve as a suitable and proper example. This species also has little or no effect in changing or obviating and modifying to any extent confirmed pathological conditions or states of the animal system. They do not alter, counteract, or overcome morbid action of any kind, and have no immediate or remote agency in subduing, removing, or curing diseased action. Strictly speaking, they do not operate as curative agents, but are used merely to empty the bowels of fecal matter—to hasten or assist the operations of other cathartics, or to remove accumulations that may be injurious from quality or bulk.

Cholagogue Cathartics is the third species. Their powers and operative effects are principally expended on the liver, spleen, &c. By them, pathological conditions are overcome, new modes of action are excited, disease is controlled, the secretions undergo manifest change and the excretions are much altered. This species or division acts principally as counteragents, and subdue disease or the states of the system on which disease depend, more by virtue of a moderate and general change wrought by them on the secretions and excretions, than by any actual reduction they may excite in the vital energies or functions. The articles of this species certainly possess a two-fold operation, action or effect—a cathartic and deobstruent or a reducing and counteracting effect. The latter is the chief and mostly to be desired effect or operation. It is a highly important species or division of medicinal agents; they are used mainly for the purpose of obviating derangements of the biliary and organs of a kindred nature. The diseases peculiar to these organs are operated on, benefited, cured or removed, by virtue of the operative effects of this sort of articles. Inflammations, acute, sub-acute and chronic, are changed and overcome, when unaccompanied by any great degree of entony and irritability on the one hand, or atony and torpor on the other. If these peculiar conditions exist, they should be removed, that the proper and beneficial effects may be realized. The various preparations of mercury belong to this division, and it would be an idle waste of time if I were to attempt to point out the various and multiplied forms of disease to which they are peculiarly and exclusively adapted.
The fourth species or division, is Hydragogue Cathartics: they operate generally as reducing agents or antiphlogistics. The articles belonging to this species or division, so far as their operative effects have been manifested, examined and understood, may with propriety be said to possess two powers of action by which they control disease; one of these properties or powers merely exhausts or reduces the vigour of the system or vital energies, by operating on the exhalents and depriving the system of that great diluent of the blood, water or serum, and do not counteract and change diseased action in any other way than by lessening the quantity of the circulating fluids.

Elaterium is a striking example of the peculiar effects of the reducing properties or powers of a portion of the articles of this species. I have discovered no other medicinal effect belonging to it than a mere agent of reduction. It is useful in removing collections of water, thereby giving other articles an opportunity to correct the conditions on which dropsical affusions depend. Sulphate of soda, sulphate of magnesia, and sulphate of potash, operate after the same manner as elaterium, so far as their purgative powers depend or are concerned; or, in other words, they lessen the tone and vigour of the system by producing copious watery evacuations. But these last named articles possess another power, by which they overcome and change morbid action accompanied with entony, or exalted vital energy, which is a purely refrigerant power, and by virtue of this property or quality, (refrigerant,) they allay the restlessness and jactitation, heat and dryness of the skin in the cases in which they are indicated. Both of the powers, strictly speaking, and with propriety, may be styled reducing, from the circumstance of their overcoming disease accompanied with entony or exalted action. But the mode or manner by which these two effects of controlling disease is manifested should certainly be distinguished and separated. In the one case, the entony or exalted vital energy is overcome by the reduction of the quantity of the vital fluids in the heart and arteries: thus giving the system an opportunity to rally and recover itself. In the other case, the condition on which the increased strength of the heart and arteries depend, is changed, altered, counteracted, modified and overcome, independent of any discharge. Which of these properties, powers,
or operative effects, is the most efficient in the cure of disease, is not fully settled—one portion of authority relying on the one, and the other, or opposing authority, on the other.

But to illustrate what I understand and mean to convey by a refrigerant effect or operation, in contra-distinction from the purgative or reducing effects alluded to above, I will do so by tartar emetic and its properties or powers.

We know that this article powerfully exhausts by its active emetic operation, and much more so if it excites catharsis in addition. Exalted action is reduced by virtue of the liquids discharged by emesis, and much further if catharsis follows. We have it on the highest authority, that the more of this article that can be given at repeated intervals, short of producing nausea and vomiting, the more effectually it subdues and overcomes morbid action. This action, or the effects produced by administering tartar emetic, in small doses and at short intervals, so as not to reach the point at which nausea and emesis are exerted, is what I understand by a refrigerant. The emesis and catharsis that follow, or ensue, from the administration of this article in full doses, reduce by evacuation instead of refrigeration, and I think it clearly and manifestly marks out the difference between the various effects of this article. The above will, I trust, serve imperfectly to convey my meaning.

In using cathartics in the cure of disease, we should bear in mind, or examine minutely into, the diseased condition of the system, and ascertain the kind of cathartic that is indicated to remove the condition we are attempting to obviate. Castor oil would be worse than useless as a cathartic if calomel was truly indicated. The same may be said of rhubarb if neutral salts were called for, and so on. In the administration of cathartics, as curative agents, we should look to their immediate and remote effects—to the shock or impression we wish to make. Whether it would be proper to storm the citadel or take it by siege; or, in other words, whether we shall attempt to break up the disease by powerful and active purging with cathartics that rapidly exhaust and reduce, or by slow and moderate purging, and with articles that rather counteract than reduce. It is altogether important to be able to select the article indicated, and equally necessary to administer it in portions to meet the force of disease.
There is another species or division of cathartics which should be added, however silent the books may be on the subject; or it may be that the species to which I allude is pointed out by authors that I have not examined. Be this as it may, if the species is spoken of or treated by any author, I hope the learned Editor of the Journal will cite the author or authors. It is Chylogogue cathartics. If I am not greatly mistaken, Colchicum acts as specifically and generally on the chylifacient system, or the chyliferous vessels, as mercury on the liver, and that its operations are as purely chylogogue in appearance as the operation of calomel are cholagogue. It is considered to be hydragogue by some; but I am fully persuaded in my own mind that it does not produce hydragogue operations, and that it only possesses one property in common with that species, and that is its exhausting or reducing power. I believe it to be sound philosophy and correct reasoning, that where the appearances of the operations are different, the effects on the system different, and the diseases to which an article or articles are indicated are different, that they should not be arranged under the same species or division of remedies. I have used colchicum extensively, and in every variety of dose, and in various combination; but I never saw it produce a watery stool in my life. It has, under my observation, invariably produced whitish, frothy operations—they foam and froth, and resemble very much in appearance lime and water stirred together, and look as though they were in a state of fermentation. I am fully convinced, from an extensive use and closely observing its effects, that colchicum is one of the most efficient agents of the Materia Medica in subduing disease; and that it is as safe as it is energetic.

I believe a great many of our most valuable articles have fallen into disuse and unmerited neglect, from the bunglingly careless manner in which they are prepared and administered. I have found no one article of so much value in the cure of Rheumatism and Gout; many cases of Dysmenorrhœa have yielded to its use; a great many pains, non-descript, (if I may be allowed the expression,) have readily given way under its influence.

Mr. W. was troubled with pain in the region of the spleen
and kidneys, weakness in the lumbar region, with occasional attacks of haematuria, had been treated for affections of the spleen and kidneys; was afterwards treated successfully with colchicum alone.

M. J. had pain midway between the anterior superior spinous process of the ileum and navel; could cover the spot with his finger. Had been treated for liver disease; had taken a great deal of blue mass, with various other remedies. Colchicum, alone administered, relieved or cured him. If I am right in my views, as to its operating more particularly on the organs of chylification, and that the nervous energy of the brain and spinal marrow and healthy sanguinification, are so entirely dependent on the normal performance of this system, in the economy of nutrition, growth and development, of every kind, it must follow, as a legitimate consequence, that this article, operating on this portion of the system, does change, overcome and cure, or greatly modify, nervous diseases and nervo-febrile diseases. A strong proof in confirmation of its peculiar action on the portion of the animal system assigned it in this article, is, that in many cases little or no effect is produced, or relief obtained, until the peculiar operations or discharges from the bowels occur, which are evidence or tests that the portion of the system on which it specifically operates, has been reached.

Mr. C. is another instance of the powerful effects of the article. He is frequently attacked with violent pain in the knee and heel, sometimes with, and at others without, febrile affection. I have treated him successfully with colchicum, when free from, or when accompanied with violent febrile affection or symptoms;—and I must be permitted to state here, that his was the first case which called my particular attention to the peculiarity of the discharges occasioned by this article. He being easily alarmed, immediately sent for me to relieve his fears, as to what might be the effects of these peculiar whitish and frothy operations. This was in the year '36. The urgent symptoms were all relieved when I reached him; and as I knew not, nor had witnessed no such discharges before, I attributed them to the article he was taking. Since that time, I have given my attention to its effects.

Mr. J. C. is subject to attacks of pain in the heel and great
toe, which are accompanied at times with febrile symptoms, and at others there is no general effects or disorder of the system. Treated successfully with colchicum. This is the second case that called my attention to the peculiarity of the discharges. He had taken it freely, so much so that it produced emesis and catharsis. He became alarmed at the peculiarity of the discharges—I was again sent for; when I arrived, the emesis and catharsis had ceased, and every vestige of pain was gone.

It is a valuable remedy in Pneumonitis, where it attacks gouty or arthritic patients. It is cathartic, and more or less emetic; in addition, it possesses considerable nervine powers. Although set down as a diuretic and hydragogue cathartic, I do not believe that it possesses any properties why it should be dubbed with these titles. But others that have used it more successfully, extensively and accurately, than I have, may have discovered these to be its peculiar and specific operative effects. I admit that it exhausts considerably, if pressed so as to operate drastically or excessively; but I hold even this to be evidence, more or less, in point of its operating on the chyliferous and chyliferous systems. If it produced large watery evacuations, we could account for its reducing powers. But writers speak of its being much more exhausting than most hydragogues. I think the following the true, or, at least, reasonable explanation. By discharging chyle, and inverting the action of the chyliferous vessels, we can readily understand how it would weaken and exhaust, by directly operating and diverting this animalized and highly nutrient fluid from entering the circulation and withdrawing the very pabulum vitae from the brain and nervous system. I believe it possesses great deobstruent powers, and in that respect may be classed with calomel, conium, nitrate of silver and iodine; because, like many of these articles, it removes disease without producing any discharge by emesis, diuresis, diaphoresis or catharsis.

The above remarks were written, to point out in some measure the various kinds of discharges excited by the different species of cathartics, and a portion of their general effects; but more particularly to call the attention of physicians to the powers of colchicum, and the kind of cathartic I believe it to be, and some of the diseases I have used it in with effect.
We often hear of wonders being performed, by some men, with articles, and their proving inert or detrimental in the hands of others. This conflicting testimony can only be reconciled by the preparation, application, and conditions of the system being better understood, and more cautiously applied in the hands of the successful than by those who fail; and it certainly should impress every man with the necessity of understanding the powers of articles he uses, and the portion of the system they peculiarly operate on, and that they are particularly adapted to the then existing states or conditions when administered. The Practice of Medicine being an art, can never be transmitted or handed down from one to another, and its perfection must ever depend on the study, industry and judgment, of the individuals themselves. Colchicum is considered to be a diuretic by many, but on what grounds or principles I am at a loss to conceive. If its powers over the chylifacient and chyliferous organs were borne in mind, and the disorders of the renal secretions arising or having their origin from derangements of that highly important system, occasioning great variations in the secretions, we would not be so liable to attribute for primary effects, those that are truly indirect and secondary. It would be well also to bear in mind, that deficiency of action or torpor in one portion of the system, is liable to be followed by increased irritability and secretion in other or distant organs—when a corrective or counter agent, or allayer of morbid nervous irritability is administered, we can readily comprehend and understand the indirect effects of remedial agents. And how readily and susceptible organs are, that have been torpid and lain dormant for any length of time. When an organ has suffered from excessive cold, it can bear a much less quantity of heat—and so in regard to the kidneys when they have become torpid or secrete unhealthy urine, in consequence of derangement in the chylopoietic viscera. They, by restoring this derangement, will take on an undue activity and remove accumulations that no pure and direct diuretics could ever effect. When dropsical affusions depend on biliary disorganization or functional biliary derangement, calomel or iodine, by correcting and bringing about a healthy action of the liver and its peculiar functions, indirectly excites the kidneys, and cures or obviates the morbid
state or condition on which the dropsical effusion was dependent. In virtue of this remote or ultimate effect, it is often and again said and claimed to be diuretic, when, in truth, it has no claims to be classed under the head or division of diuretics.

In conclusion, Colchicum is a chylogogue cathartic: it cures diseases, dependent on and connected with derangement of the chylifacient and chyliferous organs or vessels. Gout is often the consequence of excessive eating and drinking. These kind of excesses derange and weaken the chylifacient and chyliferous organs. Colchicum corrects the effects of these excesses; consequently colchicum is a suitable and proper remedy for gout, and is peculiarly adapted to the removal of painfully unpleasant symptoms. Rheumatism is often dependent on disordered chylification. Colchicum corrects or counteracts this imperfect and impurely formed chyle—consequently it is indicated, and often signally removes arthritic derangements. Dysmenorrhæa often has its origin in an abnormal condition of the chyliferous and chylopoietic organs. Colchicum arrests or counteracts these morbid conditions, and is often indicated as the proper remedial agent in such cases. Dropsy often has its origin in the unhealthy performance of the chylopoietic viscera. Colchicum is the article indicated to remove the condition and erratic accumulations from the unhealthy action of this portion of the animal system. Pneumonitis often attacks arthritic subjects: these cases are invariably and tediously protracted, unless colchicum is administered. Many nervous and nervo-febrile diseases are dependent upon or are kept up and influenced by impure chylification. Colchicum possesses considerable nerve powers, (not narcotic,) in addition to its cathartic properties. Colchicum, consequently, relieves many painful conditions of the nerves or nervous system. Chlorosis is often and strikingly dependent on the unhealthy performance of chylification, and the torpor and inactivity of this system is usually manifested in deficiency of action, not only in the nervous and sanguineous systems, but throughout the whole ganglionic system, the great regulator of nutrition and healthful organic development. Colchicum forms the basis of treatment in all such cases.

I use an alcoholic tincture, six ounces of the seed or root
to the pint. I usually commence with twenty drops, and increase the dose from three to ten drops daily, till it purges or produces purely colchicum evacuations, which may be known by their foaming and frothing and whitish appearance. I then omit the article for a day or two; beginning again with the minimum dose, and proceeding as above, till purging is induced, or the symptoms relieved. If much pain accompanies the disease, I use papaver, in some form or other, in combination. Many cases of paralysis are dependent on chylopoietic derangement for their origin, and are often treated successfully with colchicum. The menstrual secretion is frequently deficient and accompanied with barrenness. I have succeeded in removing both these difficulties by colchicum.

Physicians who have directed their attention to the wonderful influence exercised over the nervous energy of the brain and spinal marrow by the chylifacient organs, and the healthful discharge of that whole system, will readily understand and appreciate the value of any article that powerfully operates on, and corrects, its abnormal actions. Healthy sanguinification and nervous influence of the brain and spinal cord or marrow, being dependent on this system for their nutritive and sustaining qualities, it should always receive a close and scrutinizing investigation, lest the many diseases that are often called protean in their seat and origin should be overlooked.

The active principle of colchicum is supposed to be veratrine. I do not believe that it possesses a single particle of veratrine. They both excite emesis and catharsis; but whether veratrine produces chylous operations in appearance, and whether they foam and froth, or appear to be in a state of fermentation, I am not able to say; but I will determine this point the first opportunity. Veratrine excites a peculiar and not unpleasant burning or glow on the surface, which colchicum does not, and is one of the tests of the system being under its influence.

Veratrum viride is said to possess powers in common with colchicum and veratum album or sabadilla: it possesses neither veratrine, nor colchicia; it is considerably emetic and narcotic; it never purges; it often excites a peculiar kind of delirium, occasions considerable nausea, and an unusual degree of paleness and coldness of the surface, and constantly and obviously
lessens the frequency of the pulse, so much so, that a pulse of one hundred and thirty in the minute may be reduced to eighty, forty, and even thirty pulsations in the minute, in the course of thirty-six; twenty-four, or even twelve hours, and kept thus reduced in frequency without difficulty or inconvenience; and a peculiarity in the nature and kind of reduction is, that the pulse beats full and distinct, and is not accompanied with feebleness, indistinctness, or irregularity. It is an invaluable remedy in the treatment of pneumonitis typhoides nervosus and putridus, and pneumonitis typhoides notha (et dysenteria), and pneumonitis sub-putridus or synochus.

I think the various differences above specified, are sufficient to show that the active principle of the above articles is not the same. If I were allowed an opinion, I would designate the active principle of colchicum, "colchicine,"—the active principle of veratrum viride, "viridine." The other article is appropriately applied.

To sum up the matter—cathartics are divided into four species, or varieties, or divisions, from the kind of operation they excite. I believe these embrace the whole laid down by authors.—1st. Eccoprotics; 2d. Copragogues; 3d. Cholagogues; 4th. Hydragogues; and if I am not mistaken as to the effect, or if no author has spoken previously, I must claim the discovery of a fifth species Chylogogue, from the appearance of the operation. I know cathartics are divided and sub-divided, perhaps farther and into more numerous divisions or species; but these divisions have no reference to the quality or the operation, but to other influences exerted over the system, as for example, refrigerant or antiphlogistic, stimulant, tonic, drastic, &c., &c. The narcotic powers attributed to colchicum are founded on its purely nervine effects; and any person, by referring to a previous article, can see the distinctive marks or effects between a narcotic and nervine, and can judge whether the distinctive marks are genuine and real, or exist only in imagination.
ARTICLE XXXIX.

Observations on the Diagnosis of Aneurism. By James M. Green, M.D., of Macon, Georgia.

[Soon after the distribution of the June No. of the Journal, we received a letter from Dr Green, the author of the following communication, respectfully asking, explanations of the two brief additions made to his article on Ligature of the Primitive Carotid Artery, published in that No. The reader, by reference to it, will find that the first is a simple interrogatory, having allusion to a pinch with the forceps of the nervus descendens noni, producing intense toothache in two lower molares; and the second, at the close of the article, is an expression of a doubt as to the existence of an aneurism in the case. In reply, we stated, that in addition to our other engagements, we had to serve as a grand juror the day the above letter arrived, still we complied with the request of giving an immediate answer. Our views were therefore hastily written; we meant no offence whatever by the doubt expressed—did not condemn the practice pursued in the case. Editors of Journals corrected and commented upon communications sent them. (See April No. American Journal Medical Sciences, page 335, where Dr. Hays, the Editor, attributes the favorable termination, in a case of traumatic Tetanus, to the removal of a splinter from the wound, and not to the treatment pursued by the writer of the article.) This has been our custom; and Dr. G. was invited, if he felt aggrieved, to sustain his opinions, we reserving the privilege to make a few comments should it be necessary. In the following communication, it will be seen that its author has abandoned the first point, viz., the question in relation to the effect of the descending portion of the ninth pair of nerves, and has, with good taste and judgment, extended his remarks to the general subject of diagnosis of Aneurism.—Editor.]

"A tumour progressively on the increase, at first compressible, diminishing under pressure, pulsating violently, and throughout its whole extent, at the margins as well as in the centre, the pulsation ceasing and the swelling subsiding in whole, or in part, (according to the size, duration and quantity of solid matter,—the layers of lymph and coagulum it contains,) when pressure is made on its proximal side, is undoubtedly aneurismal."—Liston’s Pract. Surgery.)

In the Southern Medical and Surgical Journal, for June last, I communicated the narrative of a case of Aneurism, in which it became necessary to apply a ligature to the primitive Carotid.

The respected Editor of this Journal having cast a doubt upon the correctness of the diagnosis, and consequently upon the propriety of the practice pursued, it is perhaps due to the other gentlemen who were connected with the case, as well as to myself, that I should present some observations upon aneuris-
mal tumours, going to prove that our diagnosis was correct, and the operation necessary and proper. In doing this,—not very difficult task it is hoped,—I shall invoke as far as possible the authority of Sir Astley Cooper, Samuel Cooper, Hodgson, Mott, McClellan, Liston, Porter, and Dupuytren, and shall be content, if it can be shewn that I have been right, or have erred, in company with these and other illustrious names in Surgery.

[The proposition of Dr. Green, if we understand the subject correctly, is this,—he invokes the aid of the above-mentioned authors, illustrious names it is true in Surgery, to prove that he is right in pronouncing a tumor of the neck an aneurism of the carotid artery, which commenced eighteen months previously, "by a small swelling on the upper part of the right side of the neck, immediately after a severe strain while planing some hard wood. This was at first supposed to be an enlarged gland; it increased in size very slowly until May, 1841, (a given period—Edt.) then rapidly augmented to the size of a hen's egg; pulsating violently, very sensitive, and producing much pain; confusion, fullness, &c., in the right side of his head. When I first saw him it was a good deal larger than a common sized hen's egg, pulsated very strongly, and was quite red, and tender to the touch. It was situated just below the ramus and posterior part of the right lower jaw. (Must then have been near the bifurcation of the primitive carotid artery.—Edt.) The peculiar whizzing noise, said by surgical writers to be so peculiar to aneurismal tumors, was very indistinct—almost imperceptible; nor could we hear the fluid rushing into the sac again, after obliterating the calibre of the artery, by pressing it firmly against the vertebrae. Neither could the sac be entirely emptied by stopping the flow of blood into it; it still retained about a third of its volume, but this we attribute to a little surrounding oedema and a few enlarged glands, and perhaps some coagula in the aneurism itself. Always after handling the tumor, the pain, fullness and confusion, in the right side of his head, were very much increased." Moreover, medicinal treatment of two weeks duration produced some diminution in the size of the swelling. Ought not the tumor to have been then more prominent from the reduction of the "surrounding oedema," if an aneurism existed? There was a very obscure pulsation in the tumor subsequently to the application of the ligature, but two days afterwards, it had ceased both in the tumor and neck. The wound united, the ligature separated on the eighteenth day, the tumor rapidly diminished to a small hard lump, and the patient recovered without an unpleasant symptom. Some months afterwards he presented himself to his surgeon, well in all respects, save a small lump in the position of the original tumor. No change had therefore occurred in the aneurismal tumor in some months after the artery had been ligated. A small hard lump existed in the neck when the ligature came away, and
a small lump still occupied the position of the original tumor some months afterwards. In relation to the few enlarged glands, (one of which was at first supposed to be the tumor pronounced aneurismal,) we are left entirely in the dark. What was their character, their position, as regards the aneurism, their subsequent history, the condition of the patient now, &c., the author has entirely omitted.

We have thus employed his own language, his own description; and now for the evidence, that an aneurism of the carotid existed in this case. If the subject has been fairly presented, we are prepared for the witnesses; nor do we propose to adduce other testimony, but simply to correct and complete it where we find important omissions to occur.—Edt.]

It must be either a very right thing, or a very wrong thing, to apply a ligature to the primitive carotid; a very right thing to do so for a progressive aneurism; a very wrong thing to ligate this great arterial trunk for an abscess, an enlarged gland, or an encysted tumour.

There is little that is new to be said on this subject, and in taking a short review of the prominent features of aneurismal diagnosis, I shall whenever it can be appropriately done, use the exact language of any of the distinguished authorities above named.

The diversities in the origin, progress and termination of aneurismal tumours are so infinitely various that no one will contend for an exact parallelism in their general history, or in the symptoms at any period of their growth. So also, with the sympathetic disturbances excited by them. This must necessarily be the case from the variety which exists in their origin and in the causes—(solid bodies, fasciae, &c.)—which favor or resist their development in different directions and positions. The mode in which they originate from the artery, whether by a narrow neck, or from the whole calibre of the vessel, must exercise a material influence on their development. The general health, and the vigor or debility of the heart, are also important elements in the rate of progress, of aneurismal tumours. There is perhaps as great a variety in their duration as in any thing connected with them, some requiring only a few weeks for their greatest development, while others extend over a period of several years, and one instance is on record, of an aneurism which lasted for thirty years. It is also well known that they are often stationary for long periods, and then taking a
new point of departure, progress rapidly to their termination. Another circumstance which must have a marked bearing upon the diagnosis and history of aneurisms, is the more or less rapid deposition, of laminated coagula upon the sides of the sac, the force and vigor of the pulsations; the aneurismal thrill and whiss are doubtless greatly influenced by the same cause. This must also affect the duration of the pulsation and the extent of the subsidence when the tumour is compressed or the artery obliterated.

We learn from Mr. Hodgson, that, "one of the circumstances which in the most early stage, generally attends the formation of aneurism, is the establishment of that process which is the basis of its future cure." Again: "The opinion that these layers of coagula are not met with in small dilatations of arteries, but are found in large expansions of them, is (he says) contradicted by numerous careful observations."—(Cooper's Surg. Dict.)

[Dr. Green is mistaken in this second quotation—by referring again to Cooper, he will find it due to Scarpa and not to Hodgson, and who, speaking of dilated arteries, was actually alluding to a specimen before him of five by six inches in extent, which, unlike an aneurism, contained no coagula whatever.—Edt.]

In some instances, however, this process seems to go on very slowly, as must have been in the very interesting case reported by Mr. Kerr, where the softness and pulsation, to a considerable extent, continued for thirty years. A few rare cases have also been recorded of large aneurisms that were entirely free from lamellated coagula, probably from a constitutional absence of coagulating power in the blood.

It follows then, from what has preceded, that an aneurism could not be expected to lose all its volume upon obliterating the arterial canal leading to it, except at its very commencement.

Diagnosis. Perhaps the two great features of the diagnosis of aneurismal tumours, are, pulsation, and change of volume, from compressing the artery upon the proximal or distal side of the swelling.

1st. Pulsation.—This indication, when well developed, is relied upon by surgical authorities as one of the most unmistakable features of aneurism. It is of course synchronous
with the arterial pulsation, and has a marked and peculiar character. "They (the pulsations) are eccentric—the tumour not being raised en masse, but dilated at every systole of the heart." (Cycl. Pract. Med. and Surg.) Dr. Mott considers the swell and general growth of the pulsation as the chief diagnostic mark of aneurism.—(Mott's Velpeau.) The expansion of an aneurismal sac is equal in every part and every direction, and the pulsation can be felt as correctly at the base or at the side, as at the summit.—(Porter on Aneur.) "Pressure upon the proximal side of the tumour, weakens or destroys the pulsation according to its degree, the swelling becoming more soft and flaccid, but pressure on the vessel beyond the tumour, renders the aneurism more tense and augments its pulsations."—(Boyer, quoted in Cyc. Porter, in Cyc. of Anat. and Phys.) In regard to the changes that time produces in this indication, Mr. Porter remarks, that "the pulsation is said to become more faint in proportion to the growth of the tumour, and this, though generally true, is not so universally, for this symptom will presently be found to be influenced by a number of circumstances, such as the blood within the sac being fluid or coagulated, the situation and depth of the tumour and the coverings of fasciae it may possess." It is well also to recollect, in this connection, that occasionally medullary or other tumours of a fungous nature, exhibit a pulsatile character.

2d. Change of volume, from pressure upon the artery from which the aneurism originates. This from the nature of things, must be the most certain and unfailing of all the symptoms of this affection, for it may be very safely asserted, from all that is known of the subject, that none other but an aneurismal tumour can exhibit a real difference in size from this cause.

Although it is well established by the investigations of Hodgson and others, in regard to the deposition of laminated coagula, &c., that an aneurism even when of moderate size cannot be entirely removed by pressure upon its proximal side, yet that they do become remarkably diminished, (and in some rare cases where the blood is fluid, entirely disappear,) is a fact universally admitted. Pressure upon the distal side of the tumour, where it can be applied, of course increases its volume, tenseness and throbbing.
Although the diagnosis of external aneurism, when within a certain size, is generally an easy matter, yet, on some occasions it has been difficult to distinguish them from other tumours situated over the tracks of large arteries, having a pulsating motion synchronous with the action of the heart. "They can however be usually distinguished from aneurisms by their hard-ness, mobility, and cessation of pulsation when pushed to one side or elevated." "If also pressure be made upon the artery above or below the tumour, no alteration occurs in the appearance of the swelling unless it be aneurismal. Moreover aneur-isms can usually be diminished by regular compression of the tumour and artery, but regain their dimensions immediately upon its removal. This diminution may be effected to some extent even in old aneurisms—but not in the case of ordinary tumours."—(Cyc. of Prac. Med. and Surg.)

Mr. Porter draws the following distinction between an abscess seated over a large vessel and a true aneurismal tumour: "An abscess receives only an undulatory thrill from an artery, per-ceptible in the line of the vessel, but fading away and becoming indistinct in the remoter parts of the tumour."

Having now taken a very brief glance at some of the main features of the subject, I shall reserve the consideration of some others until we come to the discussion of the specific objections advanced by the editor of the Journal, to the diagnosis.

A remark may here be made upon the comparative size of carotid aneurisms. One of these tumours as large as a hen’s egg, situated on the side of the neck, constitutes a swelling of no inconsiderable size, and would occupy at least half the length of an ordinary neck, supposing its top to be on a level with the os hyoides. Were it twice as long as this, it would extend nearly to the clavicle and render necessary the ligature of the carotid near to its origin, or the innominata itself, if it were considered desirable to ligate a healthy portion of the artery. Of this any one can convince himself who will take the trouble to apply an egg to this region and imagine it to be placed under the skin.

[We think we have removed tumors from the neck, (two even the past winter before the medical class,) much larger than an egg, which could only be detected in certain positions of the head. One too
Green, on Aneurism.

[September,

weighing nearly half a pound, the weight of about half a dozen eggs, dissected from the tonsil and surrounding parts, may be found in the 2d vol. of Mott's Velpeau's Surgery, taken from the Southern Medical and Surgical Journal. This we can assure Dr. Green was not a very prominent tumor of the neck. The carotid artery, it must be collected, is deeply situated in this region. The aneurism of this artery, for which Dr. Post of New York operated in 1813, measured in length 6½ inches, breadth 4, height or projection from neck more than 2, and in circumference sixteen and a half inches; still the artery was successfully ligated to the proximal side of the aneurismal tumor, even at this early period of surgical experience in these affections.

In Lecture xxiii., on Aneurism, by W. H. Porter, Esq., (one of the authors relied upon by Dr. Green,) published in the Dublin Medical Press, is recorded a case operated upon by himself, wherein the aneurism of the carotid extended from about three quarters of an inch above the clavicle to the mastoid process, was bounded posteriorly by the trapezius muscle, and anteriorly it pushed the larynx considerably to the right side. From the thyroid cartilage across the tumor to the spinous process of the 4th cervical vertebra it measured 9½ inches, between the same points on the opposite side only 5½. The ligature was not only applied in this case to the cardiac side of the tumor, but Mr. Porter expressly states, that "altogether there was much less difficulty in the operation than might be anticipated."

We are constrained, therefore, to differ entirely from the views entertained by Dr. G., in reference to a hen's egg placed under the skin, i.e. in the carotid region, constituting a swelling of no inconsiderable size. Besides all this, the tumor he described as an aneurism, must have been above the level of the os hyoides—"it was situated just below the ramus and posterior part of the right lower jaw."—[Edt.]

I will now proceed to consider the subject, with more particular reference to the case at issue.

It must be evident, from all that has preceded, that an aneurism in the carotid region could only have been mistaken for one or other of the following tumours:—Abscess, Enlarged Glands, Encysted Tumour, Sarcomatous Tumour, Medullary Tumour. To this list might be added Maunoir's Hydrocele sur cou, which not infrequently occurs in this region, and which from its generally elliptical, rounded and distinct outline and its elasticity, might well be confounded with aneurism by a careless observer. I have met with most of these tumours again and again, but never found any very great difficulty in distinguishing them from aneurism.

[Dr. Green then has been more fortunate than most surgeons in this respect. He is not only right with the illustrious authorities he quotes,
but does not err in the diagnosis of tumors of the neck like some of them have—he "has met with most of these tumors again and again, but never found any very great difficulty in distinguishing them." In 1831, Dupuytren made an exploratory puncture in a tumor of the neck, the character of which he could not determine. He took it for an abscess, but it proved to be aneurism of the left carotid artery. In Mott's Velpeau's Surgery are recorded two cases of ligature to the carotid, when the aneurisms were subsequently found after death to have existed in the aorta. Mr. Benj. Phillips, of London, says, "I know at least eighteen cases where an aneurism has been mistaken for an abscess, and in several cases treated accordingly." Of thirty-eight cases operated upon for supposed carotid aneurism, collected and published last year by Dr. Norris of Philadelphia, in four the tumors were found out subsequently not to be such. In seven of the thirty-eight cases, errors of diagnosis were made. In one (occurring to the celebrated Lisfranc) the tumor on dissection proved to be a fungus haematodes; in another, it was carcinomatous; in a third, the tumor surrounded the artery; in a fourth, the patient looked upon as cured, the disease was found to be a glandular swelling; in a fifth, an abscess was incised, and the patient died from hemorrhage, notwithstanding the ligature to the carotid; in a sixth, Mr. Liston opened a scrofulous abscess, aneurism followed, then ligation of artery, but unfortunately this patient died too; and in the seventh, the aneurism was situated in the vertebral artery. A case is reported in the Dictionnaire des Sciences Médicales, where a tumor in the neck, submitted to the diagnosis of celebrated surgeons in America, Paris and London, was pronounced to be aneurism of the carotid artery. "It was afterwards ascertained by M. Boyer, that no such disease existed—but simply, an extensive enlargement of the glands of the neck." Dupuytren mentions a case of aneurism of the aorta forming a tumor behind the sternum, which being mistaken for an abscess, was punctured and the patient died. Mr. Porter states the fact in one of his lectures, that in an urgent case he punctured the trachea with a trocar for what he thought was spasms of the glottis. His patient died three days afterwards of an aneurism of the aorta. He says the idea of an aneurism never crossed his mind. Sam'l Cooper remarks, "there is no part of the body where the diagnosis of aneurisms is more liable to mistake than in the neck. There the disease is particularly apt to be confounded with tumors of another nature. We have already cited examples in which aneurisms of the arch of the aorta so resembled those of the carotid as to have deceived the surgeon who was consulted. The swelling of the lymphatic glands, or of the cellular substance which surrounds the carotid, the enlargement of the thyroid gland, and especially abscesses, may resemble an aneurism by the pulsations communicated to them by the neighboring artery." In Liston's Lectures, by Dr. Mutter, we read, "you must be quite sure that the disease you are treating is an aneurism. You must not mistake a solid tumor, or, indeed, a tumor of any kind pressing on a vessel, for an aneurismal tumor." From these facts, in connection, be it remarked, with aneur-
isms of the carotid artery alone, and hastily collected, we would suppose that error in diagnosis of cervical tumors was not an impossible event.—Edt.]

There is, it is believed, nothing in the records of surgery to justify the assertion that either of the above mentioned tumours will instantly lose two thirds of its volume upon obliterating the calibre of a large arterial trunk—(by pressure or the ligature)—running over, under, or near it. No one, it is presumed, will advance such an opinion.

[It is not stated in Dr. G.'s case, that the tumor lost instantly two-thirds of its volume upon obliterating the artery.—Edt.]

It follows, then, as a matter of inevitable necessity, that as no other one, could have presented this indication, the tumour in question could have been nothing else but an aneurism. And thus we arrive at the diagnosis by exclusion.

[Did Dr. Green never see or feel a tumor in the neck recede by pressure or diminish by treatment of two weeks duration?—Edt.]

Having been, at my own request, politely favored by Dr. Eve with his reasons for doubting the correctness of the diagnosis, and liberally invited to discuss them in the pages of the Journal, I shall proceed to do so seriatim. The first objection is as follows:

"The cause of the aneurism (a severe strain while planing some hard wood) is not sufficient to produce the disease."—(Dr. Eve's letter.) In answer to this it may be observed that it was the patient's own statement, and altogether unworthy of confidence. [Then why mention it—no other cause was assigned by the author.—Edt.] Probably the most authoritative opinion on this point is, that all aneurisms except those produced by external violence—traumatic lesions, &c., arise from disease of the coats of the artery itself. It is true that Richerand and Pelletan maintained that popliteal aneurisms were caused by violent extensions of the leg, and the former brought forward some experiments upon the dead body in support of this opinion. But this explanation was conclusively refuted by the arguments and experimental researches of Samuel Cooper, Hunter, Home, Hodgson and Scarpa.—(Cooper's Surg. Dict.)
Dr. Hodge, in an able resumé of all the knowledge on the subject, remarks that, "spontaneous aneurisms depend on an original diseased condition of the artery." "There is always a morbid condition of the arterial tunics as an essential predisposing cause, the dilatation often occurring without any external influence." "Under another division, it will be shown that no tumour forms unless prior disease existed in the artery." "Aneurisms never form in healthy arteries." The general conclusion drawn from the facts detailed that aneurisms by dilatation of one or all the arterial tissues, never occur in healthy arteries, is confirmed by dissection, showing, in perhaps every instance of dilatation, a preternatural softness or brittleness of the internal coats at least."—(Cyc. of Pract. Med. and Surg.) This predisposing cause of aneurism was believed, by Hodgson, Guthrie, Begin and Breschet, to be chronic inflammation.

"It often happens that a patient complains of the crooking of the fingers, or the numbness of the foot, unmindful of the tumour under the clavicle or in the popliteal space." "These considerations lead us to the belief, that previous to the occurrence of spontaneous aneurism, the artery has undergone some change predisposing to it."—(Porter, in Cyc. of Anat. and Phys.) This change is believed by Mr. Porter to be unhealthy inflammation.

[Where is the proof that this cause was operating in the case under consideration?—Edt.]

2d. "Aneurism of the carotid is very rare in this State—enlarged glands, tumours of the neck, &c., very common. You say there were a few enlarged glands, thus showing a disease of that system—the glandular—and it was at first supposed to be an enlarged gland."—(Dr. Eve's letter.)

In regard to the rarity of aneurism in this State, there is no doubt of it. It is so everywhere. Velpeau, in the last edition of his "Operative Surgery," was only able to collect forty-three instances in which the carotid was tied for aneurism.—(Mott's Velpeau.)

Dr. Mott, in his immense practice extending over a period of forty years, has applied a ligature to the primitive carotid only twenty-three times, and but a small proportion of these operations were for aneurism.—(Mott's Velpeau.) Mr. Liston observes that, "Spontaneous aneurism at the angle of the jaw, is
not an every day occurrence, and few cases are recorded."—(Pract. Surg.) They are met with, however, occasionally, in Georgia; I have recorded one, and a medical friend in Milledgeville informs me that he has seen two cases. Had I time or opportunity to consult the profession more extensively, other instances, there is little doubt, might be discovered. Aortic aneurisms are not at all unfrequent.

[Dr. Green is here certainly mistaken. Aneurisms of the Aorta are not common in Georgia. Can he point to a single case verified by post-mortem appearances? We are aware that aortic aneurisms are sometimes suspected to exist, but the history of them in this region of country is yet to be written. Still less frequent are carotid aneurisms in this State. We have the candor to admit, one of our colleagues thinks there is a case in this city. But Dr. Green's medical friend in Milledgeville, has met with just as many cases as did Dr. Hodgson, the celebrated pathologist of London, and one upon whom our author justly places a high estimate. During his indefatigable researches on diseases of the arteries and veins, carried on too for years in one of the most important hospitals in the world, and in the city of London, the very centre of civilization, he could only enumerate two cases of aneurism of the carotid artery out of 63 he had collected. In the table by Lisfranc of 179 cases of aneurisms in general, only 17 were aneurisms of the carotid. Indeed, so rare is this disease of the arteries in our country, that Dr. Green can boast of performing a cure never attempted by our own great Dr. Physick. In the statistics already referred to by Dr. Norris, one of the Surgeons of the Pennsylvania Hospital, we learn the carotid has been tied 149 times—in 24 the operation was for true aneurism. The full particulars of only two cases occurring in America are given, one by Dr. Post, of New York, the other by Dr. Warren, of Boston. Dr. Green's may be the third in the United States, so far as we know. Of course, we allude to the application of the ligature for spontaneous, true or mixed aneurism of the carotid—the artery itself has been twice ligatured at Augusta.—Edt.]

The "few enlarged glands" above alluded to, were absorbents, swelled and inflamed from the irritation of the tumour, and it is highly probable that no aneurism can exist in a glandular region like the neck, groin or ham, without producing some irritation and enlargement of the surrounding absorbents.

It was the patient—not either of his physicians—who at first supposed it was an enlarged gland, or "kernel."—(Vide the case in the June No.)

[This is not so stated in the narrative of the case; nor can we agree with the author, in the opinion, "it is highly probable that no aneur-
ism can exist in a glandular region like the neck, &c., without producing some irritation and enlargement of the surrounding absorbents."

We have consulted the authorities he refers to, and find not one agreeing with him on this subject. Dr. Hodge, on the contrary, entirely differs from him. He speaks of the condition of the tissues or organs connected with or dependent on the diseased artery, and notices the muscles, ligaments, bones, joints, nerves, cellular membrane and skin, fasciae and blood-vessels, and says of the absorbents, they are in many instances, like the arteries and veins, closed by the pressure, or more frequently completely obliterated. It is denied that "enlarged glands, absorbents swelled and inflamed," result from the irritation of aneurismal tumors.—Edt.]

3d. The symptoms are not satisfactory. The peculiar thrill or whizzing sound ought to have been heard in a case of only eighteen months standing."—(Dr. Eve's letter.)

The expression used in the narrative was "very indistinct—almost imperceptible," conveying the idea that the bruit or whizzing sound was not entirely absent, though it is not pretended to correct the diagnosis in this respect at this late date. As well as is now recollected, the stethoscope was not used, but the naked ear applied. The absence, however, of this sound cannot be allowed to vitiate the diagnosis, as it is not insisted upon as a necessary element in the diagnosis of aneurism by any of the great masters in Surgery. It is only said to be generally present. This indication, from a variety of causes—thickness of laminated coagula, density of surrounding tissue, and different conditions of the arterial orifice, &c., must be very variable. It is also often heard in tumours, not aneurismal. "The whizzing sound (bruit de soufflet) generally heard in aneurisms is not pathognomonic, for the fungoid or other tumour situated over an artery may produce it, and it may be created by artificial pressure."—(Porter.) Velpeau and Mott place little dependence upon stethoscopic indications in this disease.

[The Doctor here dwells upon the non-importance of one of the symptoms of aneurism, viz., the whizzing sound absent in his case. We wrote, the symptoms are not satisfactory, and particularized only one, which we contend is important, and is so considered by surgeons. But where are the peculiar thrills felt in tumors aneurismal; where the complaint that the patient experienced something beating, thumping, alive in the tumor; the rushing in of the blood when the sac was temporarily emptied; the entirely emptying the sac of an ordinary size; what was the condition of the pharynx; where the almost pa-
thognomonc symptom, found in Mott's Velpeau's Surgery, and first noticed by M. Gendrin of Paris, viz. the peculiar tremor of the tumor between each diastole, produced by the sinking under the hand or contraction in the artery? How satisfactorily account for the few enlarged glands, the red, tender, and very sensitive tumor; the pain increased by handling, &c.? These are included in the objection, the symptoms in the case are not satisfactory, and not simply the absence of the bruit de soufflet.—Edt.]

4th. "The tumour, if aneurismal, should have been obliterated by pressure to the proximal side of the tumour—especially as it was only of the size of a hen's egg.—(Dr. Eve's letter.)

If the observations of Hodgson, Samuel Cooper and Porter, previously quoted and referred to, respecting the early deposition of laminated coagula, are true, it follows that the tumour could not be obliterated completely by pressure on its proximal side, and consequently deprives this objection of all force. The following extract from an article by Dr. Hodge, it is believed, embodies the authoritative and almost universally received opinion upon this point.

"In the very early stages, the blood is sometimes, though rarely, entirely fluid, especially where it passes readily into and from the artery, and where the circulation has been active. In such cases pressure can obliterate the swelling. In a short time, however, the blood will be found partially coagulated—at first in soft clots, but very soon in laminae on the circumference of the swelling, while fluid blood occupies the centre. Pressure now diminishes, but does not obliterate the tumour."—(Cyc. of Pract. Med. and Surg.)

[Dr. Hodge is at present Professor of Obstetrics and Diseases of Women and Children in the University of Pennsylvania, and though he once lectured on the Principles of Surgery in a summer school in Philadelphia, would no doubt be surprised to hear himself quoted as embodying the authoritative opinions of the profession on a surgical question. But we apprehend Dr. Green did not read the entire article he refers to, for Dr. Hodge also writes, "in the early stage a pulsating tumor, of a hemispherical or elliptical form, is observed over the course of a large artery. It is indolent, soft, and circumscribed; the skin retaining its natural color and properties, without heat, pain or other inflammatory symptoms." Again: "Pressure on the aneurism diminishes or totally obliterates the tumor."—(Boyer.) Also, the ligation is "followed by absorption of the coagula, and by condensation and obliteration of the sac and artery."
Liston says. the tumor is at first compressible, and completely disappears on firm pressure being applied, either directly to the sac, or to the artery above, the sac being thereby emptied of its contents, or prevented from being filled. * * * The obliteration of the sac proceeds, in some cases, very rapidly; it assumes a harder feel, decreases, and disappears.

Prof. Porter lectures to his class in Dublin, “the blood, if the case proceeds favorably, is afterwards absorbed, and the sac, in process of time, is converted into a solid piece of ligamentous substance, similar to that into which the arterial trunk has degenerated.”

And in Samuel Cooper’s Surgical Dictionary, we read, the “sac becomes filled with coagulum, and gradual obliteration of the aneurismal swelling is the result, * * * the lamellated and coagulated blood in the sac is by degrees absorbed; and at length the tumor dwindles away, or is quietly reduced to one, the size of which is so inconsiderable as to create no inconvenience.”

It follows, then, from these extracts, that Dr. Green must rely upon some other authority than what he refers us to—Samuel Cooper, Porter, Hodge, Liston, &c., equally declare in our favor, that his aneurismal tumor could have been obliterated by pressure or ligature to the carotid.—Evr.]

A remark in regard to the size of the tumour has been made. The aneurism was stated to be “a good deal larger than a hen’s egg.”

5th. “But I rest my doubt as to the existence of an aneurism in this case, especially upon the fact, that the operation did not remove the tumour. An aneurism of the carotid, size of a hen’s egg, most certainly would have been obliterated by ligature to the artery. No lump ought to have existed some months afterwards in the position of the original tumour.—(Dr. Eve’s letter.)

On the contrary, it can be shown that the usual process of cure is a more or less gradual subsidence of the aneurismal swelling after the operation.

[Just so. Who has said to the contrary? The subsidence of the aneurismal tumor after the application of a ligature to an artery is gradual, but when the operation is successful, the obliteration of it is completed. To remove the swelling, as well as to arrest the pulsations, and thus prevent the danger of hemorrhage, is the plain indication in the cure of this affection.—Evr.]

In some instances this subsidence occupies long periods. In proof of which I quote some cases from that well known work, “Cooper’s Surgical Dictionary.” “In June, 1805, Sir Astley Cooper operated, in Guy’s Hospital, on a man aged 50, who had
a carotid aneurism, attended with pain on one side of the head, throbbing in the brain, hoarseness, giddiness, &c." "The tumour was at last quite absorbed, though a pulsation existed in it until the beginning of September. "The swelling at the time of the operation, was as large as a pullet's egg, and situated on the left side, about the acute angle made by the bifurcation of the common carotid, just under the angle of the jaw. The patient was cured and returned to his occupation." Here is a case, from the highest authority, resembling in its symptoms very much the one I have reported, in which the pulsation continued for over three months after the operation, and the tumour itself probably much longer.

[We are compelled here to notice some remarkable omissions in the history of this case. Sir Astley Cooper says, in the very work referred to by Dr. Green, "in a little more than nine weeks, the wound was quite healed and the patient recovered"—besides using the expression, "the tumour was at last quite absorbed." In his xv. Lecture, subject Aneurism, referring to this very case, it is stated, "the tumour totally disappeared." In Chelius' Surgery, vol. ii., p. 512, it is said of this same case, (for it was the first one successfully operated on for true carotid aneurism,) the tumour was so completely obliterated, that when the patient died thirteen years after the application of the ligature, with all the acknowledged skill of Sir A. Cooper in injecting vessels and dissecting them, he could not determine the precise situation of the formerly existing aneurism. He supposed it must have been in the internal carotid artery. We must presume then that even in this case, selected as a comparison to his own by Dr. G., the ligature did obliterate the tumor. No lump remained in its original situation.—Edt.]

In a case by Mr. Vincent, pulsation continued two days, and the tumour was diminishing until the eighteenth day. After this inflammation and abscess took place, and the patient died. The case is valuable, however, as showing the gradual and not sudden diminution of aneurism after operation.-(Cooper's Surg. Dict. Art. Aneur.)

[In the authority quoted by Dr. G., we read—"the pulsation in the tumor did not entirely cease, at first, when the artery was tied, but it did so in two days afterwards; and the swelling was rapidly diminishing."—Edt.]

I quote the following from Mr. Porter:—"A man was operated on by Mr. Colles, for popliteal aneurism, on the 22d January,
1831. The ligature came away on the seventeenth day; the tumour diminished; in short, every thing went on well, and the patient left the hospital perfectly cured." "He remained healthy until his death from fever in March, 1835, and such an opportunity for pathological investigation was not neglected. The tumour, which had been originally of the size of a turkey’s egg, was found to have diminished to little more than the size of a walnut; externally it felt hard and as if completely solidified. On being cut into, however, neither artery or sac was obliterated." In this instance the tumour was not obliterated in over four years after the operation.

[With regret, we must again notice omissions in reporting this case. 1st, Mr. Porter says, "so far as the aneurism was concerned, he remained healthy;" 2d, "It seemed as if the current of blood through the sac had never been interrupted"—the ligature failed to cut off the circulation through it. Was this the condition of the aneurism in Dr. Green’s case? But Mr. Porter also furnishes other evidence in our favor, that aneurismal tumors become obliterated when the blood circulating in them is arrested. He says, in 1831, having failed to ligate the arteria innominata from the diseased condition of the vessel, the patient nevertheless recovered perfectly. "The aneurismal tumor disappeared entirely." In another case of popliteal aneurism, where he applied a bandage to the entire limb from the toes upwards, he says, "on my visit the next day, the aneurism was gone." In Dr. Mott’s case the carotid was ligated to the distal side of an aneurism at the bifurcation of the innominata, and he states that the ligature came away "on the twenty-sixth day after the operation, the tumor above the sternum and pulsation having entirely disappeared. On dissection, no tumor appeared externally;" though a large one existed in the thorax. Dupuytren ligated the axillary artery for an immense aneurism involving the origin of the right subelavian and carotid; the patient dying on the ninth day after the operation—"on examination there were but few traces of the tumor." In the celebrated case of Mrs. Denmark, operated upon by Mr. Wardrop of London, the aneurism, size of a turkey-egg, at the bifurcation of the innominata, "not a vestige of the aneurismal tumor remained."—(Costello’s Cyclopaedia of Practical Surgery.)—Edr.]

To these cases, I will add one from the lectures of that most brilliant genius and admirable surgeon, George McClellan, now unfortunately no more. This surgeon tied the carotid of an elderly gentleman, one morning, for an aneurism of the size of a walnut under the angle of the jaw: although pulsation stopped, the tumour became much harder, and (Dr. McC. supposed)
pressed with such force upon the internal jugular that apoplexy took place, and the patient died about four o'clock in the evening. This case is of value as showing that even small aneurisms do not always subside immediately after the application of the ligature.

Dupuytren has reported an instance of axillary aneurism, where the inspissated contents of the sac were discharged by suppuration three years after the deligation of the subclavian.

[Here the Doctor is again unfortunate in the selection and comparison of this case with his. He has only alluded to it—this is its history, taken from Dupuytren's Lecons Clinique vol. iv., p. 524. "C—— aged 37, joiner by occupation, entered the Hotel Dieu 27th February, 1819, to be treated for false consecutive aneurism of the left axillary artery. When made a prisoner in Spain in 1811, he was knocked down by the blow of a sword received upon the left shoulder. Much hemorrhage then occurred, but by simple dressings the wound healed without further bleedings. Two months after being wounded, C. detected a small tumor in the arm-pit, offering pulsations, but without change of color in the skin. Two years afterwards this swelling was as large as a fowl's egg, and its pulsations were stronger. From the fatigue of returning now to France on foot, a distance of 300 leagues, the tumor acquired the size of an infant's head at birth. (Here follow a minute description of the symptoms of the case, and the operation of tying the sub-clavian artery above the clavicle.) On the eleventh day the ligature came away, and by the thirtieth, the wound was cicatrised. The tumor sensibly diminished every day, but becoming soft and threatening to suppurate, Dupuytren covered it with resolutive compresses. The seventy-eighth day after the operation, the tumor was reduced to one-fifth of its original volume, no pus having formed. At the end of some months C. left the hospital to resume his former business, and for three years continued well. At this period, from excessive work, he was attacked with inflammation and tumefaction in the axilla. He again sought relief at the Hotel Dieu on the 14th July, 1822. In the arm-pit was a tumor as large as the fist; the skin was now red and thin; and its summit of a violet color as it threatened to burst. This tumor offered no pulsation; the patient had had chills, fever, want of appetite, &c. Dupuytren declared it had no relation with the circulation, and the matter it contained was not under the influence of the heart. He wished to open the tumor by an incision, but the patient preferred to wait, and it was poul'ticed. At the end of fifteen days it opened spontaneously, and discharged a great quantity of pus mixed with matter resembling grapes in consistence and color. This was evidently formed from the old blood without the circulation, and altered by the work of suppuration. By proper treatment this patient left the hospital 22d October, 1822, a second time perfectly cured, having no kind of tumor or swelling in the axilla." Surely there is quite a contrast between this case and the one narrated by
Dr. Green. He must admit at least an error of diagnosis in this instance.—Edt.]

I might go on and quote other cases, but enough has been said, to show that it is neither new nor unusual for an aneurism "a good deal larger than a hen's egg," not be instantly dispersed by the application of the ligature, and leave no vestige behind some months afterwards.

[The reader will decide, if a single case has been exhibited to prove the latter clause of this sentence.—Edt.]

Having previously reached the diagnosis by exclusion, and I will now endeavor to arrive at it by the positive method, and will give my reasons for still believing Deas' disease was an aneurismal tumour.

1st. Because, "it was progressively on the increase."

2d. Because, "it was compressible, diminishing under pressure."

3d. Because, "it pulsated violently, and throughout its whole extent, at the margins as well as in the centre." [Not so stated in the narration of the case.—Edt.]

4th. Because, the pulsation ceased and the swelling subsided two-thirds of its volume when pressure was made on its proximal side.

5th. Because, the size and pulsation of the tumour were instantly restored upon removing the pressure. [Not so stated in your Article.—Edt.]

6th. Because, the last two indications were more completely evidenced, when the artery was compressed between the finger and canula, during the operation. [Not so stated in your Article.—Edt.]

7th. Because, of the immediate beneficial results of the operation, in producing a subsidence of the tumour and pulsation, and in relieving the pain, confusion, and other cerebral disturbances. [This is at direct variance with the effects of the operation, as recorded in the June No.—Edt.]

8th. Because, it was going through the usual and regular course of cure after operation, and "some months afterwards, he was well in all respects, save a small lump in the position of the original tumour."
9th. Because, Dr. Benj. A. White, of Milledgeville, a gentleman of consummate abilities and extended surgical experience for twenty-five or thirty years past, united with Dr. T. F. Green and myself, in carefully and deliberately canvassing every point in the diagnosis, and in coming to the conclusion that the disease could be nothing else but an aneurism.

Having now arrived at the conclusion, and occupied more space than was at first intended, it only remains, to tender my acknowledgments to the editor of the Journal for this opportunity of placing myself rectus in curia before the readers of his periodical.

[As we have given to Dr. Green every advantage, and introduced no new evidence, but attempted to explain and complete his own, we are now done with the discussion of this subject. The proof-sheets will be sent him, that errors may be corrected in any thing we have said or done, and this too in the present No. under the head of Medical Intelligence. We regret sincerely if we have unintentionally wounded his feelings in the slightest degree—nothing was farther from our object. We would not injure his professional reputation, fair and honorable as we have heard it to be, but on the contrary, he has our best wishes for a long and prosperous career of usefulness in life. But errors often occur in medicine and surgery. None of us are above committing mistakes in the exercise of the most difficult of all professions. We had not even accused the author of making one, but only expressed a doubt as regards his diagnosis in a case. Mr. Wardrop, celebrated for his operations on aneurisms, is said to have lost a patient, who presented a tumor disconnected with the carotid, and a ligature around the tendon of the omohyoid muscle as it crosses the artery. And but a few months ago, it having been determined in consultation by distinguished surgeons in Paris, that a patient laboured under a carcinomatous disease, the spermatic cord was first divided, and the scrotum laid open, when lo and behold! a sound testicle existed at the bottom of a hydrocele. The operation was arrested, a second consultation held, when it was decided to complete it, and for once the doctors could assure the patient his cancer would not return. The case of the late Mr. Liston is also one strikingly in point. The most distinguished pathologists failed to detect his disease—aneurism of the aorta.

Nor would we insinuate that Dr. Green intentionally misquoted from authors—the differences between us here may be justly attributed to different editions of the same work.—Edt.]
ARTICLE XL.

Enlarged Prostate Gland—Puncture of the Bladder, successfully. Reported by Jno. S. Wilson, M. D., of Marengo County, Alabama.

Believing that the following case will not be entirely uninteresting to the profession, I report it from memory; but still, I hope with sufficient accuracy, to present all its interesting features, while the tedious minuteness of detail, generally so irksome in reported cases, will be avoided.

In Oct. 1845, I was requested by my father, Dr. C. H. Wilson, of Crawfordville, Ga., to visit with him, J. A., laboring under retention of urine. The patient was about 70 years of age, intemperate in his habits, of a cold, phlegmatic temperament—possessing remarkable powers of endurance, but little excitability, having passed through a long life of intemperance, with but slight impairment of constitution. He presented the following symptoms: Pulse somewhat accelerated, moderately full and intermittent, (my father remarked that he had observed this to be a frequent phenomenon with old persons, generally,) —his skin was pleasant—abdomen much swollen and tense—the bladder much distended could be plainly felt, mounting above the pubis, and extending near to the umbilicus—anxious expression of countenance, and tenesmus. On examination per rectum, the prostate gland was found much enlarged. My father informed me, that this patient was afflicted with a chronic enlargement of the prostate, which was frequently so much exacerbated by a "frolic" as to produce total retention; but that he had always been able to relieve it, by the use of opiates, warm bath, and other ordinary anti-phlogistic means: all of which had been tried in the present attack, without avail. It was now late in the evening—an attempt had been made to introduce the catheter in the morning, without success—the symptoms were becoming truly alarming, and the danger from rupture or gangrene seemed to be imminent. R. V. S. to faintness. After the bleeding another attempt was made to introduce the instrument, with no better success than before. Every variety of catheter in common use was tried—the common silver one
and the gum-elastic, with and without a stilet. In addition to these, resort was had to a number of bougies, of various sizes and various materials, such as wax, composition, metal, &c. The finger was introduced into the rectum, and the manipulations with the instruments, and the position of the patient were varied, in every manner that ingenuity could suggest, or that offered the slightest prospect of success, but all proved abortive. 

Morph. Sulph. gr. 1 pro renata; Ol. Ricin. and tepid bath at bed-time.

It was decided that he should be left with these prescriptions for the night, and if the attempt next morning to introduce the catheter should prove unsuccessful, the bladder must be punctured as a last resort.

**Morning.** Great distention of abdomen; skin hot and dry; pulse quick, corded and intermittent; jactitation and anxiety of countenance increased. 

Continue Morphine and apply leeches to the perineum. The day being cool and cloudy, the leeches would not draw. Another attempt was made, to gain a passage to the bladder, with no better success. An operation was now imperatively demanded, and every moment's delay compromised the life of the patient.

Dr. Wilson having an aversion to the puncture above the pubis, caused by the unfortunate termination of a case in which he had previously operated, and being fully convinced of the greater safety of the operation through the rectum, selected that point. But he had no instrument suitable for the purpose, and fatal consequences might ensue before one could be procured from Augusta (64 miles). Under these circumstances, it became necessary to provide an ex tempore instrument, consisting of a long curved trocar, with a triangular point, sheathed in a leaden canula, mounted with a circular tin guard, and perforated with holes, for the insertion of tapes. A pretty rough instrument, by-the-by, but nevertheless, it answered the purpose for which it was designed admirably, the greatest inconvenience being its too great length, which rendered it somewhat difficult to retain it in situ, but this was readily obviated by filling the interspace between the guard and anus with cotton.

The operation gave but little pain, notwithstanding the roughness of the instrument, and a large quantity of water was passed
much to his relief. After a few days, the canula became displaced, by the action of the bowel, and he continued to pass his urine for a length of time per rectum, without any ill effects. The prostatic inflammation gradually subsided, the natural channel was re-established, the artificial opening closed, and he found himself entirely in statu quo.

ARTICLE XLI.

Case of Acute Glossitis in an Infant nine months old, successfully treated. By John A. Long, M. D., of McMinn County, East Tennessee.

On the 11th February, 1847, I was called to an infant, aged nine months, who was laboring under inflammation of the tongue. The mother informed me the child had had scarlatina, but, as she expressed it, had gotten well again. It now had the thrush, or aphthous eruption of the mouth, and the tongue became swollen, which latter symptom increased until I saw it on the morning of the 11th. It now presented the following symptoms:—High fever; countenance flushed; pulse, quick, small, and much accelerated, (164); tongue, enormously swollen, so much so as to fill the entire cavity of the mouth, and protruded to a considerable distance out of it; had slept none, nor taken the breast for thirty-six hours; fretted incessantly, and respired with the greatest difficulty; a quantity of viscid saliva was secreted and adhered to the surface of the tongue; this organ was hard to the touch, the swelling being nearly entirely confined to its left side. The tongue protruded from the mouth in a lateral direction, presenting a curved shape. From the rigidity of the organ, I concluded that pus had not yet formed in any part; or if so, it must be deeply seated, as there was not the least sign of fluctuation. I at once determined on a free incision into the tongue with a common thumb lancet. This opening, to my surprise and great satisfaction, gave exit to from 1½ to 2 oz. pure pus, with a quantity of dark blood and pus in a state of mixture. Almost immediately relief was thus afforded to the poor little sufferer. It soon fell
asleep; the organ retracted into the mouth, and in about five hours it took the breast freely: has convalesced rapidly, and is now entirely recovered.

PART II.—REVIEWS AND EXTRACTS.

ARTICLE XLII.

Cramps of Writers. By Dr. S. Sandras. (Translated by Henry Rossignol, M. D., of Augusta, Ga.)

Our colleague, M. Lenfant, of Marans, desired us to enlighten him on the treatment of this disease. We are happy that one of the most competent practitioners of Paris has been pleased to charge himself with this. Our readers will remember, without doubt, that this is not the first time we have spoken of this disease. It has been already mentioned several times in this journal.

Case by Dr. Lenfant. M. D., employed in a banking establishment, aged 35 years, of a nervoso-lymphatic temperament, of a delicate constitution, born of healthy parents, having had no tendency to cutaneous or venereal disease; his father, however, has suffered for more than a year, from neuralgia of the face, and he himself complains of irregular pain and bad digestion. M. D. suffers from a nervous affection which prevents him from writing.

The seat of the disease is in the right fore-arm. He feels no pain whatever, but only a sensation of continued lassitude, resembling that which would result from fatiguing exercises in one not accustomed to them, such as fencing, riding, &c.

This feeling of uneasiness is less sensible during the day than at night; it does not prevent sleep, but it causes a sensation as if the fore-arm was then very much swelled.

In the act of writing, the movements of the hand, obeying no longer the will, want precision; the patient, nevertheless, uses his hand with steadiness in any other case: thus, he will carry a tumbler full of water without spilling any, or he will thread the finest needle without difficulty or resting the hand; but when he wishes to write, it is different: the hand is sometimes pushed along, sometimes stopped in its movements, and then agitated by nervous jerks, which prevent him from writing readily. For the writing to be legible, it is necessary that the letters be made very slowly, the only means by which he can overcome the spasmodic force which compels the hand to form imperfect letters.
The fingers, which at first hold the pen with sufficient force, soon exercise scarcely enough to hold it at all; the thumb, in relaxing, crosses and mounts up the index finger by slipping along the pen, which is thus imperfectly controlled.

The patient at first did not pay attention to this affection, but felt at times a sensation of lassitude in the muscles of the hand, which gradually increased up to the bend of the arm, when the sensation of fatigue and numbness ceased entirely.

Such are, as far as we can describe them, the irregularities and nervous phenomena which characterize the disease, against which the following therapeutical means, which I have repeatedly tried, have failed: Neglin's pills internally; baths of brandy, cold water, sea water, sulphate of potassa and mustard, frictions with balm of Fioraventi, and other stimulant and sedative liniments. Compression was also tried; cauteries and setons but with little effect, as acknowledged by M. Cazeneave; and as these means are very repugnant to the patient, we have abandoned the use of them until more fully enlightened.

I have examined with attention the details of this interesting case noted by our honorable colleague. The history of this case resembles in its principal features others which I have met.

In all no material lesion could be discovered about the brachial plexus, the origins of the nerves going to it, nor along their course from the bend of the arm; neither could any persistent lesion be discovered in the neighboring parts; similar symptoms, however, were remarked. Numbness of the fore-arm, commencing at the hand; loss of voluntary motion in these parts, especially when their movements should be quick, precise and adroitly performed; a feeling of pain or numbness more or less painful, accompanied, sometimes, with a heaviness of the limb, very fatigueing, and contraction of the fingers.

This state which I have seen followed by a little loss of sensation, seemed to me, susceptible of different treatment, according to the difference of constitution.

The symptoms above given seem to resemble partial chorea, when they occur in subjects affected with nervous or chlorotic diseases. I have prescribed the internal use of proto-carbonate of iron, frequent warm baths with the addition very often of sulphur and soap, and habitual frictions, morning and night over all the benumbed parts, with simple salve, containing \( \frac{1}{2} \) part of strychnine.

In plethoric and sanguine subjects, frequent applications of leeches towards the superior border of the numbness, frequent use of flax-seed
poultices, warm and emollient baths prolonged to two or three hours, rest of the muscles during the active treatment, and at the same time a proper regimen, seemed to me to answer best.

In similar cases to the one just reported, a few applications of leeches to the superior and outer part of the fore-arm and posterior inferior part of the arm, frequent emollient baths to the fore-arm, frictions with salve containing strychnine, seemed to be the most proper treatment.

I should add, in such cases, I believe it useful to try, as a general means, the proto-carbonate of iron whenever chlorosis is suspected; three to five centigrammes of belladonna, taken at night, when the sensibility is too acute, and when the numbness amounts to pain, especially during the night; baths containing a bottle of rum, if the general feebleness is too great; and lastly aromatic frictions along the spine, particularly over the points of origin of the nerves going to the affected parts.

I have seen similar treatment terminate favorably, very soon, when the patient was at the same time put upon hygienic regimen suited to the rest of the treatment.

This does not succeed in all cases, however, and I have been compelled to recur to repeated applications of blisters on different parts of the fore-arm and on the posterior part of the arm. These blisters, repeated often, instead of allowing them to remain on long, seemed to have produced excellent effects in almost all cases. A few slight electric currents through the affected part, with or without acupuncture, seemed to relieve the patient for the moment. I have never used setons or cauteries; what I have seen of them in a number of nervous affections, not satisfying me of their utility in such cases.

After the information given by our esteemed colleague, I would submit the patient to a third mode of treatment, which lends its means to the indications of the two first.

My personal experience leads me to expect a happy result, since I cannot discover any important symptom of the commencement of a progressive paralysis.—[Journal des Con. Med. Chir.]

Congestive Fever.—Dr. Lewis, of Mobile, in his Medical History of Alabama, published in the New Orleans Medical and Surgical Journal, says:

"The successful treatment of congestive fever demands the most prompt and energetic application of positive remedies—la medecine expectante is here out of the question, and the indica-
tions stand forth clearly and boldly; the heavily oppressed nervous and vascular systems, the cold and shrunken surface, the engorgement of internal organs, the general prostration of the vital powers, all appeal strongly to you for prompt relief.

"To equalize the circulation and call back the vital heat to the surface, is the first indication, and with this view revulsives are applied extensively over the external surface, strong cataplasms of mustard are applied to the abdomen and extremities, and the more extensively the better; in addition to such applications, with which too many practitioners are satisfied, we would beg leave to impress upon the reader the importance of dry cups along the whole course of the spine, to be followed immediately by one of the above stimulating cataplasms. The reaction following this plan has been so prompt and decisive in many instances, as to force upon us the conviction that in the spinal column is to be found the pathological centre of all the mischief. In plethoric subjects, determinations take place to the abdominal or thoracic viscera, demanding also the free use of cups.

"In the summers of 1835 and '36, when it was not unusual for the patients to remain several days in a cold adynamic condition, (the disease constituting but a single paroxysm,) we were driven to the use of long continued frictions; a copious kettle of decoction of capsicum and mustard in brandy, (or rather tincture,) was prepared and a servant stationed at each extremity was directed to keep up rapid frictions with the liquid heated almost to the boiling point. In this way a partial reaction was produced and kept up until the internal remedies had time to come to the rescue and stave off the fatal collapse.

"Calomel, opium, quinine, and piperine are the favorite remedies for internal administration; they are used singly or variously combined, according to the condition of the patient and peculiar notion of practitioners. If vomiting and purging, either separately or together exist, calomel and opium (5 grains to 1) may be given every hour until quiet is restored; enemata of starch and laudanum are also used with happy effects. Many practitioners, who are ordinarily opposed to complication of remedies, prescribe in urgent cases something like the following formula; Calomel grs. v., opium gr. ½, piperine gr. i., and quinine grs. iii., ever hour or two—some one of these ingredients may be left out where from its specific effect it is thought inapplicable. After a few doses the calomel and opium are withdrawn, and the quinine increased in quantity and continued for a longer or shorter time, according to the duration and circumstances of the case.

"Quinine is not given in congestive fever as a stimulant to
promote reaction. On the contrary, it is a popular and well-founded impression that when given in adynamic diseases in large doses, its effect is decidedly sedative and consequently prejudicial in this stage of the disease. It is therefore given in combination with stimulants, as opium, capsicum, brandy, ammonia, &c., in order that it may have time to exert its peculiar anti-periodic effect. During the state of extreme depression, many gentlemen give opium and brandy to the exclusion of every other remedial agent. Some give as much as 100 drops of laudanum every hour until a change in the symptoms is produced. We have never given it in this way, but are assured by gentlemen of experience and judgment that it soon arrests the pernicious tendency of the disorder, and places the system in a condition to be easily and happily influenced by external and internal stimulants, and thus enable them to guard against another paroxysm."

Case of Strangulated Inguinal Hernia, reduced on the New Method recommended by Dr. Andrew Buchann, Professor of Institutes of Medicine in the University of Glasgow. By Archibald Wallis Mackie, Cupar, Fife.—(London Lancet.)

G. M., aged seventeen years, railway labourer, of a stout habit of body, and enjoying previous good health, whilst employed lifting some heavy railway sleepers on Friday last, felt something to give way at the lower part of his abdomen. The patient was unable to walk, and was carried to a neighboring house, where he remained till next day, when he was conveyed to his father's residence, a distance of eleven miles. I was called to visit him on Sunday morning, and on examination found a tumor the size of a hen's egg, situated in the right iliac region, the general characters of which led me to conclude that it was a case of strangulated oblique inguinal hernia. The patient had not had his bowels opened since the morning of the accident. I ordered him an enema, and, after waiting till it was expelled, I applied the taxis, but unsuccessfully; I then had recourse to the usual remedies adopted in such cases, but without any affect. I bethought me of the plan recommended by the talented Professor of Physiology in the Glasgow University, and I was glad to see my effort crowned with success. The mode is very simple. I placed my patient on his back, flexing the thighs on the pelvis, and putting the muscles of the abdomen in as relaxed a condition as possible. I then desired the patient to empty his lungs of as much air as possible, and having an assistant at hand, who immediately held his nose and
mouth to prevent inspiration, I applied gentle pressure over the tumour in the proper direction, and, as it were, drawn up into its natural cavity.

The *rationale* seems to me to be, when the lungs are emptied of air, the diaphragm is, as it were, sucked up to fill the diminished thoracic cavity; it (diaphragm) exerts a tractile power over the floating viscera of the abdomen, and draws the protruded intestine upwards—naturally assisting, if not altogether accomplishing the reduction of the hernia.

Such is the mode, I conceive, in which the reduction is accomplished; and I have no doubt that in addition to the mechanical influence, the temporary suspension of the breathing must have a powerful sedative effect, and consequently a relaxing influence, on any part morbidly constricted. Before operating I would always give this plan a fair and impartial trial, and I am confident, if practitioners would adopt this method, they would have the satisfaction of relieving their patients, and thus averting the dangers of a painful and often fatal operation.

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*On the Antagonism between Typhoid Fevers, Intermittents, and Phthisis.* By M. Boudin.—(From New York Journal of Medicine.)

The following summary of M. Boudin's conclusions on this subject are given in a recent number of the *British and Foreign Review.* The facts are simple, and the sources from whence they are obtained sufficiently accurate to justify a reliance on the statements.

1. Those localities in which the producing cause of endemic intermittents thoroughly modify the constitution of man, are remarkable for the infrequency of pulmonary phthisis and typhoid fever. 2. The localities in which pulmonary phthisis and typhoid fever are particularly prevalent, are remarkable for the infrequency and mildness of intermittent fevers contracted on the spot. 3. The drying up of a marsh, or its conversion into a lake, diminishes or prevents intermittent fevers, but seems to dispose the organism to a new series of diseases, in which pulmonary phthisis and (according to the climate) typhoid fever are particularly prominent. 4. After a residence in a thoroughly marshy locality, an individual enjoys an immunity from typhoid fever, the degree and duration of which is in direct proportion, first, to the length of the previous residence; second, to the intensity of the fevers proper to the locality, considered under the two-fold relations of form and type: third, or, in other words, that a residence in a country of remittent and continued fevers, such as certain points of the coast of Algeria,
and the centre of the marshy part of Brasse, is more, prophylactic against the disease referred to, than, for example, a residence near the marshy embouchure of the Bievre, at Paris.

5. The conditions of latitude and longitude, and of height (above the sea) which limit the manifestation of marsh fevers, equally limit the curative or prophylactic influence of the marsh miasm.

6. Lastly, certain conditions of race, and possibly of sex, diminish the susceptibility of the system to the cause of marsh fevers, and in equal degree diminish the therapeutic influence of that cause.

The subject of which M. Boudin treats has considerable practical value in the distribution of troops, and in the hygeine of those predisposed to consumption.

External use of Chloroform.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—If the following notice meet your approbation, and you should deem it worthy of a place in the pages of your valuable Journal, you are at liberty to make it public.

The discovery of chloroform, and its secondary effects upon the human system, so far as they have been ascertained, has manifestly awakened, on the part of the profession in this country, and in Europe, most ardent and laudable efforts to become acquainted with the fullest extent of its potency, and the whole rationale of its action, both as an anaesthetic and therapeutical agent. I take it for granted, therefore, that making known to the medical public any novel symptoms—the effects of this most wonderful substance—which may fall under the observation of those using it, will tend, in a measure, to accomplish the object desired.

On the 15th of March last, while at the house of a patient of mine, Mr. P., a hale, robust young man, came in to see me, for the purpose of having me "examine his leg," in which he manifested great lameness when attempting locomotion, and in which he had suffered "severe and incessant pain for the last forty-eight hours." About the centre of the gastrocnemius muscle, superficially, of the left leg, was the region to which he referred the seat of pain. He could attribute the difficulty to no known cause.

Upon examining the limb I was unable to discover any indications of disease, but concluding the affection to be of a rheumatic nature, I resolved to try the virtue of chloroform externally—having seen a notice of its favorable results under similar circumstances. Accordingly, I at first applied about half a drachm with some degree of friction on the part, and continued
the use of it thus, a few minutes, with short intervals after each application, watching narrowly for any visible affect it might produce. He at length complained of nausea, and spoke of experiencing a strange sensation, a peculiar "combination of coldness and numbness," in the part, and subsequently extending over the whole system. I observed his countenance had become pale, he was stupid, the pulse was retarded in its action and augmented in volume; in short, there were present all those phenomena usually resulting from ordinary inhalation of the article. He was placed upon a bed. Having lain there a short time, he arose and walked about the room with perfect ease. He said he was entirely free from pain, and thus he has remained up to the present time.

E. E.

N. Andover, May 16, 1848.

**Sudden Death From Fracture of the Vertebra.**

To the Editor of the Boston Medical and Surgical Journal.

Sir,—The sudden death of a lad aged 14 years, who fell in attempting to get from a pew into the aisle of a meeting-house, near my residence, brought to mind the case which occurred to Mr. Abernethy, at St. Bartholomew's Hospital, some years past. This lad, who fell here, son of Mr. Tracy, struck on the angle of the socket of the left eye. The contusion was slight in external appearance; but death was instantaneous, he showing no sign of life after the fall, but one single gasp.

The case which occurred at St. Bartholomew's was related in the London Metropolitan, and never, that I know of, has appeared in any medical journal. The relater says:—"A drunken coal-heaver fell from a waggon, going up Ludgate Hill. He was covered with mud, and appeared to be hurt. I and two others laid him upon a shutter, and took him to St. Bartholomew's Hospital. He was stripped, and the surgeon examined him, but no injury could be discovered; still he could not rise up in bed. Mr. Abernethy happened to come in shortly afterwards, when the case was shown to him, but he could make nothing of it. 'Let him,' said that great surgeon, 'be washed thoroughly clean, and send for a barber and have that beard taken off, which appears to be of a month's growth.' About an hour after this, as I was relating to the surgeon how he fell from the waggon, a message was brought that the man had instantaneously, while he was undergoing the operation of shaving, given up the ghost. We all immediately repaired to the spot, where lay the man, half shaven and quite dead. The barber said he appeared to be well, and was talking to him one instant, and the next was a dead man. 'I had hold of him,' said he, 'by the nose, and did but turn his head very gently to use the razor, when he, without breathing or a sigh, went off.'
“Abernethy turned to the young students, and told them this was a case for study, saying, ‘there was a cause for the man’s death; and that the following morning he would open the body and find it out.’ ‘But,’ added he, ‘think of the case, and before I make the examination, tell me in the morning, each of you, your opinion, what it is that has so suddenly deprived him of his life.’ One of the students said, ‘I think a vertebral bone is fractured, and that as the barber turned his head to shave him, a splinter penetrated the spinal cord.’ ‘You have it,’ cried Abernethy, ‘turn him over, and we will see.’ They immediately cut down the back, and discovered a small piece of fractured bone, not bigger than half a pin, which had penetrated the spine; then taking the corpse by the nose, they observed, as they turned the head one way, the splinter came out, and as they turned it the contrary, it entered the vital cord. The problem of his death was at once solved, and I learnt how little it took to stop the great machine of life in man.”

Thus far the relation of this case, to which I may add, in conclusion, the following:

Remarks.—The reason that Mr. Abernethy could make nothing of the case, when he first saw the man alive, after the accident, may have been that fractures of the cervical vertebrae may so disable a patient, that he, like the coal-heaver in this case, could not rise up in bed. The tact and talent of Mr. Abernethy’s student, in pointing out the cause of the instant death of the man, when the barber turned his head, by taking hold of his nose to shave him, has ever, when I have thought of this case, struck me with admiration. The case appears not to have been related by a medical man; hence the vertebra which was fractured is not designated. But we should at once infer that it could be no other than one of the cervical. And this was probably the cause of the instant death of the son of Mr. Tracy.

Yours, dear sir, very truly,

Lebanon, Ct., May, 1848.

Joseph Comstock, M. D.

P. S.—There is a case related in which a negro man fractured the fourth and fifth cervical vertebrae, who lived thirty-three hours; but never secreted any urine after the accident. The catheter was frequently introduced, and not a drop drawn.

On Food for Children.—(American Journ. of Med. Sciences.)

Dr. Thompson, in his “Researches on the Food of Animals,” after some remarks on the relative quantities of nutritious matter, in various articles of diet, makes the following judicious observations on the appropriate food for children:
"Milk, in some form or other, is the true food of children, and the use of arrow-root, or any members of the starch class, where the relation of the nutritive to the calorifant matter is 1 to 26, instead of being as 1 to 2, by an animal placed in the circumstances of a human infant, is opposed to the principles unfolded in the preceding table. In making this statement, I find that there are certain misapprehensions into which medical men are apt to be led at the first view of the subject. To render it clearer, let us recall to mind what the arrow-root class of diet consists of. Arrow-root and tapioca are prepared by washing the roots of certain plants until all the matter soluble in water is removed. Now, as albumen is soluble in water, this form of nutritive matter must in a great measure be washed away; under this aspect we might view the original root before it was subject to the washing process, to approximate in its composition to that of flour. If the latter substances were washed by repeated additions of water, the nitrogenous or nutritive ingredients would be separated from the starchy or calorifant elements, being partly soluble in water, and partly mechanically removed. Arrow-root may therefore be considered as flour deprived as much as possible of its nutritive matter. When we administer arrow-root to a child it is equivalent to washing all the nutritive matter out of bread, flour, or oatmeal, and supplying it with starch; or it is the same thing approximately as if we gave it starch; and this is in fact what is done, when children are fed upon what is sold in the shops under the title of "Farinaceous Food,"—empirical preparations of which no one can understand the composition without analysis. Of the bad effects produced in children by the use of these most exceptionable mixtures, I have had abundant opportunities of forming an opinion, and I am inclined to infer that many of the irregularities of the bowels, the production of wind, &c., in children, are often attributable to the use of such unnatural species of food. It should be remembered that all starchy food deprived of nutritive matter is of artificial production, and scarcely if ever, exists in nature in an isolated form. The administration of the arrow-root class is therefore only admissible when a sufficient amount of nutritive matter has previously been introduced into the digestive organs, or when it is inadvisable to supply nutrition to the system, as in cases of inflammatory action. In such cases the animal heat must be kept up, and for this purpose, calorifant food alone is necessary. This treatment is equivalent to removing blood from the system, since the wasting of the fibrinous tissues goes on, while an adequate reparation is not sustained by the introduction of nutritive food. A certain amount of muscular sustentation is still, however, effected by the arrow-
Effects of Tobacco, Tea and Coffee. [September,

root diet; since according to the preceding tables, it contains about one-third as much nutritive matter as some wheat flours. The extensive use of oatmeal, which is attended with such wholesome consequences among the children of all ranks in Scotland, is, however, an important fact, deserving serious consideration, and it appears to me, is strongly corroborative of the principles which I have endeavored to lay down.

Injurious effects of Tobacco, Tea and Coffee. Clinic of Prof. Parker. (Annalist.)

A man aged 35 years, has been troubled with palpitation of the heart two years; temperate habits, drinks tea and coffee, and chews tobacco; bowels slightly costive; tongue somewhat furred; pulse nearly natural; some dyspeptic uneasiness in the gastric region. The palpitations were greatly increased by mental or physical excitement, or exercise. A careful examination could detect none of the physical signs of organic disease of the heart. This case, said Dr. Parker, is very interesting to the student and young practitioner, as it finely illustrates a large class of similar ailments, in which a correct diagnosis is of the greatest consequence in reference to the treatment.

There we have such a train of ordinary symptoms, embracing long continued palpitations, and these uniformly increased by mental excitement or physical exercise, that, without the aid of auscultation and percussion, it would be impossible to deny the existence of true organic disease of the heart. But if Hypertrophy existed, there ought to be increased fulness of the left side; the apex of the heart ought to be found on a line outside of the nipple, or more than three inches and a half from the centre of the sternum; the hand, when placed over the heart, ought to receive the impression of being distinctly lifted up by the heart’s pulsation; and there would be dulness on percussion, and absence of the respiratory murmur over a larger space than natural. Again, if the semilunar valves were diseased, application of the ear over the junction of the cartilage of the third rib with the sternum, should elicit the abnormal sounds belonging to that disease; or if the mitral valves are affected, placing the ear over the apex of the heart should elicit a similar result. There, however, we have none of these results; and hence, we may conclude with much certainty, that all the cardiac disturbance is purely functional, depending on derangement of the digestive organs.—and this again depending on the free use of Tobacco, Tea, and Coffee, and too much confinement within doors. What, then, are the indications of treatment? Shall we give physic in such a case? Will physic
cure bad habits? Not a bit of it. Let the patient, simply, throw away his Tobacco, his Tea, and his Coffee; adopt a plain and wholesome diet, and take regular exercise in the open air, and he will soon be well;—in a word, remove the causes of derangement, and the effects will cease. Dr. Parker here alluded to the fact, that much less medicine is now given by well educated physicians than formerly; and to the erroneous supposition that this was owing to the influence of some modern theories. Nothing, he said, could be further from the truth; on the contrary, it is owing entirely to the increase in our knowledge of disease, and especially to our more precise and certain means of diagnosis. For it may be laid down as a general rule, that the more certain and accurate is our knowledge of the nature, extent, and existing stage of disease, the more perfectly shall we adapt our remedies to the precise objects to be accomplished, and, consequently, the less will be required. While so long as our ideas of the nature, extent, and location of disease, are confused and uncertain, so long shall we be prone to increase the quantity and variety of our remedies, with the hope that some one of the number will hit the disease. And lucky will he be, who, under such circumstances, does not hit the patient instead of the disease.

Poisoning by Arsenic Succesfully Treated with Calcined Magnesia. By Emory Bissel, M. D., of Norwalk, Conn.—

(American Journal.)

Peter Galpin, a labourer, aged 27, a powerful and robust young man, of intemperate habits, attempted suicide on the evening of the 4th of March last, by taking arsenic. As is often the fact, he was prompted to the deed by those horrors and remorse of conscience which so often succeed a debauch. The quantity taken, as nearly as could be determined, was not far from a scruple. When I was first apprised of the fact, two hours had elapsed from the time it was taken. I hastened the messenger who came for me as quickly back as possible, with some thirty grains of sulphate of zinc—in two doses—with directions to administer it as soon as he could reach home, on horseback—distance about one mile—to give the second parcel in ten minutes, if needful. I followed as expeditiously as I could; when I arrived he had vomited freely twice, but without any relief. The family had given him copious draughts of a weak infusion of tobacco, which produced no other effect than to increase his sufferings, which at this time were extreme; so much so, that he begged me to kill him at once, if I could not end his pain in any other way. His pulse was one hundred and
thirty per minute, small and wiry. He complained of great constriction and dryness of the fauces, but chiefly of a most agonizing pain and burning in the stomach; it seeming, as he expressed it, "as if it were filled with burning coals." As nearly three hours had now elapsed, since the poison entered the stomach, I considered that any further effort to evacuate it would be futile, and that if life was saved at all, it must be by the antidotal power of some medicinal agent. Having had my attention directed to the experiments of Prof. Peter, of Transylvania University, and the case of Lepage, published in the January and April numbers of this Journal, in 1847, I determined to give the calcined magnesia a fair trial, and accordingly put it up in drachm doses, to be given every hour mixed in milk and water. During the hour which I remained with him, his symptoms were rapidly becoming more unfavourable. The pulse was one hundred and fifty per minute, the constriction and dryness of the fauces extreme, the whole surface bedewed with perspiration, the pain and burning sensation in the stomach seemed augmented to the highest possible degree, whilst the right hand was entirely paralyzed; in short, everything betokened a speedy dissolution. I left him at 10 o'clock, in charge of the mistress of the family, whom I knew to be an intelligent and faithful nurse. On visiting him the next morning, instead of finding him dead, as I much feared, I was most happily surprised to find him very quietly dozing in an easy chair. I learned from the lady, who had been unremitting in her care of him during the whole night, that in a very few minutes (not more than five or ten), after taking the first dose of magnesia, he said he felt much relieved, and before the time came for the second dose, he had fallen into a doze. She stated that each successive dose had produced the most surprising and marked mitigation of every symptom, and that long before morning he was entirely freed from suffering, and had, on the whole, passed a quiet and comfortable night. The bowels had moved freely and easily twice during the time. He complained of nothing save a general weakness, and a sort of faintness at the pit of the stomach. The right hand had recovered its power, and the pulse had fallen to eighty-five per minute. Directed to continue the magnesia, through, the day, once in four hours, and to give light nourishment. On the sixth I made my third and last visit, as the young man seemed to require nothing but nursing, and a little time, for the recovery of his strength. I have since learned, that in a very few days he resumed his labour upon the farm, and felt no inconvenience from what he had taken, except a muscular weakness of the lower extremities, which was not very great. The case,
On Etherization. By Prof. LINDSLEY, of Washington, D. C. (Medical Examiner.)

[This so well accords with our own views and experience, (not in midwifery, but surgery,) that we with pleasure give place to it.—EdT.]

Having observed, in several papers, notices of the Report which I presented at the late meeting of the American Medical Association in behalf of the Committee on Obstetrics, that are erroneous in various respects, I beg leave through your valuable journal to offer a few remarks on etherization, in which some of these errors will be corrected.

It has always been very remote from my intention, to take an ultra or partizan stand in favor of etherization in midwifery. I believe, in the very great majority of cases, no interference with the natural progress of labour is necessary or justifiable, but I also believe that there are cases where it is proper for the practitioner to resort to a remedy, which is confessedly efficient in relieving pain, and which I have no doubt is, with due caution, entirely safe. And I regret to see physicians of high standing in the community, not only condemn without trial, but take the lead in denouncing, means, of which they are experimentally ignorant, thus reversing the sound advice of Hunter to Jenner—"Do not think, but try,"—for these gentlemen say by their actions, "we will think (and condemn), but we will not try."

Those who object to the trial of chloroform in midwifery as unsafe, seem to forget that it is possible to make a trial of it without producing the full anaesthetic effect. I contend, and I know it by personal observation, that an effect very far short of complete anaesthesia, will give very great relief, by allaying pain, and especially by soothing that nervous excitability, which is so distressing to many parturient women. The inhalation of ten or twenty drops of chloroform will often accomplish this, and I do not believe a patient can be found who could not inhale this quantity with perfect safety, especially if the handkerchief or sponge be occasionally removed (for a moment) from the
mouth or nostrils, so that atmospheric air alone may be inspired. There can be no doubt, that chloroform, like all other narcotics, can be given in doses that are unquestionably safe, and that these smaller doses may be of great benefit, without giving entire relief, just as opium or any other anodyne may soothe the pain, without wholly removing it. Complete insensibility cannot be produced by opium, without giving it in dangerous quantities, and yet no one pretends for a moment that this is any reason, why it should not be employed in quantities that are safe, for the purpose of affording partial relief. If we should admit, therefore, for the sake of argument, that chloroform cannot be safely given so as to produce complete anesthesia, there still remains the same reason for prescribing it, as leads us to the use of other narcotics, viz., that it can be given with perfect safety, so as to relieve pain, without causing insensibility. Its safety (given in this way) and efficiency being admitted, it unquestionably possesses three most important advantages over opium: it produces its effect almost instantaneously; it does not retard, but rather hastens the progress of the labour; and it causes no ulterior bad results.

The important practical doctrine which I wish to inculcate is this: that sufficient evidence has now been adduced in favor of etherization in midwifery practice—it having been employed in probably two thousand cases without a single fatal result—to render it the duty of the profession to give it farther trial, to experiment with it, cautiously and judiciously, in order to see if we cannot finally arrive at general laws and principles, which will enable us to administer it without danger or apprehension.

Case of Prolonged Gestation, in which the date of Conception was accurately ascertained. By R. H. McLvain, M. D., of Charlotte, N. C.—(Amer. Journ. of Med. Sciences.)

The following case of gestation, prolonged to probably 296, certainly to 293 days, occurred under the personal observation of the writer. The parties are of unexceptionable character, and the statement of the husband that no intercourse was had after the night of the 4th of July, may be implicitly relied on.

Mrs. ———, whose character is above suspicion, was visited on the evening of July 1st, 1847, by her husband, whose business had compelled him to reside for more than a year before in a distant state. The husband remained till the morning of the 6th of July, and then departed, and did not return for more than nine months. On the nights of the 1st, 2d, 3d, and 4th of July, there was sexual intercourse between the parties, but none on the night of the 5th, or after. Shortly after Mrs. ——— con-
sidered herself pregnant, and on the 23d of April, 1848, was delivered after an easy labour of a fine healthy female child; weighing nine pounds.

Supposing impregnation to have occurred on the night of the first, as a consequence of the first coition, the duration of the pregnancy must have been 296 days, but if we suppose the last copulation to be the one from which the pregnancy resulted, the period of gestation was 293 days.

This case is interesting, inasmuch as it furnishes conclusive evidence, that gestation may be prolonged to thirteen, if not sixteen, days beyond the usual period.

The large size of the child—being a full pound and a half above the average weight of female children, is a circumstance in favor of its having been carried beyond the usual period.

The mother has borne three children previously, none of which weighed over eight pounds.

BIBLIOGRAPHICAL.


We have had this volume for some two or three months upon our table, and have taken notes for a somewhat lengthy review of it; but really our time is so occupied, and the Journal so filled with other matter, that we are compelled to substitute our opinion for the proof of the high estimate we place upon the work.

The character and standing of the late Dr. M'Clellan as a Surgeon and Professor of Surgery, in Philadelphia, must be familiar to our readers. His early connection with the Jefferson Medical College, and subsequently with the Pennsylvania Medical College; his many bold and successful operations; his extensive practice in surgery; his study and preparation for the very work before us; and his very sudden and deeply deplored death in the midst of his labors and usefulness, are likewise known to all. His son has undertaken to edit his father's manuscript notes, and a volume of 432 pages is the result at present, with the promise of further details in a future publication.

From a careful perusal of these principles and practice of Surgery by Dr. M'Clellan, we give them our unqualified commendation. A better work, one containing more worth to its size and pretensions, has not been published. Incomplete though it be, still the reader will find the subjects it treats of containing the latest intelligence, and presented in an able and judicious manner.
2. *Principles of Medicine: comprising Pathology and Therapeutics, and a brief general view of Etiology, Nosology, Semiology, Diagnosis, Prognosis, and Hygienics*. By Charles J. B. Williams, M.D., F. R. S., Professor of Principles and Practice of Medicine, and of Clinical Medicine, &c., University College, London, &c., &c., &c. Edited, with additions, by Meredith Clymer, M. D., late Prof. of the Principles and Practice of Medicine, &c., in the Franklin Medical College, &c., &c. Third American from the second and enlarged London edition. 8vo., pp. 440. Philadelphia: Lea and Blanchard. 1848.

We have here again the pleasure to notice a most valuable work sent us by the great American Medical Publishers. The title of the volume, the editions through which it is passing both in Europe and America, and above all the name of Prof. Williams, its author, are all we need give in its recommendation.


The object of this little work, says the author, has been, to present to the younger surgeon and to the student, information relative to the art of bandaging, and to some other points of importance in the practice of Surgery. Judging from a hasty glance over these pages, the volume we hope will fulfil the design of the writer, aided as it is by these same plates, called now into requisition for the thousandth time.


This is pronounced to be, by all the notices we have seen respecting it, a most excellent work on the subject of which it treats. It is dedicated to Students of Medicine, but probably it might benefit those too, whom age would seem entitles them to practice only.


Here is an excellent compendium of all known in the various Dispensatories, and the very thing needed by the general practitioner o.
Medicine. If accurate, and we have no reason to believe it otherwise, it must prove a very serviceable and useful little book to the profession.


The well known Publishers have done us the kindness to send a copy of the above little works, which we have thought proper to class together, as they are similar in character and have a common object. Memoranda like these will no doubt aid the student, and often present valuable hints to the practitioner. It is the first of these little volumes, which a Western paper noticing, called the "Obsolete Remembrance," exhibiting thus prima facie evidence of its ignorance of professional technicalities.

PART III.—MONTHLY PERISCOPE.

On the Independent Contractility of Muscular Fibre. By Dr. E. Harless.—A new set of experiments performed on this subject, upon animals rendered completely insensible by ethereal inhalation, confirms the opinion that the irritability of muscle is a property inherent in the tissue itself, and not in any way derived from the nervous system. Dr. Harless found that even when the nervous system had been rendered, by the action of ether, utterly incapable of conveying a galvanic stimulus, applied ether to the nervous centres or the nerve-trunks, the same stimulus applied directly to the muscles, would immediately throw them into powerful contraction.—Müller's Archiv. 1847. No. 2.

These results are in harmony with those obtained by Dr. Madden some years since, and communicated to the British association at its meeting in Edinburgh, on the agency of narcotics in destroying the
power of nervous conduction, without diminishing muscular contractility in an equal degree. We hope that they will tend to convince Professor Muller and other German physiologists, of the untenability of the doctrines they have upheld as to the dependence of muscular contractility upon nervous agency.—[Medico-Chirurg. Review.

On the Causes operating in determining the proportions of the Sexes at Birth.—Dr. Emerson has shown from statistical data that whatever influences tend to maintain a high state of physical health and energy, leads to an increase in the proportion of male births, while all agencies, moral or physical, which reduce the powers of organic life, diminish such preponderance. This is fully illustrated by the influence of the Asiatic cholera, which in Philadelphia and Paris, reduced the ordinary male excess from 6 or 7 per cent. to 1 per cent. The commercial embarrassments of 1836 in Philadelphia, caused a very perceptible diminution in the preponderance of male births for the years 1837-8.—[Medical News and Library.

Influence of the Imagination.—In the Boston Medical Journal is the following good story: "In the early part of my practice," says the author, "I was called into a neighboring town to visit a patient. It being about the middle of the day, the old gentleman of the house invited me to stop and dine. While at dinner, he says: 'I don't know as you like my dinner?' 'Why, yes,' said I, 'I do; I like it very well. It is very good.' 'I guess,' said he, 'you don't know what you are eating?' 'Why, yes,' said I, 'I do. It is some new corned beef.' 'Ah!' said the old gentleman, 'it is horse beef.' I replied, 'I don't believe it.' 'It is,' said he, 'I declare it is some of my old mare.' I was not much acquainted with him at that time. I looked at him supposing him to be joking, but could not see a muscle of the face to alter or change. I had just taken another piece on my plate, and a mouthful of the second slice in my mouth, and in fact it was horse meat, sure enough; I could taste it as plainly as my olfactory nerves would discover the scent of an old horse. The more I chewed it, the more disagreeable it tasted. I continued picking and tasting a little sauce, which I could swallow; but the meat, as the negro said, was no go. I at last gave a swallow, as I do with a dose of physic. I thought that I should have thrown the whole contents of my stomach up at table. I afterwards tasted a little sauce, but took care not to put any more meat in my mouth, and kept time with the family. Glad was I when dinner was over. It being cold weather, the old gentleman went to smoking and telling stories. At last he says, 'I won't leave you in the dark about your dinner. I told you we had horse meat for dinner, and so it was. I told you it was some of my old mare, and so it was, for I swept her away for a steer, and that was some of the beef.' I have ever since been glad that the gentleman put the joke upon me, for I never should otherwise have known how far imagination would have carried me."—As a pendant, take the following from a contemporary not recollected:—A gentlemen travelling
in Europe discovered a man sitting in a state of most woful despair, and apparently in the last agonies, by the side of one of the mountain lakes of Switzerland. With great anxiety he inquired the cause of his suffering. "O!" said the man, "I was very hot and thirsty, and took a large draught of the clear water of the lake, and then sat down on this stone and consulted my guide-book—(this guide-book was written in French, of which language he was ignorant). To my astonishment," he said, "I found there, that the water of this lake is very poisonous! O! I am a gone man—I feel it running all over me. I have only a few minutes to live! Remember me to——." "Let me see the guide-book," said the gentleman. Turning to the passage he found: "L'eau du lac est bien poissonneuse,"—the water of the lake abounds in fish. "Is that the meaning of it?" "Certainly." "I never was better," said the dying man, and immediately leaping up, his imaginary pain left him. "What would have become of you," said the gentlemen, "if I had not met you?" "I should have died of an imperfect knowledge of the French language."—[Annalist.

Tears in Children.—M. Troussseau states as a general rule, that when the infant sheds tears it is not dangerously ill; and, on the contrary, the absence of weeping indicates a severe disease. He regards this to be so true as to deserve to be considered as an aphorism. He does not deny, however, that there may be exceptions.—[Gaz. des. Hop., and Revue Med. Chir.

Blood in Scurvy.—Having devoted considerable space to this disease in our last Report, it is not our intention to do otherwise than allude briefly to communications upon the same subject, which have subsequently appeared.

In an important communication by Dr. Garrod,* the author endeavors to show, and with much appearance of truth, that the proximate cause of scurvy is a deficiency in the salts of potash contained in the blood. He has further determined, that, in all the dietaries of scorbutic patients, potash has been deficient; and, conversely, that in those aliment which are found to be beneficial in the disease, that salt exists in large quantities. As a practical fact, elicited by his researches, he states that scorbutic patients may be restored by the simple addition of potash to their diet, without other alteration. This communication is made in a philosophical spirit, and merits the attention of the political economist no less than of the physician.

A report on scurvy, as it appeared on board an American vessel of war, has been furnished by Dr. Foltz,† a surgeon in the United States navy. It contains neither facts nor deductions which offer any features of novelty, but both of which serve to confirm the opinion expressed in our former Report, of the important part played in the causation of the disease, by the deprivation of fresh vegetables combined with ex-
tra labour and deficient ventilation. The author particularly insists upon the value of the potato as an antiscorbutic, thus agreeing with several writers mentioned in our last volume.—[Ranking's Abstract.

New Diagnostic Sign in Emphysema of the Lungs.—Mr. Corfe has the following remarks as part of his papers on semeiotics:—

But an observation ought here to be made of a fact which will help to a decision on the nature of the disease before the ear is placed on the chest of such a patient. It is this: that if there is emphysema to any extent, and it has reached the upper lobes—for emphysema usually begins in the lower lobes, and spreads upwards—each act of coughing produces "hernia of the lung," so to speak, in that triangular space which is formed by the clavicles, sterno-cleido, and omohyoidi muscles. At this point, and at this point only of the thorax, we know that the pleura is wholly unprotected by muscle; and, as the lungs are jerked up by each distressing effort of hard coughing, the emphysematous lung and pleura are forced up into this triangular space, and may be seen as one distinct tumour.

This appearance alone has often enabled me to form my diagnosis of a pair of emphysematous lungs before I had even applied my ear to the chest.—[Medical Times.

On the Treatment of Chronic Gastralgia. By M. Valleix.—[Chronic gastralgia, says M. Valleix, most frequently arises after acute diseases, from our keeping the patient too long upon low diet.]

In the treatment of chronic gastralgia, M. Valleix has derived the greatest benefit from the employment of small doses of acetate of morphia. The medicine is not a new one in this disease; but M. Valleix has advantageously modified the usual mode of its administration. Thus, instead of giving it before, he prescribes it immediately after a meal; and in this way he has relieved cases which had resisted all other treatment. A very well marked one of this description is detailed. M. Valleix orders one grain of the acetate in thirty drachms of distilled water, and nine drachms of syrup, and directs a tea-spoonful to be taken immediately after each meal. Under the use of these small doses, the bowels, so far from becoming constipated, are better regulated.—[Revue Medico-Chirurgicale, from the Bulletin de Therapeutique. Brit. and Foreign Med. Chirurg. Rev.

Use of Vinegar in Rheumatism. By J. C. Atkinson, Esq., Westminster.—[Mr. Atkinson says that common vinegar has been successfully used by him in various forms of arthritic, rheumatic, and even neuralgic maladies. He remarks,]

I was first led to employ this auxiliary comestible, if I may so term it, in cases where the alkaline treatment with colchicum had totally failed. Persons whose digestive organs were deficient in the assimilating process, arising from imperfect secretions, and producing foulness of breath and flatulency, were much benefited by the administration of vinegar. Constant pains in the epigastric region
after eating or drinking, no matter what, although ordinarily digestible, are likewise symptoms which indicate its adoption. One characteristic of its successful use is when all cloudiness of urine disappears. I may further observe, that it is rarely in the young that this remedy is required; those of middle age, whose constitutions have been injured by dissipation, will find great advantages from the use of the vinegar remedy after the colchico-alkali treatment has been proved of no utility. The distilled vinegar, or dilute pyro-ligneous or pyro-acetic acid, may be administered in the following manner:—Acetic acid, one drachm; tincture of jalap, twenty minims; tincture of orange-peel, one drachm; camphor mixture, sufficient for a draught, to be taken twice or thrice a day. The quantity of vinegar may be diminished or increased according to the feelings of the patient and the effect produced.

[Braithwaite's Retrospect.

Hornet's Nest, an Antispasmodic.—Dr. T. T. Lockwood, of this city, at a late meeting of the Buffalo Medical Association, stated, that, when practising in the country, he had frequently prescribed hornet's nest, as an antispasmodic, and that particularly in whooping cough, he had found it to exert more influence in controlling the paroxysms and shortening the duration of the affection, than any other remedy he had ever tried. We suggest the employment of this article, especially to our brethren in the country, where the article can be readily procured, in order that its therapeutical value may be more fully tested. Will some of our classical friends invent a classical name by which to distinguish it, in season for its formal induction into the Materia Medica?—[Buffalo Medical Journal.

New method of Dilating Strictures of the Urethra. By M. Amusat.—The treatment of strictures of the urethra, simple and easy enough in ordinary cases, sometimes present very great difficulties, often insurmountable, if we have not at our disposition different modes, which unhappily are not found in general treatises on Surgery. When the obstacles which render micturation either impossible or very difficult have been surmounted, by using a very small elastic bougie, about a half millimetre in diameter: it is left in the canal; it serves as a conductor to the urine which runs off with more ease; the next day, or the day after, instead of withdrawing it to substitute a larger one, another bougie of the same size is introduced along the side of the first, and others are successively introduced, which are allowed to remain, and which forms a fasciculus composed of five or six bougies through which the patient can urinate. And as the bougies are not in immediate contact, they overcome the obstacles much better than a single one whose volume would be equal to all the small bougies united; they are also more easily borne by the patient, because they are very flexible, and also because the urine can pass with more liberty through the intervals between them. After using this means, the ordinary mode of dilatation is adopted, with elastic or metallic bougies, whose size is gradually increased; and in case the obstacles resist the
dilatation, I use either mechanical dilatation with a particular instrument which I will describe hereafter, or scarification or cauterization.—[Translated by Dr. Rossignol, from Journ. des Con. Med. Chir.

L'Adansonia Digitala, a substitute for Quinine.—M. Duchassaing announces to the Academy, that owing to the exorbitant price of sulphate of quinine, he has been led to the discovery of another remedy against intermittent fevers, called miasmatic. He employed the bark of the Adansonia digitala. He is satisfied of the efficacy of this remedy from numerous experiments. It is not costly; is of an agreeable savor; does not act upon the nervous system; and is propitious to the functions of digestion, on account of its mucilaginous principle. He has succeeded in several cases, where the sulphate of quinine had no effect. One ounce of this bark put into a litre of water and boiled down to a third, suffices, most frequently, to cure these murderous fevers.—[Translated by Dr. Rossignol, from Journal des Con. Med. Chirurg.

Bitter Ferruginous Pills. By Lucien Piest.

Aloes, • • • • • • • • 3i;  
Quinine, • • • • • • • • gr. xv;  
Sulphate of Iron, • • • • • • • • gr. x;  
Extract of Mint, • • • • • • q. s.

Make six pills. Give one every three hours.

MEDICAL INTELLIGENCE.

The American Medical Association—meeting of Professors of the Medical Colleges.  
We feel the great and important question of medical reformation, so far as public instruction is concerned, is about to be decided by the Profession at large. In a few months the classes of our different Medical Colleges will have assembled, and their statistics will exhibit the fact, whether a change in lengthening the course of Lectures was desired or not. It is now known that several of the Faculties of these Institutions have added one month to the regular course of instruction, others have not. The annual announcements, &c., of the Medical Colleges, are before the whole medical public of this country, and it remains for each preceptor of students to do his duty in this matter. We would make no distinction, but leave the subject where it properly belongs, to the private ranks of the profession. In the mean time, we copy the proceedings in reference to it of the Professors assembled at Baltimore, which of course will not be published in the volume, now nearly ready, of the Journals of the last annual meeting of the American Medical Association. It is taken from the Western Journal of Medicine and Surgery, and is prepared by Prof. Yandaell, of Louisville.

We continue our account of what occurred at the late meeting of the American Medical Association.

Prof. Paul F. Eve, of Georgia, on the first day of the meeting, proposed that the professors in the various Medical Schools present, should meet that evening, for the purpose of interchanging views respecting medical education in the United States. A meeting was accordingly held at the lecture-room of Dr. Dunbar, at which the following schools were represented:—the Boston Medical College, Medical Institution of Yale College, College of Physicians and Surgeons of New York, University of Pennsylvania, Jefferson Medical College, Franklin Medical College, Pennsylvania Medical College, Philadelphia College of Medicine, Buffalo Medical College, University of Maryland, Washington University of Baltimore, Columbian College, Washington, D.C., University of Virginia, Medical College of Georgia, Medical College of Ohio, Starling
Medical College, Indiana Medical College, and the University of Louisville. Professor Warren, of Boston, was requested to take the chair, when an informal discussion ensued upon a resolution offered by Professor Eve to the effect, that the lecture-term of the medical schools ought to be extended to five months.

Professor Harrison, of Cincinnati, was not prepared to vote for this resolution. The question whether it was expedient to lengthen the term had not been decided by the Faculty of the Medical College of Ohio, and he was, therefore, without instructions from his colleagues.

Professor Ware, of Boston, did not deem the extension expedient, and in this view he was sustained by his colleague, Professor Holmes, who addressed the meeting in a few pointed remarks, strongly expressive of his disapproval of the measure. He did not believe that any thing would be gained by students by requiring them to attend more protracted courses of lectures. The change required is in the mode of instruction, which is radically imperfect, if not demonstrative.

Professor Jackson, of Philadelphia, was in favor of the resolution. If the operation of the measure should be to diminish the number of students and physicians in the United States, he thought it would be well. The proportion of physicians to the population, in this country, is 1 to 300 or 400, whereas in Europe it is 1 to 1,500, or 1 to 3,000 or 4,000. What the public is interested in, is not an increase in the number, but an improvement in the quality of our practitioners. The community wants highly educated men—medical philosophers—men capable of solving the higher problems of medical science. It is very possible to be good practitioners, and yet not be highly educated. Most diseases are managed successfully without much medicine, and if the physician be a man of tact he may succeed well with moderate attainments. The schools of this country turn out as good practitioners as any in the world, but still they are not physicians of the highest grade. Our graduates must still go abroad to fit themselves for the higher questions of medicine. In our short courses we are unable to do it, nor shall we be able to do it when the courses are extended to five months. It is well for our profession that the dogmatic style of teaching is passing away, and the demonstrative taking its place. But a difficulty lies in the way of a thorough change—there must be hospitals for demonstrative teaching, and unfortunately there are but few of these in this country in which clinical instruction can be made available to the student. In Philadelphia, he said, they experienced this evil to a great extent. The people have inadequate conceptions of physic, and do not properly second the efforts of physicians to advance the profession. They conceive that the only business of the physician is to find out remedies for diseases, and hence they give no countenance to human dissections, and do nothing to promote the study of clinical medicine. The people—our municipal authorities—must first find us hospitals, and then we can make our teachings demonstrative.

Professor Hamilton, of Buffalo, advocated the resolution. The school in which he was a teacher had already made the extension proposed.

Professor Bond, of Washington University, at Baltimore, thought that those who had spoken had failed to make a correct diagnosis, and consequently to suggest the true remedy for the evils under which the profession is suffering. The profession, he said, is becoming more and more debased—is coming down to its pristine condition—"barber surgery." As confirmatory of his opinion, he related the following incident: A graduate of one of the Atlantic schools, a practitioner in Baltimore, insisted in a consultation, that his patient, a female, was affected with an enlargement of the prostate gland. "I think you must be mistaken," remarked the consulting physician. "No sir, I cannot be," replied the young Hippocrates. "But, sir," was the conclusive answer of his senior, "a woman has no prostate gland."

Dr. Bond went on to say, that students too generally entered the schools without the necessary qualifications for study, and were confused during the whole time of their attendance. They could not profit by the lectures, for the reason that their preliminary education was so imperfect. The consequence is, that the profession is sinking everywhere. Physicians are not looked upon as educated men. The evil lies in the fact that there are too many students, and too many medical schools. The multiplication of medical schools is at the bottom of the mischief, and here the reform must begin.
Professor Harrison rose again and remarked, that to his mind there was clear evidence that our profession is advancing. He could not speak so confidently concerning the East, but, in the West, he was sure it was making progress, and his belief was that it was going forward in all parts of our country. He did not share with Dr. Bond in his despondency, but indulged high hopes for the future.

Professor Huston, of Philadelphia, stated that he was not prepared to recommend an extension of the term. The Faculty of the Jefferson Medical College had not declined in favor of the change.

We stated, on behalf of the University of Louisville, that that Institution had already declared in favor of the principle of the resolution by adding two weeks to the session, and that in 1849 the term would be extended to five months.

The vote was decidedly in favor of the resolution of Dr. Eve, and when the question came before the Association, two days after, the result, as we stated in our last number, was the same; so that there is reason to believe the sessions in all schools will soon be extended. The extension will impose additional labor upon teachers, and additional expense upon students, but the sacrifice will be cheerfully incurred if it can be made to appear that good therefrom will result to the profession. Our conviction is clear that the step is in the right direction and we do not doubt that the wisdom of it will soon be apparent to all.

When this subject was brought up in the Association by the report of the Committee on Medical Education, Professor Bond availed himself of the occasion to repeat the derogatory remarks concerning the profession which he had made at the meeting a few evenings before. His speech, which was heard by the members with evident signs of impatience, brought out Prof. Jackson in a very happy reply. Prof. J. spoke warmly of the improvement which medicine had undergone since he was himself a student. In a word, he administered a rebuke to those who had spoken of it as retrograding, which nearly every one felt to be just, and his remarks elicited hearty applause.

It was proposed by the committee just referred to, that students should be examined at the close of their first course of lectures, and, if found to have made proficiency, receive a certificate to that effect from the professors, but after a good deal of debate, the proposition was rejected. It was conceded to be most desirable that some mode should be adopted for securing the attention of students in the first year of their pupillage, but an examination of such a number as attend many of the schools was admitted to be impracticable under the present system. If the practice were universal for students to attend three courses of lectures, they might be divided into classes, and examined successively, at the close of each course, on the different branches of medicine. In this way their faithful application would be encouraged, and they would know from year to year what progress they were making. It may be that such a system will be adopted in time, but at present we presume none of our schools are prepared to insist upon three courses as a pre-requisite to graduation.

In lieu of the Theses now demanded of students of medicine, or as a part of them, it was proposed by the Committee on Medical Education, that students should be required to report a number of cases of disease which had passed under their own observation. The resolution advisory of this change was adopted.

Another resolution offered by this committee was to the effect, that the Association would support those schools which respected its recommendations. This was rejected upon the ground that there was something in it resembling a threat. It was deemed best to leave the schools entirely free to adopt or reject the suggestions.

A resolution was adopted to appoint delegates to the British Association. Several distinguished Americans understood to be in Europe, among whom were Professor Wood and Professor Horner, of Philadelphia, were appointed.

Some interesting statements were made by Professor Jackson and other members, in regard to a gastralgia resulting in the laboring people of cities, from the excessive use of coffee and want of nutritious food. Prof. Jackson remarked that within a year or two he had met with more than twenty cases which had their origin in this cause. It was not uncommon for laboring men in Philadelphia to make their breakfast, dinner and supper, upon bread and coffee, without any animal food, and it was uniformly in such subjects that he had met with gastralgia. Milliners carry the abuse of coffee to a still greater length, drink-
ing it not only at breakfast, dinner and supper, but resorting to its stimulating effects between meals. The subject will be brought up at the next meeting by the Committee on Hygiene.

We have already alluded to the singular discordance of opinion among the members of the Association, with regard to the value and safety of anaesthetic agents in the practice of surgery and obstetrics. Dr. Lindsay recommended them warmly in his report on Midwifery. Dr. Hodge, on the other hand, while he would leave to surgeons the question of their propriety in that branch of the art, does not consider that they are admissible in obstetrics. Some pain in labor, he supposes, is natural and healthful, and if excessive, it is for the accoucheur to ascertain and remove the cause. To give chloroform or ether in such cases, with a view to rendering the woman insensible, is no better practice than administering opium to a patient suffering under colic from irritating matter in his bowels. Congestion of the brain is a consequence of etherization, and it is well known that in many parturient females a dangerous tendency exists to this condition of the cerebral circulation. For these reasons, Dr. Hodge agrees with his analogue, Dr. Meigs, of the Jefferson Medical College, in declining to employ anaesthetics in obstetrical practice.

Dr. Parrish and Dr. Norris, members of the Committee on Surgery, were not agreed as to the value of these agents. The estimate placed upon them by the former gentleman is much higher than that of the latter. In this connexion it is proper to remark, that no surgeon in our country, perhaps, has looked more industriously into the history of etherization, or examined its statistics with greater care, than Dr. Parrish, and the mass of testimony adduced by him in its favor is such, we judge, that scepticism will hardly be able to gainsay or resist.

Dr. Warren remarked, that having heard of the cases of death from chloroform, three of which were authenticated, he was at one time inclined to return to the use of sulphuric ether, but before doing so, since this agent was not wholly unobjectionable, he determined to experiment with some other substances. One of those of which he made trial was chloric ether, which he had found, in his experience with it thus far, eminently satisfactory. Up to the first of May he had administered it in from thirty to fifty cases, and in all with the desired effect. He did not pretend to say that this was a sufficient experience with the agent, but as far as it went it was encouraging. The chlorine ether is not so sudden or so concentrated in its action as chloroform, and therefore more under the control of the operator, at the same time that it does not require to be given in as large quantities as sulphuric ether and is otherwise more eligible than this agent. Two weeks before the meeting of the Association he had employed it in the case of a woman, who submitted to an extirpation of a cancerous tumor from the antrum. The patient felt nothing during the operation; the incision was closed by means of the ethereal solution of gun-cotton, and only a line was left upon her face. Previous to this operation, he had given it to a patient about to submit to lithotripsy. The calculus, consisting of oxalate of lime, and which was as large as a robin's egg, was broken down and removed, without pain, at a single sitting.

The city in which etherization has found most favor, in this country, is Boston, the one in which the practice originated; that in which it has met with most opposition is Philadelphia. In New York, the profession is much divided on the question, as it is also in Baltimore. In both cities it has met with decided opposition, but has also warm advocates. We spent some profitable and pleasant hours with the medical gentlemen of Buffalo, on our way home, and learned from them that the practice had not become popular in that city. Dr. Eve, of Augusta, Georgia, is an advocate for it; and Dr. Parrish enumerated in his report many of the most eminent practitioners in the country who had declared in its favor.

The sentiments of the members were not more accordant respecting the relative merits of the various anaesthetics employed, some preferring chloroform, some sulphuric ether, and at least one inclining to a third agent. On the score of safety, it would appear that the ethers claim a superiority over chloroform, no well authenticated case of death from their inhalation having yet been announced; at the same time chloroform is so prompt, and, generally, so pleasant in its effects, is required in so small a quantity, and is so agreeable to inhale,
that it will be apt to maintain its ground with patients and the profession, unless the disasters from its use should become more frequent than they have been.

Here we must close our notice of the Association until we are in possession of its printed proceedings. We look forward with pleasure to the appearance of this volume, which we feel assured will be creditable to the profession of our country. We shall then return to the subject and supply the deficiencies of our present report.

[To what indignity and insult is the profession of Medicine to be next subjected? Truly we live in an enlightened and anti-fanatical age. — Ed.]

**Trial of a Physician for Assault and Battery in delivering a patient.** — A trial of a novel character has lately taken place in New Hampshire, in which a respectable physician was the defendant. Trials of medical men for malpractice have not been very uncommon, and have afforded opportunities for unprincipled individuals to attempt to obtain money from those who had used their time and best skill for the relief of the afflicted. The case alluded to is a new mode of harassing the profession; and, it would seem, with not exactly the same object in view — as criminal punishment, instead of pecuniary damages, was the penalty anticipated. The complaint was made by L. C. Delaware and his wife, of South-Hampton, N. H., against Dr. J. B. Gale, of Salisbury Mills, Mass. — the charge against the latter being for an assault and battery upon Mrs. D. in March, 1847, upon the occasion of her confinement with her first child. It would seem that this worthy couple, since the alleged assault more than a year ago, have, through the means of certain books which have been freely circulated respecting the impropriety of employing male accoucheurs in midwifery cases, or by some other means, become fully convinced of the alleged gross indelicacy of such a practice, and for the purpose of showing their abhorrence of it, and to prevent as far as possible its repetition, the present complaint was made. How far they were justified, by the circumstances of the case, in adopting such a course, the evidence given on the trial will show. The following is the testimony of Mrs. D. herself, while that of Mrs. Woodman, an intelligent woman who was present, did not differ much from it.

"Dr. J. B. Gale, on the morning of the 5th of March, 1847, called to see me, agreeably to my request, which was conveyed to him by my husband. I was sick at that time, and expected to be delivered of a child. Dr. Gale came into my room about 5 o'clock and stayed till 9, when I was delivered of a child, my first born. My mother and Mrs. Woodman were in the room when the doctor came, and remained there until the child was born. He had been in the room about fifteen minutes, when he came to where I was lying upon the bed, and after remarking — Sister, you are doing well — don't be scared, he commenced making an assault upon me by placing his hand upon my person. I had labor pains occasionally, and at intervals of a quarter and a half hour, he renewed his assaults, by placing his hand upon my person. At these different times, I told the doctor to let me alone, and go away, but he did not. I also asked for my husband; but the doctor replied, 'Umph! you do not need your husband.' The doctor did not ask my consent to make an examination. I think he increased my pains at each examination he made. I lay upon my left side — the doctor came up and made his examinations until my child was born, which was at 9 o'clock.

"On the cross examination, the evidence of Mrs. D. did not vary materially from that of the examination in chief — and was as follows: — While lying upon the bed, my person was not exposed, to my knowledge; the doctor remained at my side five or ten minutes at a time; he assisted at the birth of the child. I did not think it was right to at the doctor should handle me — and told my husband so. This affair happened sixteen months since, and the reason I had not complained of the doctor before, was because I wanted time to think of it! The doctor visited me twice afterwards, and promised to call again, but did not."
Surgery at a Discount.—The following case came before one of the city magistrates a few days since. The son of a man whose income is, say $25,000 a year, received a wound about three-fourths of an inch long on the upper lip. The wound extended obliquely upwards and backwards from the free border of the lip, which was entirely divided for the space of a quarter of an inch. A young physician brought the edges together by means of the twisted suture, and adhesion took place immediately. The reparation is almost perfect, scarcely a mark being left in the line of the wound. After the lapse of a proper time, a bill of ten dollars was sent to the boy's father; payment was refused, and suit was brought to enforce payment. One of the editors of this Journal swore (and does yet for that matter) that the service was well worth ten dollars; another physician swore that it was worth just three dollars; and a student of medicine (!) swore that it was worth just three dollars. The doctors' testimony being as 1½ to 1, the court decided that the cure of accidental harelip is worth just three dollars! The plaintiff, not satisfied with the judgment, took an appeal. He says he wants the value of such a piece of surgery fixed and settled indubitably; wants it placed on record, so that in future there may be no litigation. We shall give notice of the result.—[Western Journal of Medicine and Surgery.

United States Naval Medical Staff.—The Naval Register of the United States, for the year 1848, presents a catalogue of 68 Surgeons, 40 Passed Assistant Surgeons, and 37 Assistant Surgeons—making the small complement of only 145 for the whole naval service of this great Republic. Without this official information, we should have supposed that several hundreds were in commission, as a matter of necessity, considering the number of government vessels, and their various positions, at home and abroad. With these statistical tables before us, it really appears as though the number was too small to supply the various land stations, as well as the floating marine.

The pay of Naval Surgeons is as follows:—For the first five years after date of commission, waiting orders, $1,000 per annum; in navy yards and receiving vessels, $1,250; at sea service, $1,333 33; Surgeon of the Fleet, $1,500. For the second five years, when waiting orders, $1,200; in navy yards and receiving vessels, $1,500; sea service, $1,600; Surgeon of a Fleet, $1,800. For the third five years, waiting orders, $1,400; in navy yards, receiving vessels, &c., $1,750; sea service, $1,866 66; Surgeon of the Fleet, $2,100. For the fourth five years, waiting orders, $1,600; in navy yards, receiving vessels, &c., $2,000; sea service, $2,133 33; Surgeon of a Fleet, $2,400. For twenty years and upwards, after date of commission, waiting orders, $1,800; in navy yards, receiving vessels, &c., $2,250; sea service, $2,400; and if Surgeon of a Fleet, $2,700. The pay of a Passed Assistant Surgeon, waiting orders, per annum, is $850; in navy yards and receiving vessels, $1,150; and at sea, $1,200. That of Assistant Surgeons, the lowest grade of medical officers in the navy, is, when waiting orders, $650; in navy yards and receiving vessels, $950; and at sea service, the same. Dr. Jonathan Cowdery, the senior Surgeon, received his commission, January 1st, 1800; and the next, in official age, is Dr. Wm. Tuck, commissioned May 15, 1800. Dr. Phineas J. Horwitz, of Maryland, appears, by this register, to have been the last appointment, Nov. 8th, 1847.—[Boston M. and S. Journ.

Medical College Circulars.—This is emphatically the month of Medical Circulars, announcing the approach of another season of Lectures, and setting forth in terms more or less glowing, according to the modesty or metal of the parties, the respective advantages of our numerous institutions. The plan of inordinate puffing which originated with one of the rivals of the old University in the city of brotherly love, has proved so successful that it has been liberally adopted not only in the commercial emporium, but also in many other places. Whilst charlatanism in practice is generally reproved by the profession, we see no reason why it should be tolerated in “Annual Announcements.”

We are gratified to see the moral influence which the Medical Convention has
exerted throughout the land. No circular that we have seen has remained silent on the subject of reform, and although all the Institutions have not come up to the recommendations of the Convention, some have done so fully, and many others partially. It is plainly to be seen that whilst the necessity of lengthening the Course of Lectures is generally admitted, the selfish apprehension of diminished classes has been antagonistic to the dictates of conscience in too many instances. Hence the novel device of "Preliminary," "Supplementary," "Introductory," and "Additional" courses, by which it is attempted to satisfy both the Convention who advise a long course, and the indolent who wish a Diploma with the least possible outlay of time and money. Is it not supremely ridiculous (to say the least of it) to announce an increase in the length of the course because the time heretofore allowed was too short, and then to add, that candidates for Graduation will only be required to attend four fifths or five-sixths of said course? The whole course must be either necessary or not. If not so, it ought to be curtailed—whereas, if it be at all necessary, we would like to know why it is less so to the candidate than to others. He who is about to enter upon the practice of his profession should certainly be required to attend a full course and not a partial one; and if it be conceded that a full course of lectures cannot be delivered in four months, why apply the terms Preliminary or Supplementary, instead of announcing at once, and honestly, that the course has been extended to five or to six months? The device is too shallow not to be detected at the first glance, and cannot fail to be reprobed by all lovers of truth and candour.

As a Southerner we cannot pass without comment the second paragraph in the "annual announcement of the Jefferson Medical College," because it is evidently a renewal of the attempt made in the same and other quarters to undervalue local advantages which we feel that we, in common with our Southern and South-western brethren, undoubtedly possess in the study and treatment of malarious diseases. The passage is as follows:

"The idea that a Student of Medicine must be taught his profession in the very locality in which he is destined to practice it, is now generally, as it ought to be universally, abandoned. It must be admitted that the great principles of the Science are the same every where, and that the Student ought for his own sake, (for the sake of the Jefferson Medical College—Ed.) to seek for information wherever it can be best and most readily obtained."

We deny that the "idea" alluded to is "generally abandoned." Such may be the case at the North, but it is certainly not so at the South. Whilst we readily admit "that the great principles of the Science are the same every where," we do not think that any Southern practitioner will "admit" that a physician who has never seen our marshy districts, our malignant intermittent, remittent, congestive and yellow fevers, nor our negro peculiarities, can be very well prepared to practice in our latitude, and still less to teach others to do so. The "great principles of the Science are the same every where," but their applications are as various as the races of man and the differences of climate. Would any one "admit" that the symptoms and treatment of the Plague can be taught as well in Philadelphia or in Georgia as in Cairo? The "idea" would be preposterous. Let Southern practitioners look into the numerous works upon the Practice of Medicine published in Europe or at the North, and he will at once perceive that they contain but little of value in the management of our fevers.

We will close these remarks with the candid confession of a gentleman who stands deservedly high in his own State as a man of erudition, and one eminently qualified as a teacher. "I confess one thing, which I can hardly be blamed-
for, that, as a Northern man, and living in a region wholly free from malaria, I should not, and probably did not appreciate fully, such of the medical literature of the region where malarious fevers forms one of its chief staples." Such is the language of Prof. Oliver Wendell Holmes, of the Harvard University.

Advantage of Rail-Roads and the Telegraph to the Profession.—We recently made the journey of 542 miles, performed an operation, (remaining 12 hours with the patient,) lost comparatively no sleep, and were absent from home only 51 hours—two days and three hours. The arrangements were made by the telegraph, and the travelling done by rail-way.

MISCELLANEOUS MEDICAL ITEMS.

We learn from the Gazette Medicale de Paris the following peculiarities in reference to the wounded during the insurrection of June in that capital: the insurgents had recourse to very various materials to charge their guns. Balls were cast with projecting copper points, some actually contained arsenic; type metal, type themselves, shot of various sizes, &c., were employed. Another circumstance was the direction in which wounds were received. The immense majority were made from windows, &c., and of course the wounds were oblique. Sometimes this proved favorable to the patient, by the ball glancing, but when they entered, from the very circumstance of their obliquity, they were more difficult to extract and their tracks were longer and more tortuous.

At La Charite there were 120 wounded; at Val-de-Grace 190; Hotel Dieu 400, besides a great number who died immediately after arriving there; 90 at the Maison de Sante of Dubois; 78 at the College Clinic; 63 at St. Lazare; and 500 at St. Louis. Double this number for private houses.

A large dose of Lunar Caustic.—A young man laboring under gonorrhoea, swallowed by mistake his preparation for injection, consisting of Distilled water 30 grammes, Lunar Caustic in crystals 1 gramme. A prompt emetic and a strong solution of common table salt relieved him.

Horse Flesh.—During the month of January, 1848, 147 horses were killed at Berlin, furnishing thus 60,943 pounds of meat for public consumption. In one year, 244,625 pounds, the weight of 592 horses, were consumed in that city.

The Asiatic Cholera.—It will be perceived by our last European intelligence, that this fearful scourge has re-commenced, with fatal ravages, in Moscow and St. Petersburg.

In the National Assembly of Prussia are 10 Physicians; in that of Piedmont, there are 7.

We find in the Buffalo Medical Journal the following report of a certain case, agreeable to a municipal regulation of the city of New York, requiring all physicians to give in writing a statement, for registration, of the cause of death of patient:

"This woman was died because she did die, and she was die of viciousness, and she could not live."

(Signed,) Dr. Vanderhiden.

The excision of the head of the femur has just been performed for the first time, on an adult in England, by Mr. Henry Smith.

A French agent in Russia writes, that to preserve the potato, they first deprive it of its covering, or skin, and then dry it.

Rooms are now ventilated by leaving a small opening (2 by 4 inches) in the upper part, corresponding to the chimney. This may be hid by any kind of ornamental work, or a picture placed obliquely to the wall.

On the 23d of June, M. Joubert, in making his morning visit to the Hospital St. Louis, was forced to cross the barricades in the Fauborg du Temple. Recognized by one of the insurgents whom he had treated for a wound received in the revolution of 24th February, he was publicly escorted by a guard of honor to the hospital.

The number of the insane have greatly increased in Europe since the commencement of the recent political disturbances.

The two celebrated instrument makers of Paris, M. M. Luer and Charriere, have invented an instrument for seizing the thumb to facilitate its reduction in dislocation. M. Blandin has been the first to use it, and with success.
A Student of Medicine in China has been the means of abolishing the censorship of the Press in that country. Wishing to obtain the Degree of Doctor of Medicine from the Faculty of Pekin, Mantchou, considered by his associates as a young man of great talents and promise, wrote a thesis, in which the censors thought he reflected on the emperor of the Celestial Empire, and they condemned him to receive 100 lashes. Learning this decree, the students of the city to the number of more than 5000 assembled, disarmed the soldiers, and presented themselves before the Emperor himself; who, comprehending the nature of the supposed offence, revoked the decree, and established thereby the liberty of the Press.

The Ladies of Liverpool have sent lint and linen to the wounded in Paris.

The editor of the Boston Medical and Surgical Journal has heretofore been considered the leading wit of the professional editorial corps of the United States; but he now has a formidable rival in Dr. Roberts, of the New York Annalist. At the close of the report of the case, (already noticed in this Journal,) where a lady is said to have worn an egg for a pessary, her physician forgetting that some places are as good as others for hatching, and the cause of her acute pain having been detected to be the bill of a chicken in the vagina—the Annalist gravely wonders if her husband was hen pecked! This we can't answer, but presume he ran the risk of catching the pip, especially if his wife were like the cackling Lady of Georgia noticed by that editor in his April No., whose very cackle could be heard more than half a mile!

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<td>66</td>
<td>85-100</td>
<td>81</td>
<td>S.</td>
</tr>
<tr>
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</tr>
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</tr>
<tr>
<td>31</td>
<td>73</td>
<td>68-100</td>
<td>88</td>
<td>W.</td>
</tr>
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</table>

18 Fair days. Quantity of Rain 4 inches 50-100. Wind East of N. and S. 6 days. West of do. do. 19 days.