Scarlet Fever—its Symptoms, Consequences, Causes, and Treatment. By H. A. Ramsay, M. D., of Calhoun, Geo.

The views promulgated in this article are derived from facts personally observed in more than four hundred cases of the disease in question. We claim not to be an innovator, but we boldly aver that much error exists in the therapeutic management of scarlet fever, attributable, in all probability, to a misconception of its pathology. It is quite probable many may take issue with our views and inductions; to such, we say, try our suggestions, and if your expectations and my promises are not verified, after a fair and unbiased trial, condemn the practice and repudiate the positions assumed. The term scarlatina which is the technical word for scarlet fever, elicited at one period a long and spirited controversy among medical men; many repudiated it as unmeaning, unclassical and vulgar; among them stand the names of J. Mason Good, Heberden, Huxham, and De Haen, while Willan and Swediaur, equally learned, retained it. This war of words, in reference to terms, had the good effect of drawing the diagnostic lines of scarlatina to a focal point, and ere it ended, it would have been derogatory to any physician to have considered it, as formerly, synonymcus with measles. At this day usage and common consent have affixed to the disease the technical term Scarlatina. The history of scarlet fever is interesting alone from its obscurity. There is said to be some smattering allusion to it in
the writings of Paulus Egina, Avicenna, and Rhazes, but as it was common in those days to confound measles with small-pox, and scarlet fever, doubtless, with measles, it is extremely dubious to what they alluded in the vague passages referred to, to establish this point. The probability is strong that scarlet fever was transported to Europe from Africa. The first epidemic we know of was in Spain in 1610, and it raged with violence in Naples in 1618. In 1635, it began its ravages in London, and in 1735, it made its way to America,—here its history is sufficiently known to merit no notice from our hands. As previously remarked, there is great obscurity, hovering over the history of scarlet fever. We have already stated our surmises in reference to it. Some now suppose that Ingrassias wrote an article upon it in 1556; there is no kind of evidence to sustain this presumption, and the most plausible fact as to a description of the disease, is, that Prosper Martianus, an Italian physician, wrote an account of its prevalence in Rome, about the middle of the seventeenth century. We will not pursue these historic details farther; they are of no practical utility, and we will dismiss this part of the subject.

**Symptoms.**—Most writers upon this affection divide it into, Scarlatina simplex—S. anginosa, S. maligna. Here we join issue with the profession, and denounce the division as non-existing, unmeaning, and unpractical. There is no such division founded upon any facts in the Symptomatology of the disease. From whence then is it derived? We challenge the whole mass of the profession from Maine to Texas, to exhibit a case of scarlet fever free from anginose ailment in some form or other. No man has ever seen such a case, it is a non-descript, in scarlet fever. This name is one of the many errors of modern conventionalism, which is an odium to medicine, and a disgrace to science, working out no practical good, but achieving much therapeutic injury. **Anginose Scarlet fever, a distinct form of the disease! oh! fie! A leopard may as well undertake to change his spots, as scarlet fever to be exempt from sore throat. And we aver it, frankly and without the fear of successful contradiction, that no man in the South ever saw, or ever will see, a case of scarlet fever with an**
entire freedom from anginose disease in some form. This symptom is purely one of the diagnostic signs, and we have no idea the disease ever existed independent of it, and we envy no man his discrimination, who would pronounce a case scarlatinous, in the absence of this symptom. We have a division of the disease, we greatly prefer to any we have seen, but we do not claim for it, entire immunity from error, but it is certainly more applicable and expressive of the various phases of scarlet fever, than the old division of varieties. We present it and act upon it—the reader is free to reject or adopt it, in consonance with his better judgment and tastes. Here it is:

**Scarlatina Simplex.**

" Gravis."

" Gravior."

*Scarlatina Simplex.*—This is decidedly the mildest form of Scarlet fever, it rarely confines the patient to bed, indeed the symptoms are now and then so simple, that it passes off virtually incognito. The patient complains of a little weariness and is stretchy, slight nausea sometimes, pain about the head, slight redness of the eyes, a gentle increase of pulse, with a burning of the surface and a little soreness of throat; the tongue is furred and covered with red dots; in a day or two, often the first twenty four hours, the face, breast and arms, are covered with a scarlet rash, which is commonly in a short time diffused over the surface. The case passes along for three or four days, and the pulse softens, the rash disappears, the skin begins to peel off, and the patient is well, unless some of the sequelæ should come up, or some other issue arise. The patient does not even retire to bed in many of these cases, but is up about the house, and attending to usual avocations. The most complained of is usually the throat, it is red inside, swelled, and swallowing rather difficult.

*Scarlatina Gravis.*—This is an exacerbated form of the preceding, accompanied with greater intensity of symptoms, and more retardation of the rash. The patient has chilliness, languor, pain in the head and eyes, pain in the jaws, sore throat, impeded respiration, and difficult deglutition; the fauces and
tonsils are swollen, the tongue furred, some nausea, the pulse quick and accelerated, skin hot and burning; about the fourth day a scarlet eruption appears upon the face, chest and arms, which soon diffuses itself, intercurrently or distinctly. These symptoms continue for several days, with excited pulse; thirst, pain in the head, slight delirium at night in some cases, highly colored urine, swelled throat, externally and internally; the bowels loose or constipated and appetite perverted—when the pulse will probably begin to decline in velocity, if the case is favorable, the skin becomes soft, desquamation ensues, the rash gradually disappearing, and all the functions are restored to their former balance. This form may, however, run into the graver form of the affection, assume all its obstinancy and protean appearances, and confine the sufferer to bed for many days, or even weeks. The patient is commonly confined to the house with this variety; prudence demands that he should keep in doors, as well as necessity. There is generally a discharge of tough, viscid phlegm in S. gravis, which is painful to discharge and hard to extricate from its lodging place; the nose also discharges a yellowish fluid, which sometimes corrodes the nostrils, and not unfrequently the nostrils discharge blood in the evening paroxysms. While an examination of the throat will exhibit the fauces and tonsils covered with whitish yellowish patches, and also the rash, peculiar to the surface, will be found inhabiting the palate, cheeks (inside), lips, &c.

During the mornings, the paroxysm of fever partially lessens, but in no case have we ever seen a complete remission of fever in this disease, during its exanthematous existence.

Scarlatina Gravior.—This is the most protean form of Scarlet fever; there is a positive increase of all the symptoms incident to the form just described, with the addition of a considerable typhoid tendency. The throat is sore, the glands swollen, sometimes even with the chin; the tonsils and fauces covered with dark filthy looking and apparently gangrenous patches; the breath offensive; the skin hot and burning; pulse rapid, often from 120 to 160; the efflorescence upon the skin is evanescent, changing from time to time in color and quantity; the system is prostrate; hands tremulous; breathing oppressed; swallowing quite difficult, and almost impossible; the skin looks
purplish in some cases, from a retrocession of the rash; the tongue is dark and fissured; the teeth and gums covered, in many cases, with sordes. The patient may be delirious or comatose, oftenest the latter; the cheeks of a dusky red color, the eyes suffused with a mucous like film, the features are often swollen and distorted, the throat will frequently discharge extensive sloughs, the nose will discharge, the ears run offensively, the eyes run and then bleed from the corners; the skin will become echymosed and assume a purpura hemorrhagica appearance, the bowels may take on a diarrhœa, the lungs become inflamed, the brain hyperæmic or softened; in short there is no accounting for what will supervene in every case of scarlatina gravior. We have now given, as briefly as possible, all the most prominent signs of the various grades of scarlet fever: we may have omitted some few general or unimportant symptoms—our limits would not suffice for a minute treatise; but we have endeavored to record all the usual signs of diagnostic importance. The sequel of scarlet fever is attended in a large number of instances with many unpleasant consequences. Probably no affection in the whole catalogue of diseases has so many sequelæ attached to it. Deafness will follow it in all its horrors; neuralgia, with its painful traces, is frequently a sequel; swelling of the glands of the throat and suppuration follow in their train, chronic disease of the bowels is a very common visitor at the shrine, while dropsy occurs in a greater number of cases than all combined; its usual form is anasarca, but by no means invariable, as we have seen ascites and hydrothorax in many instances. There are many anomalous sequences, which will meet the eye of the physician, while it is not necessary to advert to, but when seen, can be easily attributed to a motive principle.

Causes.—The causes of scarlet fever, like its history, are buried in an obscure latitude, and are probably beyond the reach of legitimate investigation. We have our views upon this subject, but they may be erroneous. We believe scarlet fever is dependent upon some morbific, atmospheric principle, which, when taken into the system, expends its poisonous influence upon the glandular and sanguiferous systems, inducing
those glandular enlargements and exanthematous eruptions, which we observe in scarlet fever. These are my crude notions of scarlet fever. We may err. Space will not permit us to discuss the question. If any man doubts our position, let him refute it, or show a more plausible one. Scarlet fever is a disease mostly incident to children; they are not exclusively, however, the victims of attack: we have often seen it in adult life. The disease is common to winter and spring, but is not strictly confined to any season. The worst epidemic we ever witnessed, was in the summer months. The mortality of scarlet fever varies very considerably. We remember going through three epidemics: in the first we lost no case; in upwards of 100, in the second, we lost three; in about 208, in the third, we lost none. In several epidemics, which have passed under the observation of other physicians, whom we knew to be men of prudence, the mortality was immense. The mortality, we think, is mainly attributable to the remedial management. Of course some cases will die of any malady, but many might be preserved by careful discrimination, and a just application of pathological facts. The child bears scarlatina tolerably well—the adult remarkably well. The mildest cases are surest to have the worst sequelae, as a general rule. A previous attack of scarlet fever ensures a security against future attacks; we have seen a single exception. We would also remark, an attack of scarlatina affords a shield from measles, to some extent, but not vice versa.

The contagiousness of scarlet fever is a mooted point. We are an advocate of the doctrine, although our credulity has been staggered. In 1846 we had it, but no other member of our family, consisting of several, among them, two or three children. We saw another patient have it in a family of fifty or more in number; no one else in the family had it. In our own case, we feel certain we contracted it from a patient we had, although we had passed through an epidemic professionally, and (one before we entered the profession) prior to 1846, intact. The second case, in the family of fifty, we feel confident imbibed the disease from a patient we had near by the family residence. There are many conflicting arguments and facts, pro and con, as to the contagious character of scarlet fever, but we
believe the mass of evidence will preponderate in the affirmative.Scarlatina may prevail sporadically or epidemically; the latter phase is the ordinary appearance it assumes among us. Now it is said, by some writers, that scarlet fever ever has an eruption. This we conceive a mistake; it not unfrequently happens that cases occur without the semblance of an eruption, and with but little efflorescence of the surface. It is true, these cases are rare, but they have doubtless been seen by all men of experience; but we venture again to assert, that no man ever saw a case of scarlet fever exempt from disease of the throat to some extent. To assert the adverse is a fallacy, and not to be received only from the highest authority, and we should question it as a designed subterfuge to gratify some vain presumption, even from that source.

Having now briefly exemplified the causes, and some of the collateral circumstances attendant upon scarlet fever, we will descend to the treatment, with the remark, it has been our primary object, in this paper, to avoid discussion, to pass by the relative opinions of others, and to give our own views and experience in our own style and manner, perfectly regardless of criticism and entirely careless of the opinion of others. We believe our opinions are as near correct, yea, nearer, than any heretofore promulgated: we believe they are not mere vagaries, insusceptible of practical demonstration, but we cordially think they only have to be adopted as a whole to be verified.

Treatment.—Here is the rock upon which we shall probably split with the profession.

The practice of giving calomel, tartar-emetic, bloodletting and cold affusions, to the profession, as remedies in scarlet fever, have produced effects as disastrous as war and famine ever did in some countries, if we consider the number of subjects involved. We have already said the glandular system was largely involved: we apprehend no sane man doubts it. Where, then, is the necessity of giving a remedy to excite it? Calomel certainly expends its influence in a great measure upon the glandular system; scarlet fever being partially a disease of that system, would only be aggravated by the remedy. We never saw a single instance in which scarlet fever was ever benefited
by the mercurial practice, and we do not believe it a safe, prudent, or even an applicable practice, in general. The tartar-emetetic practice is equally pernicious—it prostrates, nauseates, produces intestinal disease, and the subject rarely recovers from its effect. The practice of bloodletting is still worse—it reduces the pulse to some inconsiderable degree, deprives the patient of an essential element of cure or at least an adjuvant—strength; in short, it does no good. The orifices rarely heal, they inflame, and sometimes become gangrenous; indeed, in none of those morbid affections does bleeding do good, as a common rule. Blisters have a detrimental effect—they aggravate the case, never or rarely get well, the tissues around them are apt to disorganise, and we never saw a case blistered that recovered. No kind of harsh or drastic treatment will go in scarlet fever, it has in every form a debilitated tendency. To bleed, purge, blister and calomelize, is only to kill. We are not opposed to mild treatment: we believe it essential, and the only plan of cure; but never add fuel to an already excited and destructive fire, if you wish to suspend its progress. The true plan of treating scarlet fever is the mild emetic plan. The puke should be made of common table salt dissolved in warm water; the patient should drink it, and freely, until copious emesis is produced; it relieves the throat of all clogging that may exist, it removes local congestions about the bronchial tubes and their appendages, it never sickens the stomach, and consequently never prostrates the patient; indeed, it may be justly denominated an emet tonic. The puke should be given at any time when there is difficulty of swallowing, or much enlargement about the tonsils, or much phlegm in the throat; it is superior to all gargles, and probably has some solvent effect about the secretions in the throat. The salt water emetic is never harsh in its effect, and it seems to buoy up the patient, and apparently exercises as much influence in controlling the morbific influence of scarlet fever, as the common salt does in saving meat from putrescence. We have given it, and that indiscriminately, in this affection—we know, indeed, of no countervailing circumstances—and we have even done it with the happiest and best effect. The confidence we have in the potency of salt and water, in scarlet fever, is derived alone from experience, not mere theory; we are
willing to risk our reputation upon the principles of practice we shall here lay down, and we challenge a fair and impartial trial of our deductions. But, says one, would you puke a child who has delirium, or is comatose? We answer, emphatically, *puke it.* The delirium is not inflammation, but simply a mobility of the nervous influence expended upon the brain and emesis will have more effect in restoring it than any thing else, for it is primarily dependent upon the morbid scarlatinous influence, and not a primary affliction. In the event the salt is not prescribed, we prefer next the ipecac, combined with mustard, or alone; but when we can obtain the first, we always use it. The emetic practice is the magnum remedium in scarlet fever; it is the anchor sheet of safety; without its adoption, no man can treat it successfully. Simplicity is a paramount principle in the treatment of Scarlatina; it is the opprobrium of the profession, that too many remedies have been used in this malady—they have only increased its fatality, and disgraced the science. Next to emesis, after a due trial of it, and the throat continues to be clogged, we should carefully inspect it, and if we find it swollen internally *free scarification* should be resorted to. We are at a loss to know how any man can go through his cases without resorting to scarification. We have often rescued the little sufferers from an impending death, by this simple remedy, much to the disappointment, and relief of the weeping mother and disconsolate father. But while the abstraction of the matter from the throat and scarification is a balm, we again warn our brethren to avoid the general use of the lancet, not only as pregnant with evil, but *dangerous.* After scarification, and even before, the throat should be well gargled with warm water and vinegar, or a sauce composed of flaxseed, pepper, salt, and vinegar, the patient cannot gargle too often. A great variety of gargles have been suggested, but those we have named are about as effectual as any. After scarification, sometimes there is a considerable effusion about the throat, which even threatens suffocation, the best remedy is emesis, or the blowing of powdered alum in the throat, we have sometimes used a solution of Kreosote and Nitrate Silver, but never with the same success as the alum, and emetic. A most useful and not to be dispensed with adjuvant in the treatment
of scarlet fever is the application of poultices to the throat externally, they should be worn constantly, and should be made of corn meal and cayenne pepper, and kept warm; they induce a distension of the capillary system, thereby removing the local congestions about the throat. The common onion makes a most excellent poultice, so also the rhind of the bacon. The bowels of the patient should be kept open with common epsom salts, seidlitz, magnesia or enemas: an evacuation should be secured about every other day.

These are the general outlines of the treatment of scarlet fever, we have ever adopted with distinguished success, and we recommend it to our brethren with every confidence of equal success in their hands. The scarlet fever patient should ever be kept warm; his drink warm, not hot; he should avoid cold drinks, and even should sponging be requisite, it should be tepid. After convalescence, he should remain in doors for fourteen or twenty-one days; for under that period he is not free of the contagious principle, and prudence, to avoid those unpleasant sequelæ, demands confinement to home, and an avoidance of exposure. If those sequelæ incident to the disease should arise, they must be treated upon general principles; and if the case should be combined with pleuritis, pneumonia, enteritis, or any other affection, we leave the practitioner free to select his own means—for we are writing upon scarlet fever alone. There is one of the sequelæ of scarlet fever which we will advert to, and we hope with propriety—we mean Dropsy. We have never failed to cure a case of ascites or anasarca following scarlet fever, with the common sweet shrub tea, given daily and freely, with an occasional dose of Epsom salts. We use the root: we give it as a common drink, and every other day give a dose of salts; and we have never failed to cure a case. We learned the remedy from Dr. Thomas F. Gibbs, now of Augusta, who is a talented and practical man; he has used it for the last fourth of a century or longer, and is without question, the first physician in Georgia who ever prescribed it.

We have now accomplished our task: we have not, it is true, extended our therapeutic views as far as common upon this disease; we did not deem it necessary, but decidedly unes-
sentential. We now think, as before remarked much of the fatality of scarlet fever depends upon the bad treatments adopted, consisting of *calomel, tartar, bleeding, blisters,* &c. We repudiate them and challenge a showing of comparative results. We are a mercurialist justly adopted, we glory in being one, but at the same time we are an eclectic, and stand upon the impregnable altar of philosophic induction and practical facts. Having omitted it in the proper place, we will remark here, that warm mustard pediluvia are good in scarlet fever, and in two instances we derived the happiest results in *scarlatina gravior* from a bath of sal eratus. We suggest it to our readers, as worthy of trial. The various forms of scarlet fever, are all treated upon the same principles, hence we have not confused the reader with an unnecessary and unscientific distinction of treatment. We will now present tabular views of 60 cases and leave the reader to draw his own deductions.

1. *Proportion of Cases in Adults and Children.*

Adults have *Scarla. Simplex,* about 1 in 60

" " " *Gravis,* " 1 in 5

" " " *Gravior,* " 1 in 60

Children " " *Simplex,* " 1 in 4

" " " *Gravis,* " 1 in 2

" " " *Gravior,* " 1 in 14

2. *The Rash in Scarlatina Simplex appeared as follows:*

In 11 cases, on the 1st day.

" 4 " " 2d day.

Sequelæ in 8 cases was nothing.

" " 1 " " Deafness.

" " 2 " " Dropsy.

" " 1 " " Sore eyes.

" " 1 " " Glandular.

" " 1 " " Diarrhœa.

" " 1 " " Ophthalmia.

3. *The Rash in Scarlatina Gravis appeared as follows:*

In 14 cases on the 3d day.

" 6 " " 4th "

" 13 " " 2d "

" 2 " " 1st "

" 4 " " 5th "

" 1 " " 6th "
4. The Sequelæ of Scarlatina Gravis are as follows:

14 cases were Dropsical.
5 " " Glandular enlargements.
1 " " Deafness.
2 " " Ophthalmia.
14 " " Nothing.
1 " " Sore ears.
1 " " Rheumatism.
1 " " Neuralgia.
1 " " Öedema.

5. The Rash in Scarlatina Gravior appeared as follows:
In 1 case on 5th day. | In 3 cases on 4th day. | In 1 case on 7th day.

6. The Sequelæ of Scarlatina Gravior were as follows:
In 3 cases Dropsy. | In 1 case Deafness. | In 1 case Neuralgia.

From the above table, it will be seen that the sequelæ of scarlet fever appear in the following proportionate results:

7. Dropsy occurred 20 times, or 1 in 3
Deafness " 3 " " 1 in 20
Ophthalmia " 4 " " 1 in 15
Glandular disease " 6 " " 1 in 10
Neuralgia " 2 " " 1 in 30
Rheumatism " 1 " " 1 in 60
Diarrhoea " 1 " " 1 in 60
Öedema " 1 " " 1 in 60

8. The mean time of the appearance of the Rash was as follows:
In 13 cases on the 1st day.
" 17 " " 2nd day.
" 14 " " 3rd day.
" 9 " " 4th day.
" 5 " " 5th day.
" 1 " " 6th day.
" 1 " " 7th day.

This table is not free from error; in all probability we may have made some miscalculations in estimating the relative statistical facts as to the comparative frequency of the various sequelæ, which the reader will easily correct. It is no small task, to cast up and prepare a statistical table, and make it correct in every word and line, and particularly when one is fretted and called away to attend to his professional calls. The reader, we hope, will render us all proper indulgence for these
inconveniences. We know, farther, the table is incorrect and unreliable in another point of view: the number of cases is not sufficient to establish a correct basis, but we hope other physicians will continue the record, and pile Pelion upon Ossa, until we shall have a full and replete mass of reliable evidence in regard to this interesting disease.

We have now done with the subject, and if our article will be the means of snatching a single individual from the grave, we are amply paid; and we sincerely trust, if our views and suggestions are carried out, but few will die from the disease.

We will now recapitulate our plan, and leave the subject, for farther conclusions, in the hands of the fraternity.

1st. Puke the patient, through the whole course of the disease, with salt and water, or ipecac.; never with tartar.

2d. If the tonsils and fauces are much swollen, scarify them freely, and promote the discharge by gargles of warm water.

3d. Keep warm poultices of corn meal and pepper to the throat; keep his throat gargled all the while with vinegar and water, warm; if there is much exudation of lymph about the throat, powdered alum should be blown in.

4th. The bowels should be kept mildly open every alternate day, or longer, if not essential, with salts, magnesia, seidlitz, rhubarb, or enemas.

5th. A warm pediluvium should be used every night, and the patient should drink warm sage, balm, or other tea, instead of cold water.

These general regulations, of course, may need some modification in some instances: the judicious physician can, with facility, determine this, and adopt the proper premises. Let the motto be, avoid drastic treatment; too much medication is officious and hurtful.

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Surgical Cases—treated by Prof. Dugas—Reported by Henry Rossignol, M. D., of Augusta, Geo.

Having had the opportunity of seeing most of the practice of Dr. Dugas, Professor of Surgery in the Medical College of Georgia, and having free access to his notes, I beg leave to furnish, very briefly, the history of some of the most interest-
ing of the following list of cases, treated during the recent College session, most of which were seen by the Class:

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<tr>
<th>Nov.</th>
<th>Diffused abscess of the hand—opened.</th>
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<td>2. Caries of tibia—excision.</td>
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<td>3. Lumbar abscess—opened.</td>
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<td>4. Crushed foot</td>
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<td>5. Abscess of neck—opened.</td>
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<td>7. Carcinoma of face.</td>
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<td>8. Inveterate incontinence of urine.</td>
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<td>9. Large abscess of face.</td>
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<td>10. Enlarged prostate.</td>
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<td>11. Sybplepharon—operation.</td>
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<td>13. Syphilitic ulcer of leg.</td>
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<td>15. Sprained ankle.</td>
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<td>16. Rigidity of muscles—section.</td>
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<td>17. Indolent tumor of arm.</td>
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<td>18. Chronic ophthalmia.</td>
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<td>Dec.</td>
<td>Fall—contusions.</td>
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<td>2. Nasal polypus—operation.</td>
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<td>3. Otorrhœa—deafness.</td>
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<td>4. Burn of foot.</td>
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<td>5. Urinary infiltration—stricture.</td>
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<td>7. Burn of foot—amputation.</td>
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<td>8. Cataract—couching.</td>
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<td>10. Fracture of radius.</td>
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<td>12. Extensive syphilitic ulcers of body.</td>
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<td>13. Inflammation of popliteal lymphatics.</td>
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<td>Pin in œsophagus—removal.</td>
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<td>Scalp-wound—diffused erysipel—incisions.</td>
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<td>Feb.</td>
<td>Pterygium—operation.</td>
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<td>Double club-foot, do.</td>
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<td>Nasal Polypus, do.</td>
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<td>Stricture—opened perineum.</td>
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<td>Enlarged tonsils, operation.</td>
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<td>Tumor of eye lid, do.</td>
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<td>Urinary calculus—lithotritry.</td>
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<td>Strabismus—operation.</td>
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<td>Nasal polypus, do. 2d time.</td>
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<td>Enlarged tonsils, do.</td>
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<td>Bones lodged in the rectum.</td>
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<td>Nasal polypus—operation 3d time.</td>
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<td>Clubfoot—operation.</td>
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<td>Enlarged tonsils, do.</td>
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**Case I. Encephaloid Carcinoma—Amputation of Thigh.**

John, a mulatto, about 15 years of age, the property of Mrs. A., of Taliaferro Co., had been suffering six or eight months with a tumor just above the knee, which continued increasing in size until his arrival here on the 10th Nov. last. His general health was now very much impaired; he was very thin, had no appetite, and presented all the peculiarities of the hectic state. The tumor was not very painful, was oblong, and occupied the anterior surface of the lower end of the femur, being attached to the tendinous insertion of the quadriceps femoris into the patella. Upon percusssion it yielded the sensation of a gelatinous mass, which might be easily mistaken for the fluctuation of a fluid contained in a very firm cyst. The limb, at this point, measures nineteen inches in circumference, and the tumor eleven inches in length. The skin was not implicated in the disease, but presented many large and prominent veins.
The encephaloid nature of the tumor having been diagnosti-
cated, the question of amputation presented itself as alone offer-
ing any chance of recovery from so formidable an affection. 
Yet the general condition of the patient was so bad, and the 
liability of a return of the disease so well known, that the opera-
tion was undertaken with but little hope of success. The 
circular amputation was performed on the 13th Nov., and the 
section necessarily made very high up, only a few inches below 
the trochanters. The boy having been put under the influence 
of chloroform, bore the operation without pain. Adhesion by 
the first intention was only partial, and spongy granulations 
springing up around the bone, led to serious apprehensions that 
the disease was already returning. These, however, were sub-
dued, and the wound slowly cicatrized. We have recently 
heard that he was still doing well, and learning the shoe-making 
business. My friend, Dr. Harriss, of this city, having subject-
ed a portion of the tumor to microscopic examination, detected 
the characteristic carcinomatos cells in great number.

Case II. Extensive Sloughing of the Foot, from an old burn 
—Amputation below the Knee.—The subject of this case was a 
negro man called Major, about 40 years of age, and belonging 
to Dr. James Oliver, of Burke Co. It appears that in early life 
Major was stricken by the "sweep" of a lumber wagon, which 
fractured and depressed slightly a portion of the left parietal 
bone, from which time he became affected with convulsions of 
an epileptic character. About sixteen years ago, in one of his 
"fits," he fell in the fire, and sustained a very serious burn of the 
entire left foot, which has never healed; nor has he had another 
convulsion since. On his arrival here (16th Dec.), the foot 
presented a hideous appearance, and emitted an insupportable 
odour. The toes all destroyed; the remainder of the foot and 
ankle nearly double the size of the other; a vascular, spongy, 
sloughing surface in lieu of skin, furnishing an abundant dis-
charge of fetid matter, and occasionally bleeding profusely; 
the body emaciated; the system extremely anemic from the 
repeated hemorrhages, which were said to have sometimes 
amounted to a pint; the tongue as white as cotton; no appetite, 
and the pulse very frequent, though full, as is usually the case in
anaemia. Such was Major's condition when placed under the care of Prof. Dugas.

It was evident that life could not be prolonged much without a removal of the local disease, and it was equally so, that no local or general treatment offered any prospect of success; yet the sudden removal of an extremity which had been for so many years suppurating thus abundantly, and whose condition had acted so revulsively as to arrest the epileptic attacks, could not be considered without regard to ulterior consequences. In order, therefore, to accomplish what was necessary to the immediate safety of the patient, and at the same time to prevent subsequent evils, the diseased foot was amputated (18th Dec.), and a seton established in the other leg on the following day. Chloroform having been administered for the amputation, the patient continued drowsy for some hours after, unconscious of the fact that his limb had been removed. During the night, and for about a week after, he was more or less delirious. Whether this effect should be ascribed to the chloroform or not, is questionable. The circular amputation was performed below the knee at the usual place; adhesion by the first intention failed, because of the unruly state of the patient, who was continually pulling away the dressing. Under the use of chalybeates the appetite improved, but he was then taken with diarrhoea. Astringents, combined with the chalybeates, obviated this difficulty. As convalescence was fully established, he became extensively oedematous. The stump, however, gradually cicatrized, the seton discharged freely, and he was able to return to his master in about five weeks. I have recently heard that he was doing very well. Whether the convulsions will return remains to be seen.

Case III. Extensive Sloughing of the Knee, from an old Burn—Amputation of the Thigh.—Davy, a negro man, 65 years of age, was directed to the care of Prof. Dugas, by Dr. Beggs, of Columbia Co., and arrived here on the 6th January. He stated, that in his childhood he sustained a very severe burn of the knee, which left an extensive cicatrix occupying the anterior and lateral surfaces of the joint; that, apart from the rigidity it occasioned, he suffered no inconvenience from it
until about six or eight years ago, when the cicatrix became sore, ulcerated extensively, and incapacitated him for labor. The entire surface was very much in the condition of that described in the second case. The sloughing and discharge emitted such an intolerable stench that no one could abide near him; the pain was constant and occasionally excruciating; he could not flex the limb in the least; the ulcerated surface extended about six inches above, and as much below the patella, which was exposed and carious on its anterior surface. The old man’s general health, although enfeebled, was by no means so bad as that of Major.

There was no hesitation as to the proper treatment; chloroform was administered and the limb amputated (circularly) at about the middle of the thigh, on the 7th January. Adhesion by the first intention was not complete, but sufficiently so to allow him to recover very soon, and to return to his friends.

Case IV. Destruction of the Foot by fire, during anaesthetic intoxication by Spts. of Turpentine—Amputation below the Knee.—This is also a case of burn, but under singular circumstances. The negro Reuben, aged about 60 years, had long been in the habit of indulging too freely his appetite for stimulants, and had of late resorted to the use of spirits of turpentine, when he could not procure the more palatable combinations of spirits of wine. The festivities of Christmas week had furnished him a liberal supply of alcoholics, when, on the evening of the 30th December, he added a full potation of spirits of turpentine, and went to sleep upon the floor with his feet near the fire, as is very common with this class of people. On the following morning his fellow servants found him still soundly asleep, with one foot upon the burning wood, his shoe, stocking, and the lower end of the pantaloons having been entirely consumed. He was aroused, and walked out to urinate, saying that he felt no pain in his foot, and that he did not believe it was burnt. On returning into the house, he took another drink of the turpentine and went to bed. The patient being in Hamburg, Dr. Creighton was called to see him, and requested Prof. Dugas to meet him in consultation at noon on the 31st. The old man was found asleep, but was easily awakened, when he
still denied having any pain in the limb. The surface of the foot and leg, half way up to the knee, was completely charred; and the deep seated parts felt as though they had been thoroughly desiccated. No sensation was experienced on plunging a knife into the affected tissue, although he felt it when carried above.

As it was deemed proper to await the subsidence of the effects of the intoxication before proceeding to amputate the limb, this was deferred until the 3d January, when it was removed a little below the knee.

The chloroform did not in this case induce the comatose state, although it was very freely inhaled. It simply produced intoxication; yet insensibility was so complete that the amputation was effected during his conversation with the bystanders, and without his knowledge, for he was quite surprised when informed that the foot held up to his observation was his own. Prof. Dugas states, that he has repeatedly observed that it is very difficult to produce the comatose effects of anaesthetics in persons addicted to intemperance.

On examining the amputated extremity, it was found that the tissues of the foot and leg, up to about three inches below the section were completely dried and resembled jerked or smoked beef. Above this they were tumid and infiltrated with serum.

An opiate was given Reuben at bedtime, but he passed a very restless night, being much annoyed with strangury, and seeming still somewhat intoxicated. On the following day he evinced symptoms of approaching mania à potu, with occasional hiccough. Alcoholics, opiates, and broth, were administered; he seemed to improve a little; but as the strangury subsided he became troubled with incontinence of urine; mania à potu was not developed, but he remained flighty; the hic-cough increased; his appetite failed; the energies of the system gradually sank; and he died on the 13th January, the stump having only partially healed.

This case is remarkable; it illustrates the extent to which the taste may be depraved by intemperance; it establishes the new fact that spts. of turpentine may induce complete insensibility; and it shows the serious and persistent deleterious effects of this agent upon the urinary apparatus as well as upon the
general system. Reuben never appeared to be entirely relieved from the intoxication during which he was burnt.

**Case V. Fall from a height of fifty feet, without serious injury.**—On the 4th day of December, Prof. Dugas was called to see a negro man (Nace), who had just fallen from the scaffolding of the fourth story of the new cotton factory, a height of about fifty feet. The patient was found upon the floor, apparently very much chilled, (although well covered,) perfectly rational, with good pulse, but complaining bitterly of intense pain in the back, which he thought he had broken. Upon a careful examination, no other injury was detected than a concussion of the dorsal region, one of the forehead, and one of the occipital region. He was bled, took an anodyne, and was quite well in a few days.

It seems that the impetus of the fall was broken by his coming in contact with beams at different distances.

**Case VI. Fall from a height of twelve feet, producing excessive Concussion of the Brain.**—On the 14th of December, at 8 o'clock A. M., Mr. P.'s negro man Lewis fell from the sleepers of one story of the cotton factory, down to the floor beneath, about twelve feet. Prof. Dugas saw him about half an hour after the accident, and found him in a state of insensibility and total unconsciousness, with surface very cold, (the weather was intensely cold,) pulse almost imperceptible, pupils contracted, and stertorous breathing. His friends had tried to make him drink, but he could not swallow; no calls could arouse him in the least, but severe pinching would induce a retraction of the limb. He was put to bed, covered up warmly, and had hot bricks applied to his feet. The stertorous breathing gradually subsided during the day, his pulse became better, and at sunset he was able to swallow water when put into his mouth. On the following morning he would groan when called loudly; and in a week he began to speak freely, but incoherently. The pulse was still feeble and small, the reaction never having been febrile in the least. A blister was now applied to the back of the neck, and a mild saline cathartic administered. His previous condition had not permitted the use of any depletions, and
revulsives of heat and mustard had alone been resorted to. His general health and appetite improved rapidly after the tenth day, and he was sent home (in the country) on the 31st December. His mind, continued, however, very much alienated for a fortnight, and then resumed its normal state.

This case offers a striking contrast with the preceding one. In that, a fall of fifty feet occasioned contusions, but no serious consequences—in this, a fall of only twelve feet, attended with no visible contusion whatever, was followed by excessive concussion of the brain, by the most alarming train of symptoms, and by temporary insanity.

This was one of the best cases for studying the differential diagnosis of concussion and compression we have ever seen. In his clinical lecture upon it, Prof. D. took occasion to dwell at length upon this important subject. The stertorous breathing, the unconsciousness, the immobility of the limbs, and the great degree of insensibility, simulated the phenomena of compression. But the surface was cold; the pulse was almost imperceptible, instead of being full, strong and slow, as in compression; when severely pinched on either side the limb would move; the features were not drawn to one side. There was here a resolution of the whole system under the depressing influence of the shock sustained by the entire encephalic mass. While compression produces hemiplegic disturbances, those occasioned by concussion affect the whole system equally.

Case VII. Ulcerated Lipoma over the Occiput—Removal.—On the 7th of January, Mr. Oakman’s negro man, Ben, (about 50 years of age,) was presented to Prof. D.’s surgical clinic. He had long carried upon the occipital region a tumor which gave him but little inconvenience until the last few weeks, when its surface became ulcerated, and was being continually injured by his hat. The tumor was now about the size of a hen’s egg, discharged a very offensive matter from its entire surface, and bled occasionally when irritated. From its induration and general aspect, the diagnosis was doubtful, especially as the surgeon had not seen it previously. Its removal was, however, determined upon, and effected by a double elliptic incision, including all the ulcerated portions of the scalp. A small vessel
was ligated, and the edges of the wound drawn by adhesive strips up to within an inch of each other. Cicatriziation gradually took place without any circumstance worthy of notice. The true nature of the tumor was revealed by microscopic inspection, by Dr. Harriss, who detected no sign of carcinomatous cells.

Case VIII. Fibrous Tumour of the Mamma—Extrication.—This case occurred in the person of Elizabeth, a servant of Dr. W. H. T., about 22 years of age, and the mother of several children. Some three or four months previous to the operation, and without any known cause, a tumor was observed in the mamma, which, although not painful, had grown so rapidly as already to have reached the size of a small hen’s egg. There were no enlarged glands in the axilla. The extirpation was effected on the 7th January, under the influence of chloroform. Some hemorrhage supervened in the afternoon, but nothing worthy of note afterward. The tumor was found to be purely fibrous, and will therefore probably not return.

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ARTICLE XVI.


From the delicate structure of the brain, its abundant supply of bloodvessels, the proneness of its membranes to inflammation and withal its importance to the animal economy, injuries of the cranium have been ever regarded among the most serious to which the organism is liable. And yet experience and an attentive observation of cases have left no rule by which we can prognosticate with certainty the result, or estimate the amount of danger attaching to any particular case; the slightest blow on the head, the simplest incision of the scalp, however trivial it may at first appear, will sometimes unexpectedly assume the most alarming aspect, and finally terminate in the death of the patient from a propagation of inflammation to the brain or its membranes. On the other hand, how much
do we find this delicate organ capable of resisting—what amount of injury will it not sustain and yet recover, without even the manifestation of damage. It is only necessary to refer to the records of Surgery and we find ample verification of this assertion.* Hennen reports many cases wherein the brain has been penetrated by balls, (in one case the removal of the ball was not effected) without causing the death of the patient or even producing any great amount of cerebral disturbance. In the second volume of the Lancet, Dr. Cunningham, of Hails-ham, reports a very remarkable case of a boy 14 years old, who, on the bursting of a pistol, received the whole breech into the substance of the brain through an opening in the frontal bone. He lived twenty-four days in a semi-comatose condition, and in the post-mortem examination the wound in the brain was found perfectly healed, and the iron breech, weighing nine drachms, was resting on the tentorium. But the case which more than all others is calculated to excite our wonder, impair the value of prognosis, and even to subvert our physiological doctrines in relation to this important portion of the organism, is that of Dr. Harlow, reported recently by Prof. H. J. Bigelow, (in the American Journal of Medical Sciences,) in which an iron crowbar, three and a half feet in length and one and a quarter inch in diameter, passed through the left hemisphere of the cerebrum, and yet the patient perfectly recovered with only the loss of an eye.

The following case, although not by any means so extraordinary as the above, is still sufficiently remarkable to possess, we hope, some interest to the profession—first, on account of the amount of injury sustained by the brain, without a fatal result, and secondly, because it, in a measure, serves to corroborate the physiological possibility of Prof. Bigelow's truly wonderful case; for it will be observed that very nearly the same region of the brain sustained the injury in each instance.

Fracture, with extensive injury of the brain and membranes. —Tony, a negro carpenter, aged about 45 years, was brought into our infirmary, wounded in an affray with two other negroes. He had a stab in the left thigh, of no serious moment. The

* Military Surgery.
principal injury sustained was that of a chop on the head with an axe. On examination, it was found that the axe had cleft the lower portion of the parietal bone just above the attachment of the temporal fascia, penetrating deeply into the right hemisphere of the brain. The two portions of the skull were widely separated, being nearly an inch apart; between them the movements of the brain could be distinctly observed. The wound was nearly six inches in length, extending from near the vertex to within an inch of the supra-orbital ridge. The membranes of the brain were cut through and the medullary substance of the cerebrum had been sliced in the direction of the blow. The middle meningeal artery was severed, and yielded a profuse hemorrhage, which of course was external. The temporal arteries also had bled very freely. We found him sitting upon a chair before the fire, with his head bound up in a handkerchief; he spoke rationally, said they had tried to kill him, and recounted correctly the particulars of the affray. He complained of no pain, but said he was weak from loss of blood, though his pulse indicated no great degree of enfeeblement. His appetite was quite remarkable; we found it necessary to order out of his hands a dish of bread and bacon that his wife had just brought him, and which he said he could eat, as he was very hungry.

After proper cleansing and arresting the hemorrhage from the great meningeal artery, by the pressure of a small pledget of lint, the wound was dressed by adhesive strips with a compress and bandage. We found it impossible to bring in contact the two sides of the opening in the skull, and after approximating them as closely as practicable, the edges of the wound in the scalp were brought together over the fissure.

On the second dressing the wound had adhered pretty firmly, with the exception of about two inches; from this opening, which was enlarged by a slight slough, the sharp edge of the outer portion of the skull protruded. The suppuration was very profuse. The impossibility of covering this portion of bone, and the fear that the exposure and continued suppuration would produce extensive caries or be detrimental to the already injured brain and membranes, determined us on removing this piece of bone with the saw. After dissecting the temporal muscle and fascia from
their attachment, assisted by my brother, Dr. Robert Campbell, we removed, with Hey’s saw, a portion of the lower border of the parietal bone, two and a half inches in length and three fourths of an inch in width. The operation was completed without other hemorrhage than that from the branches of the temporal artery cut by the incision in the soft parts, though the piece of bone removed was traversed in three places by furrows for the branches of the artesia meningea magna, which however escaped during the application of the saw. After trepanning, the flaps were replaced and secured by adhesive strips with compress and T. bandage. On the fourth day after the operation, he complained of pain in the occipital region and some stiffness in the back of the neck; these symptoms, however readily disappeared after free evacuation of the bowels and the administration of an opiate. This resulted probably from the constrained position of the head, and not from any tetanic tendency. The wound healed rapidly till within a few days of the discharge of the patient from the Infirmary, when suppuration became more copious, and we extracted a small piece of detached bone from the wound, which after this became a firm and healthy cicatrix.

A case very similar to the above is related in a work of one of the earlier writers, Glandorp, wherein a man had the skull laid open by a sabre cut, losing even a portion of the brain, and yet he recovered; though he was affected for some time with paralysis.*

The remarkable feature in cases like the above, is, that notwithstanding the extensive injury done the brain, the very organ of sensation and volition, yet not the least impairment of intellectual power is observed during their whole progress. From an attentive consideration of such cases, and a compari-

son of them with others of a somewhat different nature, viz., cases of compression, we have been long impressed with a belief, that the brain can much better resist, physiologically, the effects of actual laceration of its substance, even to a very great extent, than a comparatively small amount of compression.

That a very small degree of compression will produce great disturbance of function the daily observation of every practitioner will fully establish, yet certainly in the deposition of an apoplectic clot, the brain cannot sustain as much physical injury as when it is broken and lacerated with tamping pins and hand axes. But, strange to say, in the latter cases no intellectual impairment whatever is manifested, while in the former coma, paralysis, and often death, are the common consequences of a small amount of pressure. What then is the explanation of this unexpected difference in the results? We can only surmise an explanation: It is probable that the laceration of the cerebral mass affects only that portion of the brain actually impinged upon; in this, there may or may not reside some endowment important to the undisturbed exercise of the various functions, as volition, sensation, consciousness, &c.; if important, we have functional manifestation of injury in those organs over which that portion presides; if unimportant to these functions, of course these manifestations are not observable. On this view, we would very naturally expect to find lacerations of the brain without functional manifestation, as the effect of these lacerations does not, it appears, extend beyond its immediate vicinity.

Now, in injuries with compression, the effect is by no means so restricted; we cannot compress one portion (however unimportant) of an organ like the brain, without exerting more or less compression on parts that are of the utmost importance. That equilibrium of pressure so indispensable to the healthy exercise of function is thus destroyed in all parts of the brain, and of course a correspondent impairment of function is the result; which does not necessarily occur in simple laceration.
ARTICLE XVII.

Case of Permanent Stricture of the Œsophagus. By Paul F. Eve, M. D., of Augusta, Ga.

During the course of lectures in the University of Louisville, Ky., I was invited by Prof. Rogers to see, with him, a case of dysphagia constricta, which had been under his care for a few weeks. The patient was a mulatto boy, aged 3 years, who, some four months previously, had swallowed, through inadvertence, a portion of caustic potash. In its deliquescent state he had taken it for candy. The act was immediately followed by alarming symptoms, but which unfortunately were attempted to be combatted exclusively by domestic remedies.

When Dr. Rogers first saw the case, the dysphagia was so great that fluids could with difficulty be swallowed; and a bougie was now at once arrested in the œsophagus by an apparently permanent stricture. Various attempts were subsequently made to reach the stomach, but without success. We were not certain that any nourishment ever entered it. The patient's constant cry was for water, which he would swallow down to the obstruction, retain it a few minutes, and then reject it from his mouth. He rapidly emaciated. Ice-cream, milk and water, beef tea, &c., were recommended; and if none of these could be gotten down, nutritious enemata to sustain his system.

The stricture was situated six inches from the dental arches—below the most usual seat for such affections—which is the connection of the pharynx with the œsophagus.

The middle of December last, this patient becoming daily more feeble, was presented to the class at the college clinic, with the view to an operation, should one be deemed advisable. He was now reduced almost to skin and bones; neither could his pulse be discerned at the wrists. It was not until he arrived at this low condition that his master consented to consider the question of œsophagotomy. It was decided in consultation not to operate, and the death of the patient was predicted as probable during the first cold spell of weather.

About ten days after this, a post-mortem revealed a permanent contraction with thickening of the tissues of the œsopha-
PART II.

Eclectic Department.


"There are yet great truths to tell, if we had either the courage to announce, or the temper to receive them."—Disraeli.

CHAPTER II.

On the Physiological Uses of the Solar Ganglion, &c.

In the earliest periods to which the history of man refers, we find that no question has more particularly interested the philosopher than that of Life. The wish to draw aside the veil from nature, to display the very essence of the vital properties, and to penetrate to their first causes, has ostensibly characterized the labours of many of the greatest men of both ancient and modern times. (Vide Lawrence, Lectures, p. 166.)

The investigation of the physiology of the nervous system, says Dr. Cooke, in his work on Nervous Diseases, seems to have been at all times a favourite study. We have some notices of it in the works of very ancient writers: Hippocrates, Plato, Aristotle, and others, have speculated upon this subject, though in obscure and confused language. By these early writers, the brain, the heart, and the blood were each successively claimed as the seat of life and sensation. Aristotle asserted that the heart is the organ first formed. Inasmuch as the philosophy of the ancients, especially Platonism, soared above, or, to speak more correctly, below the level of nature, (vide Serres on the "Laws of the Development of Organs or Transcendental Anato-
my applied to Physiology," it became reserved for subsequent investigators to afford any real explanation of the vital phenomena, and their relation to the organism. Aristotle, in his "History of Animals," was the first, I believe, to give any degree of attention to the study of those organic forms so necessary to be understood as the groundwork of all physiological knowledge. To Aristotle succeeded Galen, whose work ("De usu Partium") must be, at the present day, considered as highly interesting and instructive. In reference to the labours of Aristotle and Galen, Serres observes:—"The method of Aristotle, essentially descriptive, neglected the function for the form; that of Galen essentially rational, neglected the form for the function. The first of these methods carried in its train the descriptive sciences; the second led to the general sciences: the truth thus lay in their combination, and to Haller we owe the merit of first discovering this fact. He founded his arguments and opinions upon form and function combined; thus embracing in his method the descriptive as well as the general sciences."

Among the more modern investigators in the science of physiology Harvey no doubt stands second to none other. The discovery of the circulation of the blood, in point of importance and utility, can never be surpassed; and however much we may object to the physiological inferences which Harvey deduced from it, yet we cannot doubt the great claim of Harvey on our esteem and admiration.

What very materially retarded the progress of physiological knowledge was the custom, until lately, of treating and considering the nervous system of man en masse—that is, without reference to its natural divisions. This is plainly seen to be the case, if we refer to the physiological writings of Gall, Le Gallois, or Bichat also of Dr. Wilson Phillip.

The brain, spinal cord and organic or ganglionic system of nerves, have each in the very able hands of these writers been rescued more or less from that chaos, perplexity, and doubt, with which their predecessors and contemporaries were accustomed to regard the organs and their respective functions in the animal economy.

The labours of the immortal Gall cannot be sufficiently commended. This great and illustrious philosopher has practically demonstrated the absurdities and chimeras of the metaphysical school. He it is who has given the death-blow to the visionary speculations of a Descartes, a Leibnitz, and a Malebranche; or, to speak of the present day, of a Chalmers, a Roget, a Copland, and of many like them.
On his successors rest the responsibility of rescuing alike the criminal from perdition, and the legislator from shame. To the cerebral physiologist must the philanthropist look for the introduction of so improved a system of education as shall insure the use, and not the abuse, of the cerebral faculties in man. The unfortunate lunatic is safe only in his hands, because he alone can understand the nature of his disease, and thus be enabled to make choice of the necessary remedies. Cuvier acknowledged, that to Gall and Spurzheim we were, in his day, indebted for almost all we knew of the anatomy of the cerebro spinal system. Gall was certainly the first to describe the spinal cord as an organ distinct from the brain, and to show that it did not arise from it, as was taught in the schools. (Vide Translation of Blumenbach's Physiology, p. 201)

The labours of Le Gallois certainly contributed to advance our physiological knowledge of the spinal cord, although he, in so far as he erred not, to a great extent, it would seem, did but echo the previous discoveries of Gall. M. Le Gallois says, "If in a rabbit, which has been decapitated, but kept alive by pulmonary insufflation, the whole of the spinal marrow be destroyed by a stylet thrust through the whole vertebral canal, life will instantly and irrecoverably disappear, irritability alone remaining, which, we know, remains for some time after death. If, instead of decapitation, an opening be made in the vertebral canal near to the occiput, and by an instrument introduced through this opening the whole of the spinal marrow be destroyed, although the brain and its nervous communications with the trunk remain perfectly untouched, life will be instantly and irrecoverably destroyed in the trunk, the head alone remaining alive, as is apparent from its gapings."

It will be seen from the preceding extract, that the object of Le Gallois is to prove that the spinal cord is the seat of life, and not the brain; which organ, as Le Gallois truly observes, has been erroneously considered as the sole origin of the nervous power; and consequently the only seat of the principle of life. As regards the preceding experiments, they cannot, I think, be considered as favourable to the theory entertained. The possession of "irritability," by the decapitated and marrowless dependency of the mental, or rather cerebral, impression on the use of the external senses, in opposition to the doctrine of innate ideas, to those of Mirabeau, Pricstley, Blumenbach, Magendie, Lawrence, and others of what is called the modern school of materialism, on to that era when Gall's discoveries illuminated this dull atmosphere of ours. The first class of writers named may be said to hold a similar relation to the second as the latter does to Gall and his school. The Reids, Stewarts, and Mills of the present day are, it is to be hoped, at a discount. Let them only seek fact, and not mere words, and farewell to metaphysics with all its dogmas.
animal, assures me that the solar ganglion was still in the exercise of its peculiar function. What is the "irritability," of Haller, the "motions without force" which belong to the organism, but the property of the organic nervous system? The destruction of the spinal cord through its whole length in the second experiment, no doubt implicated the phrenic nerve; and if so, there is little wonder that the animal continued to gape, as the experimenter tells us it did.*

Le Gallois has, very evidently to me, considered the cessation of the excito-motory function as an indication of the complete suspension of all the vital phenomena.

To Bell and Hall we are not a little indebted for the more recent information we possess of the spinal cord and its functions; Mr. Grainger, too, must not be forgotten.

Bichât and Dr. Wilson Phillip have together contributed largely to our knowledge of the vital or organic functions. It is certainly strange that the arrangement of the functions into classes—viz., the animal and the vital or organic—should have been deferred to so late a period. Bichât, with all his originality and acute reasoning, strangely erred, not in saying "that hitherto anatomists have considered the nervous system as an uniform system,"—such had been unfortunately too true,—but in adding "that the different branches of this system ought to be viewed as constituting two," and not three, "general systems, essentially distinct; the one having for its principal centre the brain and its dependencies, meaning, no doubt, the spinal cord; and the other, the ganglions.

The translator of Blumenbach's Physiology describes, in a

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* Since writing the above, I have performed the following experiment:—A free incision was made through the integuments immediately over the spine on the back of the animal; the extensor muscles were then dissected from their attachments, and the spinal column being thus exposed, its posterior parietes were removed to a sufficient extent to admit freely a moderate size blow-pipe. The instrument was introduced near the middle of the dorsal spine, and passed upwards within the spinal canal, through the substance of the brain, to the anterior and interior part of the cranium. The immediate effects were a complete paralysis of the four extremities, the posterior as well as the anterior, and an apparent extinction of life; the heart alone remaining alive, as was apparent from the gapings of the animal, to use the expression of Le Gallois. It is now nearly three hours since the above experiment was performed, and although no attempt at an artificial respiration has been made, the heart is to be seen at this moment through the thoracic parietes, contracting as vigorously as in any other animal. The gapings ceased after about ten minutes. In the absence of the cerebro-spinal functions, the animal before me is in a condition precisely similar to the amvencephalous monster of Hall, or to the mere polypus.

The assertion long since made by Le Gallois that every part of the body derives its principles of vitality and irritability from that portion of the spinal marrow from which it receives its nerves, is satisfactorily negatived in the experiment recorded. In connection, too, with the above experiment, we cannot fail to remark the strong evidence in favour of that opinion which makes the heart's action independent of the brain.
note, the two classes of functions thus: "The animal functions prove us feeling, thinking, and willing beings: they are the actions of the senses which receive impressions; of the brain, which, perceives them, reflects upon them, and wills; of the voluntary muscles, which execute the will in regard to motion; and of the nerves, which are the agents of transmission. The brain is their central organ. The vital or organic functions are independent of mind, and give us simply the notion of life: they are, digestion, circulation, respiration, exhalation, absorption, secretion, nutrition, calorification. The heart," adds Dr. Elliotson, "is their central organ."

From what I can learn, it appears that Dr. Wilson Philip has explained himself very much more satisfactorily on the vital or organic functions, and the reciprocal relations between them and the brain and spinal cord, than Bichat has done, though neither the one nor the other has gone so far as he might have done. With the most extraordinary and convincing facts before them, I am not aware that physiologists have attempted to show much more than that the vital or organic functions are "certainly not dependent on the brain and spinal marrow in the same degree as the cerebro spinal functions."* If I mistake not, there have been no writers who have directed their attention more successfully to the ganglionic system of nerves, and their functions, than Fletcher, Copland and Breschet, excepting, of course, Dr. Stevens, whose paper published in the year 1842, gives much reason to expect yet better things. In them Bichat and Philip have found very able supporters. Dr. Copland's notes to his translation of Richerand's Physiology contain here and there very valuable remarks, physiological and pathological, on the vital or organic system of nerves. The same may be said of the articles Fever and Hypochondriasis in his very valuable and learned Medical Dictionary. But it is not enough to say that the ganglionic system of nerves, with the solar plexus for its central organ, presides over the functions necessary to life, as digestion, secretion, circulation, nutrition, &c., as if the brain and spinal cord, unlike the stomach, liver, heart, and alimentary canal, had an existence independently of the organic nerves. The functions of the brain and spinal cord must of necessity be regarded as vital functions. Life in man and the higher order of animals, consists, as Mr. Lawrence says, in the assemblage of all the functions; and if so, on what grounds dare we omit those of cerebration, and sensation, and motion? I shall hope to prove to the reader, that up to the present time physiologists have mistaken the cause for effect; they have looked to the brain, and spinal cord for the animating principle

* Vide Muller's Physiology, by Baly, p. 208.
of the ganglionic system of nerves, instead of looking to the latter for the integrity of the former.

In enumerating the opinions of physiologists, I must not omit to mention those of Hunter and Lawrence. As may be expected of those eminent and learned surgeons, the question of the nature of life was too important and interesting to be passed silently by. Mr. Hunter's opinions may be best expressed in the words of Abernethy, contained in a letter to Dr. Cooke, and published in his "Nature and uses of the Nervous System." Abernethy writes thus: Mr. Hunter's illustration of his notions of life, by saying that it was superadded, as electricity and magnetism may be to substances in which they may inhere, was given in his lectures, and I have heard it from his own mouth. It made a strong impression upon my mind, because it did not affirm what electricity, magnetism, and life were, but only stated an analogy." Both Hunter and Abernethy strongly insisted on the importance of not confounding life with organization, as many did. Mere composition of matter, observes Hunter, does not give life, for the dead body has all the composition it ever had; nor do organization and life depend in the least on each other. Organization, he adds, may arise out of living parts, and produce action, but life can never rise out of, or depend upon, organization. An organ is a peculiar conformation of matter, let that matter be what it may, to answer some purpose, the operation of which is mechanical; but mere organization can do nothing even in mechanics; it must still have something corresponding to a living principle—namely, some power. This living principle Hunter recognized by the term "materia vitæ diffusa," and which Mr. Lawrence ridicules as a mere fancy, an idle speculation, and of no better repute than the "impetus faciens" of Hippocrates, the "archæus" of Van Helmont, or the "anima" of Stahl. In commenting on these definitions of a living principle, Mr. Lawrence observes: "Most of them have long lain in cold abstraction amongst the rubbish of past ages; and the more modern ones are hastening after their predecessors to the vault of all the Capulets." Mr. Lawrence's views of life I cannot think are more satisfactorily than those of Hunter. At the same time that it is admitted that to call life a property of organization would be unmeaning, would be nonsense, he claims for the "primary or elementary animal substances" those vital properties which enable the compounded organs to carry on their several functions, which, he adds, being united in the individual, constitute life. Mr. Lawrence, therefore, literally makes life the property of the organism—just as gravity, elasticity, &c., are the physical properties of inorganic bodies. Mr. Lawrence, it is seen, has
herein adopted the explanation offered by the German physiologist Reil,—in reply to whom Müller says: "It would follow, that if the elementary composition were alone the cause of the organic forces, it would be at the same time the formative principle itself. Now, since in organized bodies, immediately after death, the elementary composition of the organic matter does not appear to be different from that of bodies still living, Reil must admit the existence of other more subtile elements, not recogizable by chemical analysis, which are present in the living body, but are wanting after death."

In reference to this matter, Dr. Elliotson has these words: "As the fluids which form the embryo must be endowed with life, organization cannot be the cause of life; but in truth organization is the effect of life, although, when produced it becomes an instrument of life. The erroneousness of the French doctrine, that "life is the result of organization," has "been ably refuted. The error appears to have arisen, in some measure, from the want of definition, the word life being used, sometimes properly, for the power; sometimes improperly, for the result. Even if the result of life—the functions of a part—should be called its life, life could not be said to be the result of organization, but of a power to which organization is an instrument." Now both the organization and its functions may be said to be demonstrable to the senses, but the same cannot be said of the "power to which organization is an instrument," though neither its presence nor its seat can well be doubted. Granting, for the sake of argument, that the solar ganglion is the source or origin of this power, or organizing principle, or creative force,* which is exerted even on itself, and in every animal, strictly in accordance with what the nature of each requires, which exists already in the germ, and creates in it the essential parts of the future animal, and according to an eternal law, forms the different essential organs of the body, animates them, and modifies the already existing nervous system, as well as all the other organs in the laws of insects, during their transformation, causing the disappearance of several of the ganglia of the nervous cord, and the coalescence of others, and by its operation, during the transformation of the tadpole to the frog, causes the spinal marrow to shorten in proportion as the tail becomes atrophied, and the nerves of the extremities formed, &c.,—granting, I say, so much, it remains to show, if possible, the ultimate cause of this important part of the organism—from whence did it receive its being? It is not in the power of man to offer anything more than a very general reply to these queries.

*Physiologists say it has an existence independently of any special organ. See Müller's Physiology, p. 26, et seq.
Mr. Lawrences observe, in his lectures on life—“Having thus proceeded as far as we can in ascertaining the nature of life by the observation of its effects, we are naturally anxious to investigate its origin, to see how it is produced, and to inquire how it is communicated to the beings in which we find it. We endeavour, therefore, to observe living bodies in the moment of their formation, to watch the time when matter may be supposed to receive the stamp of life, and the inert mass to be quickened. Hitherto, however, physiologists have not been able to catch nature in the fact. Living bodies have never been observed otherwise than completely formed, enjoying already that vital force, and producing those internal movements, the first cause of which we are desirous of knowing. However minute and feeble the parts of an embryo may be, when we are first capable of perceiving them, they then enjoy a real life, and possess the germ of all the phenomena which that life may afterwards develop. These observations, extended to all the classes of living creatures, lead to this general fact, that there are none which have not heretofore formed part of others similar to themselves, from which they have been detached. All have participated in the existence of other living beings before they exercised the functions of life themselves.” *

* This opinion, so confidently asserted by Mr. Lawrence, is more than likely to undergo very considerable modification, in consequence of the publication of the "Vestiges of the Natural History of Creation," wherein it is to my mind satisfactorily shown that life does not even now only proceed from life. The experiments of Messrs. Cross and Weekes are conclusive, and clearly negative the contrary assumption so much insisted on. The appearance of the "Vestiges, &c.," must be viewed as a great and glorious era in the world’s progress. It marks the onward course of truth and of religion, untainted with that mean and despicable credulity with which the ignorant delusions of the fanatic, of whatever denomination, associate and degrade it. The character of the reviews which I have seen of this excellent and truly philosophical book bespeak too plainly so great a preponderance of the low, the animal propensities, that, it may be rightly inferred, the time is yet far distant when the constant and unfailling supremacy of the moral sentiments and the intellect shall find man in unison with that nature of which he is but a part, and so no longer deserve the censure of the poet, as conveyed in the few following lines:-

"Hath Nature’s soul,
That formed this world so beautiful, that spread
Earth’s lap with plenty, and life’s smallest cord
Strung to unchanging unison, that gave
The happy birds their dwelling in the grove,
That yielded to the wanderers of the deep
The lovely silence of the unfathomed main,
And filled the meanest worm that crawls in dust
With spirit, thought, and love; on man alone,
Partial in causeless malice, wantonly
Heap’d ruin, vice, and slavery; his soul
Blasted with withering curses; placed afar
The meteor happiness, that shuns his grasp,
But serving on the frightful gulp to glare,
Rent wide beneath his footsteps?"  

Shelley.
"Thus we find that the motion proper to living bodies, or, in one word, life, has its origin in that of their parents. From these parents they have received the vital impulse; and hence it is evident, that, in the present state of things, life proceeds only from life, and their exists no other but that, which has been transmitted from one living body to another, by an uninterrupted succession." If organism or the organized state be the result of the union of the organic creative powers and organic matter, it would seem plausible to infer that the first is supplied by the male animal, whether oviparous or viviparous, and the second by the female. The peculiar circumstances which, it may be presumed, attend this union, and the consequent development of the vital properties, will probably remain a mystery. It would, however, appear, that the first effort of the vital properties, whatever they may be, are directed towards the developement of a central organ, the solar ganglion,* predestined to hold a precisely similiar relation to the otherwise insensible and inert frame, to the dull and unmoving organism, as the vital fire to the animated statue of Prometheus.†—[London Lancet.

Report of cases of Tetanus cured by the division of the injured Nerve. By Moses Sweat, M. D., of North Parsonsfield, Maine.

Case 1st. Peter Gerrish, a stout athletic mulatto man, aged 24 years, wounded the ball of his right thumb with the point of a scythe, on the 1st day of August, 1825. The wound healed kindly by the first intention; but on the ninth day unequivocal tetanic symptoms developed themselves, in trismus, pain in the jaws, opisthotonos, rigidity of the upper extremities, &c. The paroxysms so increased in violence and in rapidity of recurrence, that in 24 hours he became insensible to every thing around him; and it constantly required from four to six men to keep him on a mattress on the floor, so violent were the spasms. It was evident to all who saw him at this time, that he could not survive but a few hours longer. I proposed to the family in which he resided, to cut down and divide the injured nerve in the wrist, to which they gave their consent. An in-

* The reader is referred to the commencement of the first chapter, where he will find it stated that it is the opinion of Ackermann, Rolando, Blumenbach, and Gall, that the ganglia of the organic or ganglionic system of nerves are the first formed in the fetus.
† See Lectures on the Study and Practice of Medicine, page 121, by John Conolly, M. D., late Professor of the Theory and Practice of Medicine at the London University, and Physician to the Middlesex County Lunatic Asylum, Hanwell, &c., &c.
cision of three inches was made accordingly, over the course of the median nerve, which, by a careful dissection, was soon found and divided. The spasms ceased instantly, not a muscle was seen to move (except those of respiration); he was perfectly still about an hour; he then aroused, and looking wildly around, inquired how he came there—what had happened, &c. He had no recurrence of tetanic symptoms afterwards.

Case 2d. John Johnson (son of David Johnson of this town), aged 20 years, shot off one joint of his right thumb with a musket, on the 16th of January, 1826. It was dressed properly, and it healed kindly until the seventh day after the accident, when he was suddenly seized with tetanic symptoms,—his jaws soon became fixed, attended with severe pain—and the phenomena, in short, were the same as those in the preceding case. His parents and friends were unwilling to consent to the operation for the division of the nerve, until they were all satisfied that he was fast failing, when they consented. The operation was carefully performed, and the patient was instantaneously cured of all tetanic or spasmodic symptoms. The wounds healed in a short time, and he had no recurrence afterwards.

Case 3d. Miss Almeda Kimball, of Hollis, aged about 20 years, of slender habit, had a branch of the ulnar nerve punctured at the right wrist, with the point of a needle, about the 1st of January, 1848. Severe pain followed immediately, which continued to extend until it affected the whole course of the nerve: inflammation soon followed about the wrist, which extended over the whole fore-arm, attended with great swelling and total inability to move the limb. I was called to visit her on the 25th of that month, found her under the care of Dr. Cheney, whose treatment was judicious. She was then affected with pain in the side of the neck and jaws, with some rigidity of the muscles about these parts, as well as severe pain and inflammation in the injured limb. I suggested the propriety of dividing the nerve, if tetanic symptoms should increase. On the 7th February, I visited her again; she had unequivocal symptoms of tetanus. We divided the ulnar nerve, and took out an inch, just above the groove in the inner condyle of the humerus. All symptoms of tetanus ceased and she soon recovered. In all cases where I have found it necessary to operate, I have removed a small section of the injured nerve.

I might mention several other cases, in which I have stopped spasmodic affections by dividing nerves, in wounds which I
have been called to operate on, for the security of arteries, in
cases of aneurisms, hemorrhages, &c., improperly managed. One
case I will relate, viz.:

Case IV. On the 3d December, 1810, (while I was in practice
with Dr. B.) I was called to visit J— B— of Limberick,
who, in a fit of delirium tremens, on the 25th Nov. struck his
fist through a square of glass and wounded the radial and ulnar
arteries at the wrist. Dr. A. of N. was called, and dressed the
wounds; stopped the bleeding (which was said to be rather
profuse) by means of compresses and bandage, which prevented
external hemorrhage while the compresses were closely applied,
but, whenever they were loosened, the wound over the ulnar
artery, it being rather large, would bleed. The wound in the
integuments over the radial artery was but a mere puncture,
and it had, in fact, healed by the first intention, while the
wounded artery continued to bleed, and formed a large false
consecutive aneurism. He had, that day, began to have some
spasmodic contractions of the muscles of the arm. Dr. A. was
present. It was agreed upon to operate and secure the ar-
teries. The wound of the integuments over the ulnar artery,
was extended to about two inches in length; the artery bound
and secured by ligatures above and below the bleeding orifice
made by the glass. We then made an incision through the
integuments over the aneurismal tumor (which was large) to
the extent of four inches; removed the coagula, found the
artery, and secured it. In this operation, we found several
spiculae of glass, and on examination, found one small piece
which had wounded the median nerve; to this injury of the
nerve we ascribed the spasmodic symptoms which had just be-
gun to develope themselves. We divided it, and all the spas-
modic symptoms ceased at once, and he had no more after-
wards.—[N. Y. Journal.

Cauliflower Excrescence of the Uterus. By W. H. Church,
M. D., of New York.

A. M. M., æt. 46, born in the state of New York, married,
was admitted into the New York Hospital on the 17th of

The first notice the patient had of the above-named disease
was one year since, when she was attacked with severe pain in
the lumbar region, being aggrandized during and after a passage
from the bowels. She had suffered for several years previous
to this time with hemorrhoids, consequently these troubles were
attributed to them, and a course of treatment adopted with
reference to the hemorrhoids. Three months after the commencement of the pains she noticed a small tumor in the vagina, which has continued slowly to increase, until it has attained the size of a hen's egg. All treatment prior to her entrance into the hospital has been of a palliative character, the tumor not having been interfered with, except by the use of anodyne injections, per vaginam, to relieve the pain.

The patient has always lived upon a farm, and occupied in the regular habits of that class of people; has had several children, the youngest being nine years of age. She says that since the discovery of the tumor there has been a continual watery discharge from the vagina, which is now so profuse as to saturate ten or twelve napkins during the twenty-four hours. Hemorrhage has occurred several times, but in such slight quantity as to cause her no uneasiness. She is emaciated, and feels her strength beginning to fail, but during the whole time the menses have continued to flow pretty regular. To relieve the pain sufficiently to sleep, she has been obliged to take from one-eighth to three-eights of a grain of morphine at bed-time for the last two months. The character of the pain is that of dragging in the lower region of the back. Upon examination per vaginam, the os and cervix uteri are felt largely distended, their walls being thinned and indurated; the cavity of the uterus is occupied by an irregular mass of a firm consistency, which can be traced up to its middle, and it is there found attached to the sides of that organ. Upon examining a piece of the tumor, which can easily be detached with the fingers, its surface is more florid than flesh color, with an irregular surface of a granular appearance, and from these points a white cheesy matter can be pressed by the fingers.

Dec. 18th. The speculum vaginae being introduced, portions of the tumor were removed with the volsella and the raw surface freely rubbed with the argentum nitritis; pieces were thus twisted off, and the surface of the tumor coated over with nit. of silver until the inner surface of the os uteri was brought into view, when the operation was discontinued. Hemorrhage during the operation moderate in quantity.

Dec. 19th. Patient quite comfortable; there being slight hemorrhage, was ordered to use an injection of sulph. of alum 3 ij, aqua 3 viij.

Dec. 23d. No hemorrhage has occurred. There is now a discharge of thin purulent matter of an offensive character from the vagina.

Dec. 26th. Another examination was made, in which the operation was very much accelerated and a better view of the parts obtained by separating the walls of the vagina with three
spatulas in the hands of assistants. A large quantity of detritus matter was found about the os uteri, which was removed, and the same course pursued as at the previous examination, the whole tumor being nearly removed by the instrument when the remainder was thoroughly coated over with the solid nit. of silver (which was also used at the previous operation). The operation was a tedious one, requiring nearly an hour; the exhaustion and suffering of the patient was much less than could have been expected. The hemorrhage amounted to \( \frac{3}{2} \) xij.

Dec. 28th. Has been comfortable, but complains of weakness, pulse small, and appetite very delicate. Ordered the bitter infusion, a wine glass full three times daily, nourishing diet and porter.

Jan. 2d. Patient is very anxious to leave the hospital and go to her friends, consequently she was to-day discharged, relieved, which certainly was the case, as the pain was almost entirely gone; could sleep better, appetite and strength had somewhat returned, and instead of saturating ten or twelve napkins daily, three or four were found sufficient.

Remarks.—Dr. C. M. Clark reports one case in which the disease had not returned in twelve years; that case was treated principally by astringents, and no operation was performed. The astringents had so contracted the vagina that it was almost impossible to introduce the finger. The case which we have just reported presents a good opportunity to test the possibility of a radical cure, as it is comparatively recent, having come under treatment in less than a year after the appearance of the first symptoms; the subject is not much past the middle age, with a naturally good constitution, upon which the disease has not yet made much impression.—[Ibid.

External Applications in Dropsy.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—The article in your Journal of December 25, "On the Treatment of Ascites by Diuretics applied externally," reminds me of a little of my own experience in the use of external remedies in dropsy.

Some six years since, I was called to see a child, 2 years old, with general anasarca and ascites. He had been under treatment some three or four weeks; but was steadily getting worse, and had been left by the attending physician as a hopeless case. His whole body was enormously distended; his features seeming hardly human. Appetite voracious; constant thirst;
bowels very loose; urine scanty; pulse feeble, quick and very frequent; patient restless, and constantly moaning. The usual treatment with diuretics and cathartics, would reduce the distension a little; but what was gained one day would be more than lost the next; for the patient was evidently losing strength, while the diseases was steadily gaining ground. As a forlorn hope, I directed the following liniment, to be applied to one half the surface of the body, three times a day. R. Vol. liniment, 2 pts.; tr. cantharides, tr. digitalis, tr. colchicum, tr. iodine, aa 1 pt. The patient was well in a few days, without taking a particle of medicine internally.

Since then, I have used the liniment repeatedly with advantage; several mild cases yielding to this alone, without any other treatment. The liniment is peculiarly adapted to the treatment of dropsy in old persons, children, or delicate females; where the powers of life are feeble, and the stomach and bowels too irritable to bear medicine internally.

Since writing the above, I have treated a case similar to the first one mentioned:—the child having been more or less bloated for several months; legs and body as full "as the skin could hold." All appearance of disease was removed after a few days' use of the liniment.

That there is any especial virtue in the particular form or combination of remedies in the liniment, I do not believe; but that external remedies can be used with advantage in most cases of dropsy, I am sure.

Ausable Forks, N. Y. March 1851. Wm. W. Finch.

Diagnosis of Typhoid Fever. By Dr. E. Parkes.

[Dr. Parkes concludes a clinical lecture on the above subject, by the following propositions:]

1. The diagnosis of typhoid fever is absolute when, on a febrile disease attended with looseness of the bowels, unequivocal rose-spots appear on the sixth or eighth day.

2. If there are no rose-spots, or if these are indistinct, the diagnosis is still nearly certain, if in a febrile disease, mild or severe, which has lasted eight or ten days, there is, or has been, epistaxis; if there is diarrhoea with alkaline stools, abdominal pains, bronchitic roonchi, with considerable muscular weakness, delirium, &c., provided that the positive symptoms of the disease above enumerated are absent. If sudamina appear on and after the twelfth day, the diagnosis is strengthened. Hemorrhage from the bowels, in such a case, would almost make the diagnosis absolute, without reference to other affections.
If in a disease presenting febrile symptoms similar to those seen in typhoid fever, it is impossible to obtain any of the signs usually furnished by the skin and mucous membranes, viz., rose-spot, diarrhoea, abdominal tenderness, epistaxis, bronchitic rhonchi, &c., the diagnosis of typhoid fever should never be given until inquiry has been made into the possibility of the case being one of those above enumerated. If, in such a case, the diagnosis of typhoid fever be ultimately given, this can be done only on the principle of exclusion, viz., by finding that the symptoms do not accord with the supposition that the disease is typhus, pyohaemia, latent pneumonia (i.e., pneumonia unmarked by the usual symptoms of cough and expectoration), acute tuberculosis, acute glanders, &c. Now, in many of these diseases, we have special symptoms which are easily recognised; as in typhus, the mulberry rash, the dusky skin, the extreme stupor, &c.; in pyohaemia, the yellowish earthy tint of the surface, or the absolute jaundice, the severe shiverings, the intense headache, torpor, and delirium, which, to a practised eye is, I think, different from the delirium of either typhoid or typhus fever; in variola, malignant erysipelas, and in the gangrenous erysipelas from putrid infection, we have, in the vast majority of cases, diagnostic eruptions, or symptoms derived from the skin and subcutaneous cellular tissue, &c. In acute glanders, there is often the tuberiform cutaneous eruption, and the affection of the nasal mucous membrane; in pneumonia we discover the physical signs, unless the pneumonia be lobular and much scattered, when physical signs often fail; this case, however, is most commonly connected with pyohaemia. All these diseases are usually easily excluded; a very little care will enable us to be certain that they do not constitute the disease before us, and in many cases, even if one of them, such as pyohaemia or erysipelas supervenes on typhoid fever, the fact of there being two diseases present can be made out if the case has been watched.

It is, unfortunately, different with some other affections, especially acute tuberculosis, meningitis (tuberculous, purulent, or simple,) cerebral softening of some kind, and occasionally, delirium tremens. Any of these diseases may produce symptoms which closely simulate an ataxic form of typhoid fever. You will understand that, in many cases, the distiction of typhoid fever and these affections can be made easily by aid of the symptoms derived from the secondary effects on the skin or mucous membranes in typhoid fever, but we are speaking now of cases in which these utterly fail, in which we have decided that the case is not one of typhus, pyohaemia, variola, latent inflammation, &c., and consequently in which we have
reduced the problem to the determination of whether the case is ataxic typhoid fever, or acute tuberculosis, meningitis, delirium tremens, central cerebral softening, &c. I believe that error cannot always be avoided with the utmost care. Acute tuberculosis is most likely to be mistaken when it occurs in children. Often, however, there is a long initiatory period; the abdomen is comparatively unaffected, that is to say, there is little pain or diarrhoea, but there may be more sickness than in typhoid; the head symptoms have a different aspect, i. e., the headache and delirium do not occur in the regular order, but observe unusual alterations, and altogether the case does not exactly square with the symptoms of typhoid fever. The chest symptoms may be prominent, and afford a clue to the real nature of the case, although often all physical signs, except those indicating a general bronchitis, fail. Attention should also be directed to the absence of the positive signs of typhoid fever, viz. the rose-spots. In tuberculous meningitis we may have signs, from the presence of tubercle in the lungs or elsewhere, and sometimes assistance may be derived from considering, if it can be learned, the time when the headache and delirium came on, the contraction of the pupil, the degree of intolerance of light which is greater in meningitis than in typhoid fever; the vomiting, which is more marked in meningitis; the state of the tongue, which is cleaner in meningitis; the comparative mildness of the pyrexia, i. e. of the heat of the skin, quick pulse, &c., in this latter disease. In delirium tremens we are often guided by the kind of delirium, the history of the case, &c., and there is not so much difficulty here as in meningitis. Central cerebral softening is characterised by the predominance, very early in the disease, of the cerebral symptoms over the general febrile condition, whereas, in typhoid fever, although there may be intense headache and delirium in the first week, these do not assume so predominant a character as in central softening.

The diseases which resemble typhoid fever by simulating one or two of its symptoms, are some forms of entero-colitis in children. In primary cases in adults, the local symptoms are disproportionate to the general febrile state. There is very little heat of skin, rapidity of pulse, no headache, delirium, or other cerebral symptoms, the stools are often slimy, with gelatinous flakes, mixed with more or less greenish fluid, but there is not the yellow or dark red fluid, and granular curdy substratum of typhoid fever. The difficulty, however, is greater in children than in adults, as in them the febrile symptoms run higher. But the skin is seldom so hot as in typhoid, nor is the prostration so extreme; the appearance of rose-spots, or sudamina, will decide the point.
On the Symptomatological Value of Palpitation. By Dr. O. B. Bellingham.

Dr. O. B. Bellingham thus contrasts palpitation arising from organic disease of the heart, and that independent of it.

**Palpitation depending upon Organic Disease of the Heart.**

1. More common in the male than the female.
2. Palpitation usually comes on slowly and gradually.
3. Palpitation constant, though more marked at one period than at another.
4. Impulse usually stronger than natural; sometimes remarkably increased, heaving, and prolonged; at others irregular and unequal.
5. Percussion elicits a dull sound over an increased surface, and the degree of dullness is greater than natural.
6. Palpitation often accompanied by the auscultatory signs of diseased valves.

**Palpitation independent of Organic Disease of the Heart.**

1. More common in the female than the male.
2. Palpitation usually sets in suddenly.
3. Palpitation not constant, having perfect intermissions.
4. Impulse neither heaving nor prolonged; often abrupt, knocking, and circumscribed, and accompanied by a fluttering sensation in the precordial region or epigastrium.
5. The extent of surface in the region of the heart, which yields naturally a dull sound on percussion, is not increased.
6. Auscultatory signs of diseased valves absent; bruit de soufflet often present in the large arteries, and a continuous murmur in the veins.
Differential Diagnosis of Gastralgia, &c. [May,

7. Action of the heart regular, irregular, or intermittent; not necessarily quickened.

8. Palpitation often not much complained of by the patient; occasionally attended by severe pain, extending to the left shoulder and arm.

9. Lips and cheeks often livid; countenance congested; anasarca of lower extremities common.

10. Palpitation increased by exercise, by stimulants and tonics, &c.; relieved by rest, and frequently also by local or general bleeding, and an antiphlogistic regimen.

7. Rhythm of heart usually regular; sometimes intermittent; its action generally more rapid than natural.

8. Palpitation often much complained of by the patient; more readily induced by mental emotion, and frequently accompanied by pain in the left side.

9. Lips and cheeks never livid; countenance often chlorotic; anasarca absent, except in extreme cases.

10. Palpitation increased by sedentary occupations; by local and general bleeding, &c.; relieved by moderate exercise, and by stimulants or tonics, particularly the preparations of iron.

[Medical Gazette. Ibid.]

Differential Diagnosis of Gastralgia and other more Serious Affections of the Stomach. By M. Valleix.

The diagnosis of gastralgia is often difficult; the slighter forms may be mistaken for the slight gastric disturbance, called by the French, "Embarrass Gastrique," or for acute gastritis; while the ordinary chronic forms may be mistaken for chronic gastritis, simple ulcer of the stomach, cancer of the stomach, or intercostal neuralgia.

The most important distinctive signs are thus given by Valleix.

GASTRALGIA—ACUTE FORM.
Acute pain in the epigastrium.
Appetite preserved.
No headache.
Nausea only after meals, or in the morning.

GASTRALGIA—ACUTE FORM.
Appetite good.
No pain on pressure.
Vomiting rare, mucus or of food.
No fever.

GASTRLALGIA—ACUTE FORM.
Discomfort rather than pain.
Anorexia.
Headache frequent.
Nausea frequent at all periods of the Day.

Acute Gastritis.
Appetite lost.
Acute pain on pressure.
Bilious vomiting frequent.
Distant fever.

CHRONIC GASTRALGIA.
Usually uncomplicated.
Vomiting rare, mucus or food.

CHRONIC GASTRALGIA.
Usually complicated with another affection.
CHRONIC GASTRALGIA.
Spontaneous pains often very acute.
Usually no pain on pressure.
Progress of disease irregular.
Absence of fever.

CHRONIC GASTRITIS.
*Bilious vomiting frequent.*
Spontaneous pains less acute.
Pain on pressure acute.
Progress less irregular.
Fever generally present.

CHRONIC GASTRALGIA.
Appetite more or less preserved.
Vomiting a considerable period after food.
No vomiting of pure blood or dark matter.
Progress slow.

SIMPLE ULCER OF THE STOMACH.
Appetite lost.
Vomiting immediately after food.
Sometimes vomiting of blood or black matter.
Progress rapid.

CHRONIC GASTRALGIA.
Vomiting as before.
Destroys slowly.
No signs of cancerous cachexy.
Progress irregular.

CANCER OF THE STOMACH.
Vomiting at long periods after food.
Destroys rapidly.
Signs of cancerous cachexy.
Progress regular.

CHRONIC GASTRALGIA.
Pain not increased by pressure
Well-marked gastric disturbance.

INTERCOSTAL NEURALGIA.
Pains on pressure.
No gastric disturbance.

[According to Wunderlich, ("Handbuch der Pathologie, und Therapie," the following points are worthy of attention, in reference to pains in the epigastric region:]

Gastric pains in persons whose digestion and appetite are unaffected, and which are not exacerbated by hunger or food, most probably depend upon the spinal cord, or on some organ adjacent to the stomach. Pains which are diminished by strong pressure may be set down to neuralgia. Pains which are distinctly increased when the hand is placed gently on the stomach, but which are not proportionally aggravated by firm or abrupt pressure, are either imaginary or sympathetic. Pains continue for days or weeks, or recurring at definite periods without any obvious cause; also pains which come on suddenly with great severity and disappear as rapidly, are probably, due to gastric neuralgia; they may depend on gaseous distension. Pains arising in the scrobiculus cordis and radiating in various directions, may arise from cardialgia, rheumatism of the abdominal walls, or peritonitis. Gastric pains, which are suspended by food, depend on neuralgic affection, or the presence of parasites. Pains which exist, both while ordinary
food is taken and when fasting, but which disappear when stimulating food or drink is taken, depend on anaemia of the stomach. Pains which are increased by the smallest quantity of food, indicate probable gastritis or degeneration. If pains supervene an hour or two after meal-time, we fear disease of the pylorus. [This assertion will needlessly alarm a large proportion of dyspeptics.—Ed.] Lancinatings are sometimes remarked in cancer.—[Brit. and For. Med. Chir. Rev. Ibid.


Case. Miss A. E. T., æt. about 16, of irritable constitution, has been for the last three years the subject of inverted toe nail in the great toes of both feet. Almost every remedy that has been suggested for its relief had been resorted to, but without success. The nail had been scraped very thin, caustic had been extensively and frequently applied, the roller had been worn for months, and lastly, the diseased sides of the nails had been split down to the glands, and then, with the forceps, torn out by the roots. The relief following these severe measures was but partial and temporary, and in the course of a few weeks or months the disease was as distressing and painful as ever.

In this state of the case it occurred to me to make trial of the common tannic acid, which I applied in the following manner: I placed a portion of the tannin in its dry state on the nail, and then raising the exuberant granulations, with the tortoise-shell handle of a lancet, I gently but carefully pressed it down to the embedded edge of the nail, and filled the cavity with it, after which I covered the whole of the proud flesh with the same application, and enveloped the toe with a roller bandage. As no pain followed, the dressing was permitted to remain until the fourth day. On its removal, the improvement was so manifest that I had no hesitation in using the remedy again, which I did precisely as at first. To be brief, six or eight applications of the tannin, at intervals of three or four days, were made, and the cure appears to be complete and perfect.—[Western Journal of Medicine and Surgery.

Ingrowing Toe-nail treated by Collodion.

We find in the Bulletin Général de Thérapeutique (28th Feb., 1851) a notice of the use of collodion in the treatment of ingrowing toe-nail, by Dr. Meynier, of Ornaus. The flesh be-
ing pressed aside, a little collodion is poured between it and the nail, which soon dries and keeps the parts asunder until cicatrization is effected. M. Larrey states that he has tried this plan with success in four out of six cases.

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**Augusta, April 15th, 1851.**

Dr. Dugas: Dear Sir,—With your permission, I will record the following remarkable anomaly, which your avowed penchant for monstrosities will render interesting, at least to the Editor, if not to the generality of the readers of your Journal.

Very respectfully,

Henry F. Campbell.

**Congenital Deficiency of both Patellæ.**—The subject of this most unusual defect is a negro boy about twenty years of age, employed as a hand upon one of the steamboats on the Savannah river. In stature he is rather poorly developed though not much below the ordinary size. On examination of the lower extremities, we found the knee presenting a very remarkable appearance. At the joint there is a curve outwards, rendering him slightly bow-legged. In the extended position the contour of the articulation does not differ very materially from that ordinarily seen; the defect is only perceptible in this position by a manual examination, but on flexion it is at once fully apparent. There is then present on each side of the joint a large prominence caused by the projection of the internal and external condyles of the femur, which appear much larger than usual—at these points, the integument is indurated from coming in contact with the ground in kneeling; normally, this induration is central, over the lower portion of the patella and its ligament. Between the condyles, instead of the elevation ordinarily found, there is a depression in which, on the contraction of the extensor muscles, the common tendon may be felt to move under the integument. On complete flexion of the limb, the front surface of the joint becomes very much flattened, and the groove and prominences above-mentioned are still more evident. The tubercle of the tibia is somewhat larger than ordinary, and to it the ligamentum patellæ, or rather the continuation of the common extensor tendon, is attached as usual. This tendon does not differ much from the ordinary size and is accommodated by and plays in the trochlea between the condyles, which, normally, is the situation of the pa-
tell. The articulation is apparently quite as firm as usual. The boy is active and performs all the movements of the joint necessary in walking and running with the utmost facility. On the most careful comparison, we could not detect the least difference in the conformation of the two extremities.

The above case is, so far as we know, without a precedent. The mechanical relations of the patella, to the articulation, are such that in its various movements, it has been always considered of the greatest importance. Upon its integrity depends the transmission of the whole action of the powerful extensors of the leg—its fracture completely annihilates extension and progression is completely hindered. On account of this importance, it has for a great length of time been the subject of particular interest both to the anatomist and the surgeon. By the former, it has been traced through the whole vertebrated scale, and its presence or absence in various animals fully noted,* and by the surgeon its abnormal conditions have been most thoroughly scrutinized: yet by no one of the many writers on this subject can we find a case reported parallel to the above, or at all approaching it in character.


We sincerely congratulate our friends of Alabama upon the publication of so creditable a production as that above named. These "proceedings" evince not only much zeal in the cause of science, but attainments of a high order on the part of the officers and reporters. The volume contains, the annual Address, by A. Lopez, M. D., President, and the Valedictory Address of Chas. E. Lavender, M. D., elected President for the ensuing year; also Reports, by Dr. C. F. Percivall, on the Diseases of Lowndes county; by Dr. D. P. Smythe, on the Medical Botany of Sumter county; by Dr. W. A. Welch, on the Medical Botany of Talladega; by Dr. W. H. Anderson, on the Diseases of Mobile; by Dr. H. V. Wooten, on the Diseases of Lowndesboro; by Dr. L. H. Anderson, on the Diseases of Sumter county; by Dr. T. W. Mason, on the Diseases of Wetumpka; by Dr. W. P. Reese, on the Diseases of Lowndes county, and Papers by Dr. W. P. Reese on Marasmus, Typhoid Fever and Pertussis; by Dr. W. H.

* On this subject, the following summary is not without interest. The patella exists in all placental animals, but is absent in many marsupials. In birds it is usually present; there are sometimes two, one placed above the other, as in the ostrich. No patella has ever been found in any reptile.

Anderson, on Cod-Liver Oil; and by Dr. C. E. Lavender, on a wound of the Heart. During the session, a number of interesting facts were related, some of which we will reproduce.

_Effect of the Mother upon the Fetus in utero._

Dr. R. Lee Fearn related the following very remarkable particulars of a case, where the impressions received by a mother, during pregnancy, affected the child in utero. A gentleman, whilst gunning, shot through the metacarpal bone of the index finger. The wound was a bad one, and piece after piece of the bone came away. A few months after the accident he married, and in due season his wife bore him a child, perfectly formed in all respects. When about four months advanced in her second pregnancy, an operation was deemed necessary to remove the last remaining portion of bone in her husband’s finger. She witnessed the operation, and was much shocked and sickened at the sight. When the child was born, it was found to be deficient in this very bone, though in all other particulars it was a well formed child. The Doctor thought this was by no means the result of chance, but a very conclusive instance of cause and effect.

Dr. Dossey remarked that the relation of this case called to his mind a similar instance:

Dr. G—— was thrown from his horse, and broke his leg, midway between the ankle and knee. His wife was about five months advanced in pregnancy. When the child of which she was pregnant was born, it had on the leg corresponding with the injured limb of the father, and at precisely the same spot, the appearance of a fracture of the limb, and there was also a very decided shortening of the leg.

_Wound of the Heart; penetrating the right ventricle; from which the patient recovered._ Read before the Association, by Charles E. Lavender, M. D.

James H——, student, aged 19 years, of good health and sound constitution, was stabbed, on the 9th of April, 1850, in the left breast, by a fellow student, with a pocket knife, the blade of which was about three inches long and three-fourths of an inch wide in the middle, and very narrow at the point.

When I saw him, at 4 o’clock, P. M., about five minutes after the wound was inflicted, he was laid on a long table, on his right side, with his head slightly raised. He was vomiting, with jaws rather rigid; cold sweat on his face; eyes drawn back, pupils much dilated; countenance pale and deadly; respiration irregular, interrupted and terminating in deep sighs; action of the heart entirely suspended; clothes dripping with blood. On tearing away the clothes from his chest, a wound presented itself in the left side, between the sternum and the nipple, about two inches anterior to, and three-fourths of an inch below the left nipple, between the fourth and fifth ribs, at the cartilaginous extremity, the greater extent of wound being between
the cartilages. The wound, from which venous blood was flowing in a full, continuous stream, was about one inch in extent, in a direction across the body; the edges of the knife having struck the lower side of the cartilage and the upper side of the rib. The cut edges of the intercostal muscles were distinctly seen, through which a dark opening, about the size of a man's fore-finger, allowed the blood to flow. One gallon and a half of blood was supposed to be lost; it could not have been less than one gallon. The right ventricle of the heart was evidently opened, and I supposed he could not live fifteen minutes.

I turned him hastily upon his back, raised his right arm, which was pendulous, and placed it by his side, dashed a large towel, just dipped in a bucket of cold water, on his chest; sprinkled cold water and spirits of camphor in his face, and secured free ventilation. The bleeding stopped instantly, but the breathing continued oppressed, interrupted, and somewhat stertorous. About five minutes after the bleeding ceased, a slight flutter was felt in the heart, and was distinctly appreciable under the palm of my hand, at irregular intervals, for a minute or more, when pulsation became perceptible, and in a few minutes more there was pulsation at the wrist. He now swallowed water, and spoke incoherently; breath during this time cold. A mattress was drawn under and blankets thrown over him, and he was kept on his back, with his shoulders slightly elevated. About 5 o'clock, he recognized persons, spoke hurriedly, called for persons, and supposed he was dying; but he afterwards remembered nothing that occurred before 6 o'clock, at which time he became exceedingly restless, complained of pain in his breast and head, with some thirst. Pulse feeble, interrupted, and over one hundred.

When the external bleeding ceased, I apprehended internal hemorrhage; but no evidence of this presented itself at that time or subsequently. About 9 o'clock, he began to grow warm. At 10, he became exceedingly restless, and complained of intense suffering, but of no acute pain. Pulse about 120, intermitting; respiration interrupted, and at times as frequent as 60 to the minute. From 12 till 3 A. M., but little hope was entertained of his living till daylight, when his nervous system yielded to the quieting influences of morphine, about two grains of which had been given, at intervals. Towards morning he enjoyed some refreshing sleep.

Fearful of a return of the hemorrhage, or of disturbance to the nervous centres, I did not allow him to be removed from the academy, where I first found him till 3 P. M. on the following day. He was then removed to his boarding house, with such care as to cause no disturbance. He suffered somewhat from restlessness and thirst. The first was remedied by small doses of morphine, the latter, by cool sub-acid drinks. At night, he suffered from distension of the bladder; not being allowed to change position, he had not been able to empty it. Catheter was used.

11th. Passed a restless night; interrupted slumber; frequent starting; hot head; some delirium. Considerable febrile excitement through the day; skin hot and dry, but pale; countenance shrunk,
and indicative of much distress; tongue red and dry; pulse thready
and irregular, about 120; complete prostration of muscular power.
Lies on his back; if turned to the right side, evinces but little pain,
but soon turns back, with a sigh and heavy breathing; if turned on
the left, suffers pain in direction of the wound, is much distressed,
and rolls back immediately. Bowels inactive, gave enemata. Bladder
so torpid as not to expel the urine, when the catheter is introduced,
without external pressure. Cooling drinks, laxatives, occasionally,
small doses of morphine.

12th. Rested rather better last night. But little alteration in
symptoms; rather more thirst. Skin and pulse somewhat softened
by small doses of antim. and morph. Bowels and bladder as before.

13th & 14th. Rests some better. Pulse ranging about 100, rather
light; still some starting in sleep; respiration not so quick, but still
heavy; some light delirium; tongue coated with whitish fur; loathing
of food; no voluntary evacuations. Use catheter every 12 hours, and
enemata occasionally.

15th & 16th. Slowly improving; rests better. No change in con-
dition of bladder or bowels. Use spirits turpentine, with mild mercu-
rials, to act on secretions.

17th & 18th. Not doing so well. Constant fever; pulse rather
full, about 100; veins full. Can lie on neither side; occasional
pains, more or less acute, from the external wound through the chest
to the spine. Some action on bowels; bladder totally inactive, air
passing in through the instrument when pressure is removed, after
empting that viscus. Gave a few grains of quinine, and small doses
of morph. and ipecac.

19th. Rested pretty well last night. Fever subsided; skin cool
and soft; moderate action on bowels. Drew off a pint of urine; yet
notwithstanding this distension of the bladder, some air rushed in
when the catheter was first introduced. Tongue becoming clean,
no thirst. Uses strawberries, which have constituted his only sub-
sistence. Looks more lively; breathes well.

20th. Improving. Wound healed; no pain; can lie comfortably
on his right side. Some appetite; takes tea and toast, and this day
ate a young pigeon broiled. Pulse 84.

21st. Rested well, without anodynes. This day passed urine with-
out help, for the first time. Bowels in a healthy condition; appetite
good. Sat up in a chair for some minutes, but with much fatigue.
Pulse soft, 82; breathing good.

May 1st. Has continued to improve slowly. Sets up for hours,
and walks about the house.

2d. Rode out, without fatigue.

4th. Left for home, on steamer Isabella.

There was a distinct bellows sound in the heart, for about two weeks,
whose swells were not synchronous with arterial pulsation. This
sound grew less distinct, till it was entirely lost.

I have seen Mr. H. frequently during the summer. He has been
well, and is now enjoying fine health. December, 1850.
Wounds penetrating the cavity of the heart are considered, by most professional men, as necessarily fatal. In the N. Y. Journ. Med. is reported a case of wound of the heart—the patient living ten days—external wound near the sternal end of the fourth rib. On the 9th day, the patient "fell on the floor of the ward, while crossing it." The pericardium was found perforated within the mediastinal space. The heart itself was perforated half an inch to the right of the septum; perforation passing entirely through the right ventricle, through the septum, into the left ventricle. The orifices were lined with coagulated lymph. The learned editor of the Am. Journ. of Med. Science, in commenting on this case, which he re-publishes, says: "Wounds of the heart, when penetrating its cavities, are always fatal, though the patient often lives for a considerable period after the accident." He then alluded to large collections of cases, to establish this negative proposition—that penetrating wounds of the heart can not be cured. Had the case just alluded to been well managed, it might possibly have been cured; in which case, our profession never would have known it. But "he fell on the floor of the ward, while crossing it," on the ninth day, died on the tenth, and the knife revealed the surprising fact, that both ventricles of the heart had been penetrated.

In the Journal of Medical Science, for July, 1850, there is an interesting case of wounds of the left ventricle of the heart, which, survived five days; reported by Dr. Frugien of Portsmouth, Va. A young negro man was found lying on the floor, in a state of the most profound collapse. "A wound was discovered, equi-distant from the nipple and the left edge of the sternum, and just over the left costal-sternal cartilage of the fourth rib. There was no hemorrhage from the wound." "The Doctor's first impression was that the heart had been wounded, and that the case would terminate fatally. "The arrest of the probe by the cartilage," he says, "and its deflection to the right, caused me to come to an opposite conclusion." The collapse was then attributed to the presence of crude, indigestible food in the stomach. The wound was received on Monday night, and the patient continued to improve till Saturday, when in disobedience of orders, "he went out, and used other improper exertions." At 8 o'clock he died. He had been setting up a few minutes previously, and conversing cheerfully, when he sunk down from his chair and expired. Autopsy showed a wound passing through the wall of the right ventricle, without penetrating its cavity, thence through the septum into the cavity of the left ventricle. Through the opening thus made, the blood had escaped into the pericardium, until it put a stop to the movements of the heart. The wound through the pericardium had completely cicatrized, as well also as that of the heart for two thirds of its extent. Had this patient been confined on his back, and restricted to water gruel for twenty days he possibly might have lived.

It is the recorded opinion of Dorsey, Dupuytren, and others, that wounds of the heart are not necessarily fatal. But Taylor, in his Medical Jurisprudence, says, "until some clear instances of recovery from penetrating wounds of the cavities are reported, the majority of practi-
tioners will continue to look upon them as necessarily, although not immediately fatal.” As one instance of such recovery, I offer, with some diffidence, the above case. It may not be improper to state, that the youth who suffered was, at the time, a member of my own household. I was by his side constantly, night and day, for two weeks. The facts were noted down as they occurred, with all the exactness of which I was capable. The case is deeply interesting, in many points of view, especially so in a practical one: showing, what the two cases alluded to unfortunately showed before, that, in wounds of the heart, the horizontal position should be strictly maintained, and the utmost quiet and relaxation enjoined, for at least two or three weeks after the infliction of such injuries.

Southern Medical Literature.—The following resolutions were adopted unanimously by the Association:

Dr. Dossey of Mobile, offered the following resolutions, and urged their adoption by many very appropriate remarks, disclaiming, at the same time, all prejudiced political or sectional feeling, averring that he was actuated solely by the hope of elevating the standard of our profession in our midst:

Whereas, the Alabama State Medical Convention, feeling deeply impressed with the importance of encouraging the growth of medical literature among us, therefore—

Resolved, That, as a body, we will sustain by patronage, and as far as we can, by articles, contribute towards building up and sustaining the Medical Periodicals of the South and South-West.

Resolved, That we deem it the duty of this Association to lend its influence and support, as far as practicable, to the Medical Institutions of our own section, believing that the facilities for acquiring a thorough medical education are equal to those found elsewhere.

Dr. Percival spoke warmly in favor of these resolutions. He thought we much needed a Home Medical Literature, and that our patients were often the sufferers, by our too closely adhering to the precepts taught in schools and books by those who know nothing, practically, of the diseases of the Southern country.

Dr. Hicklin, also, spoke in favor of their adoption.

Dr. Ketchum took this opportunity to call the attention of the Association to a work, that has directly in view the encouragement of Southern medical literature,—“Fenner’s Southern Medical Reports.” He stated the difficulties which the editor had to encounter in bringing out such a work, and the aid which it was necessary for the profession to extend towards it, to secure its success. At the close of Dr. Ketchum’s remarks, Dr. Anderson of Mobile, offered this resolution:

Resolved, That the Alabama State Medical Association highly appreciate the motives which induced the able editor of the “Southern Medical Reports” to undertake his task; and being well satis-
fied of the practical utility of the work, and the ability with which it is edited, they cordially recommend it to the faculty of the State, as a standard volume for any medical library.

Anaesthetics in Richmond, Virginia.—The committee appointed by the Medical Society of Virginia, to "enquire into the experience of the Medical profession of the city of Richmond, in regard to the utility and safety of anaesthetic agents," have recently made a very elaborate Report, which is inserted in the "Stethoscope," a valuable medical journal, now published in Richmond.

We are informed that anaesthetics have been administered since their introduction in Richmond to 1384 persons, viz: by Physicians, Chloroform to 291 persons, Ether (sulphuric, we presume. Ed.) to 99, Ether and Chloroform to 10. By Dentists, Chloroform to 423, Ether to 556.

"Three cases have been reported, in which fatal or permanently injurious consequences have been suspected; but in all of these, there were other palpable causes quite sufficient of themselves to have produced the results. That the anaesthetic agent used, even co-operated with these causes, has not been satisfactorily shewn; and without this evidence we cannot admit a conclusion opposed by all the other evidence which we possess."

From the facts presented, the committee deduce the following propositions:

"1st. Of nearly fourteen hundred instances reported, in which anaesthesia has been produced, not one has occurred in which either a fatal or permanently injurious consequence has been proved to have resulted.

"2d. That on every occasion on which it is desirable to use anaesthetic agents, we may do so with confidence, observing proper precautions.

"3d. That chloroform is preferable to ether, and is equally safe. We would compare its advantages to those of the alkaloids, quinine, morphine, &c., over the bulky and often nauseous substances from which they are derived.

"4th. That in surgical operations the patient is not only saved the cruel agony which has hitherto been inseparable from many of them, but is in a more favorable condition for their successful performance.

"5th. That the process of natural labor is facilitated by anaesthesia.

"6th. That in some cases of a purely medical character, these agents furnish a most valuable resource to the physician.

"7th. Finally, when we consider the extensive application of these agents, the diminution of suffering and the preservation of life which they have effected, and the relief from embarrassment to the operating
surgeon which they afford, together with their safety, they deservedly rank among the most valuable resources of the healing art, and their discovery marks an important era in the history of medical science."

**Intemperate Use of Chloroform.**—We find in the body of the Report a case of such novelty that we transcribe it in full:

"I., about sixty years of age, blacksmith, of fine athletic form, had enjoyed such uninterrupted good health, that he had not been known to lose a day’s work during twenty years. It was his habit to work every day, Sundays included, until a late hour of the night. Every Saturday night he stopped work earlier than usual, and indulged himself in a frolic. About three years since, his mind became suddenly disordered while he was at work in his shop. He was totally incapable of applying himself to his usual employment, and imagined that he had been poisoned. He returned home and went to bed, from which he has never risen since, except for a short period.

"While under medical treatment for this hypochondriacal condition, it was suggested to him to use ether, which had then been just introduced for the purpose of producing anæsthesia. A few trials were not satisfactory to him, and when chloroform was introduced, he soon substituted it for ether. Since then, he has continued to use it to an enormous extent. He has often inhaled a pint in twenty-four hours. On one occasion, his son left in his room a pound, which he had just purchased. On returning home six hours after, he found the bottle empty. On enquiry, his father assured him that he had inhaled the whole of it, and entertained him for more. Fearing that it would prove fatal, he refused to procure a further supply, until after an interval of about twelve hours, when his father’s entreaties became so importunate that he yielded, and during the remaining six hours, the old man inhaled ten ounces more, amounting in all to 26 oz. in 24 hours. Probably, however, much of this wasted.

"One apothecary of the highest character testifies, that he has supplied him with more than two hundred pounds, and that he has not sold him any for a considerable time. His son declares, that his father’s use of chloroform has consumed the greater part of the earnings of himself and brother, in one of the largest and most profitable shops in the city. He supposes they have expended at least twenty-five hundred dollars in this way during the last three years. Lately, they have succeeded in reducing the amount used, to four ounces in three days.

"It is remarkable, that during the period that he has been using chloroform, he has entirely abandoned the use of ardent spirits.

"About the middle of last February, two members of the committee visited the patient, in company with his son. He was found occupying an attic room, lying upon a pallet on the floor, in compliance with his own wishes. His appearance was that of a hearty, fleshy man, of about sixty years of age. His pulse, respiration, in fact all his functions, we ascertained were perfectly healthy. His appetite
and digestion were remarkably good. During this inordinate use of chloroform, he has fattened probably thirty pounds, his weight being now about one hundred and eighty pounds.

"He has never been unpleasantly affected in any way, either during anaesthesia or afterwards, except once, when, having become insensible, his head fell upon the inhaler. Then, a more profound state than usual, marked by stertorous respiration, was produced, but it was of short duration.

"We remained in the room about have an hour, conversing with him most of the time, and were several times interrupted by his urgent entreaties for more chloroform, although he had just emerged from the anaesthetic state. His remarks were chiefly on the subject of his having been poisoned, which is evidently his principal illusion. He imagines himself unable to walk, and refuses even to be dressed.

"At length his desires were indulged; and an ounce vial, half full of chloroform, was brought to him. He eagerly grasped it; and having drawn the bed-clothes over his face, sufficiently to cover his mouth and nose, he placed the vial to his lips, and took strong, deep inhalations for ten or fifteen minutes. A slight quivering passed over his frame, he rolled upon one side, and lay in a state of profound sleep. We then left him to his strange infatuation.

"This case proves conclusively, that the intemperate use of chloroform is attended with far less danger than is the same use of alcohol or opium. It is a remarkable fact, that in this case it has not been necessary to increase the dose, which would have been required, had any known stimulant or narcotic been used, instead of chloroform."

History of the Southern Medical and Surgical Journal.—Judging from the many changes in the Editorial management of the Southern Medical and Surgical Journal, its career would seem to have been one full of vicissitudes; yet its career has been eminently successful. This Journal owes its origin to the indomitable energy of the late Professor Milton Antony, the illustrious founder of the Medical College of Georgia, who, after having established this school upon a permanent foundation, determined to encourage Medical Literature in the South by furnishing a suitable vehicle for the record of facts and observations. Overcoming all the obstacles to such an undertaking, he associated with himself, in the Editorial chair, Dr. Joseph A. Eve, (the present able Professor of Obstetrics,) and published the first No. of this Journal on the 1st of October, 1836. It was issued, as it is now, in monthly Nos. of 64 pages each, making an annual volume of nearly 800 pages. The monthly form was very properly deemed the most convenient for the active practitioner of medicine. Prof. Joseph A. Eve withdrew from his editorial connection at the termination of the 1st volume, and the 2d and 3d vols. were edited by
Prof. Antony alone, whose lamented death occasioned a suspension of the publication until the 1st of January, 1845, when it was resumed by Professors Paul F. Eve and I. P. Garvin. These gentlemen conducted it jointly during three years; with the last No. for 1847 Prof. Garvin retired, left it in the hands of Prof. P. F. Eve two years, and then resumed its supervision alone in 1850. This Journal has therefore been edited during the issue of the nine volumes, (old and new series,) preceding the present one, alternately by Professors M. Antony, Joseph A. Eve, Paul F. Eve, and I. P. Garvin. (That these frequent changes were the result neither of fickleness nor of ill success is abundantly established by the progressive increase in the number of subscribers, and the high estimation in which the work has been held throughout our country. The true cause is to be found in the vast amount of labor required for its creditable management, and in the extensive professional engagements of the parties. No one who has not tried it can justly appreciate the task of editing such a periodical, and of attending at the same time to the harassing duties of a large practice.)

The multiplicity in our land of medical periodicals is regarded by many as a decided evil. This, however, is a great error. Every new medical journal increases the number of readers as well as of writers. When the Southern Medical and Surgical Journal was first issued, it was rare that the voice of a Georgian was heard upon medical topics. By a reference to the original communications it contains, we find that they number 412, and that they were written by 146 different physicians, the large majority of whom are Georgians, and the remainder from the adjacent States. With such facts before us, we feel that the career of our Journal must continue to be one of progressive prosperity and usefulness. As a native of Georgia, we feel proud of her rapid advance in refinement and science; as the Editor of this Journal, we desire to honor those who have by their contributions made it what it is. We therefore beg leave to subjoin a list of their names. If any be omitted, we hope to be corrected.

Antony, M. Bailey, D. F. Branch, Franklin
Antony, E. L. Baldwin, A. C. Bignon, H. A.
Anthony, J. M. Barratt, J. P. Brandon, D. S.
Arnold, R. D. Burt, W. M. Cotting, J. R.
Arnold, A. B. Baker, E. L. Cunningham, A.
Barrett, C. B. Barr, F. W. Chase, H.
Bowen, J. Barton, E. H. Cunningham, S. B.
Bean, A. Beul, L. B. Cohen, L. L.
Bacon, J. Blackburn, J. C. C. Carpenter, W. M.
Occlusion of the Vagina.—Dr. P. C. Spencer, of Petersburg, Va., reports in the April No. of the "Stethoscope" an interesting case of occlusion of the vagina consequent upon sloughing after parturition, in which he successfully restored the canal by excision of the cicatrix. The female has since borne a child without farther accident.

Dr. A. G. Mabry related to the Medical Association of Alabama,
a similar case in which "the Doctor commenced the treatment by making several incisions into this body" (an unyielding cicatrix) "and introducing bougies, but owing to some bad management the incisions healed up, and it was necessary to repeat the operation again and again. After several operations, a bougie was introduced and kept in its proper place by a T. bandage, which eventually made a perfect cure. (Proceedings of the Med. Association of the State of Alabama, December, 1850.)

Dr. Debrou reports in the Gazette Médicale de Paris, 18th Jan., 1851, a very remarkable case of congenital occlusion of the vagina and os uteri, in a female 19 years of age, which was successfully relieved by incisions and tents. The female subsequently married and bore a child, but died of puerperal metritis on the 10th day after delivery.

Chloroform in Infantile Convulsions.—The New-Hampshire Journal of Medicine reports a case of obstinate convulsions occurring in a child affected with an enormous hydrocephalus. After failure of the usual means, chloroform was administered by inhalation, promptly arrested the convulsions, and saved the patient’s life. The case was treated by Dr. N. Martin, of Dover, N. H.

Action of Ergot in producing Retention of the Placenta.—Dr. Charles Hasbrouck, of Rockland county, New York, relates in the New Jersey Medical Reporter, several cases tending to illustrate his belief that the administration of ergot during parturition may occasion a retention of the placenta. The subject is new, we believe, and certainly well worthy of further investigation. We have not room for the entire article, but will simply add the author’s preliminary remarks:

"Spasmodic contraction," or "premature contraction" of the cervix uteri, is referred to by obstetrical writers as an occasional cause of retention of the placenta; and Dewees, in his system of midwifery, mentions the fact, that in some instances of this character, the body of the uterus is also found to be "hard and well contracted." But so far as my information extends, the frequent relation between this condition of the uterus and the administration of ergot during labor has never been pointed out. The following cases, it seems to me, are calculated to show that such relation does occasionally exist; that the placenta may, perhaps, not unfrequently, be retained by the permanent and uniform contraction of every part of the uterus, excited by the specific action of ergot upon that organ.
Extraordinary Tapping.—Dr. T. D. Lee, of New York, reports a case of ascites, in which he performed paracentesis abdominis 39 times and drew off 141 gallons of water! The case terminated fatally. We recollect removing 10 gallons at one tapping, in a case of encysted dropsy, and repeatedly afterwards 6 gallons, by which the life of the patient was prolonged about 18 months.

North-Western Medical and Surgical Journal.—Dr. Edwin G. Meek has retired from the co-editorship of the North-Western Medical and Surgical Journal, and is about to migrate to California. He will carry with him the best wishes of the fraternity. The Journal will continue under the able management of Prof. Evans.

The Ohio Medical & Surgical Journal.—This valuable bi-monthly, heretofore edited by Dr. S. H. Smith, is now conducted by R. L. Howard, M. D., Prof. of Surgery in Starling Medical College. We feel assured that the professor will sustain himself ably in his new position, and cordially welcome him into the editorial corps.

Dr. Jenner.—The British government is about to erect a monument in honor of Jenner. Better late than never.

Medical men going to Europe.—We learn that the following distinguished physicians are to visit Europe this season: Professors Silliman, father and son; Professors J. B. S. Jackson and H. J. Bigelow, of Boston; Prof. R. L. Howard, of Starling Medical College, Ohio; Prof. White, of Buffalo.

Inoculation in Rubeola. By John E. McGirr, A. M., M. D., L. L. D., Professor of Chemistry, Physiology, &c., in the University of St. Mary's, Physician to the Catholic Male and Female Orphan Asylums, Chicago.

Inoculation in Rubeola is no new experiment. As to the advantage of the process, diversity of opinion exists. Drs. Home, in Edinburg, Dewees, and Chapman, at the Dispensary in Philadelphia in 1801, practiced inoculation without any satisfactory results, while the experiments of Prof. Speranza of Mantua, and others, were varied, decisive and successful. Having no opinion of my own to confirm, wishing only to arrive at the truth, if possible, I determined when the very favorable opportunity presented, by the breaking out of Rubeola in these Asylums, to test this point. The Asylums are situated, (the female in north, and the male in south Chicago,) without the thickly settled portion of the city, having the advantage of healthy locations. The houses are large, well ventilated, and are under the charge of the Sisters of Mercy; thus the best nursing could be secured, and the best opportunity which might ever again occur to me of watching every
stage of the progress of the disease. Early in December the first case of measles was brought into the female asylum. I proceeded to inoculate from this case, when the eruption was at its height. Blood was drawn from a vivid exanthematous patch on the diseased child's arm, and inserted into the arms of the three children first mentioned in the list below. On the fourth, sixth and seventh day, after the inoculation, the measles appeared, pursuing a regular and mild course. The result of these cases determined me to carry the experiment farther, and that the trial might be a fair one, I selected for comparison those whose physical conformation and constitutional idiosyncracy, seemed most nearly alike, giving the disadvantage of age to the inoculation. The following table contains the names, ages, and results of all the cases whether inoculated or not:

<table>
<thead>
<tr>
<th>NOT INOCULATED.</th>
<th>INOCULATED.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Died</td>
<td>Age.</td>
</tr>
<tr>
<td>Ellen Brown,</td>
<td>3 yrs.</td>
</tr>
<tr>
<td>Katy Russell,</td>
<td>2</td>
</tr>
<tr>
<td>Philomena Kehoe,</td>
<td>3</td>
</tr>
<tr>
<td>Elizabeth Patton,</td>
<td>2</td>
</tr>
<tr>
<td>Ellen Crowly,</td>
<td>5</td>
</tr>
<tr>
<td>Recovered.</td>
<td></td>
</tr>
<tr>
<td>Mary Carroll,</td>
<td>9</td>
</tr>
<tr>
<td>Ann Brennan,</td>
<td>6</td>
</tr>
<tr>
<td>Mary Patton,</td>
<td>7</td>
</tr>
<tr>
<td>Johanna Cahill,</td>
<td>5</td>
</tr>
<tr>
<td>Emeline Hurley,</td>
<td>4</td>
</tr>
<tr>
<td>Mary Nugent,</td>
<td>5</td>
</tr>
<tr>
<td>Mary Brain,</td>
<td>10</td>
</tr>
<tr>
<td>Elvira Gilmartin,</td>
<td>5</td>
</tr>
<tr>
<td>Fanny Mooney,</td>
<td>12</td>
</tr>
<tr>
<td>Mary Ann Tell,</td>
<td>10</td>
</tr>
</tbody>
</table>

This table gives us 29 names, 24 recoveries and 5 deaths, all occurring among those not inoculated. The cases of all those inoculated, commencing from the fourth to the ninth day after inoculation, proceeded regularly, with the ordinary symptoms of simple measles, to convalescence, which was speedy and complete, with one exception viz., the first case. This child entered the asylum about a year ago, suffering with violent ophthalmia. She had been cured. On the disappearance of the measles, the ophthalmia returned, and though the sight was much endangered, yet there now only remains a little weakness which is disappearing. All these cases occurred consecutively from the first week of December to the second week of January.

Four children who were known to have had measles in the spring of 1850, were inoculated; nothing else was observed than the inflammation which would follow any ordinary lancet puncture.

Of those not inoculated with four exceptions, the antecedent symptoms were very severe. The fever was violent; distressing vomiting occurred in three cases. The catarrhal symptoms were violent;
throat sore, hoarseness, rigors, cough almost continuous, dry, the whole chest sore, difficult respiration, delirium at night in some of the cases.

Four had the "congestive modification," the eruption appeared slowly and imperfectly; one of these died. Two others presented the Typhoid variety; one died of diarrrhea, the other recovered, but afterwards four dangerous ulcerations appeared on the limbs, and gangrenous stomatitis, in the left lower jaw. All of the teeth of that part of the jaw, fell out, the left side of the tongue and the cheek were involved in the disease. This case ultimately recovered. Bronchitis supervened in six cases. Three had partial aphonia, one complete; this one died.

When these last mentioned cases attempted to swallow any liquid, it was thrown back through the mouth and nose with violent explosive effort.

In the male Asylum, there were 23 cases and 6 deaths. None were inoculated, but 3 of the whole number had the disease mildly, and these were the three first attacked. The others had violent antecedent symptoms, and tedious convalescence. Five of those who died had the aphonia and difficult deglutition before spoken of, the other died of Phthisis.

In Review of these facts much might be said. I have chosen, however, to give them as they occurred, without comments, leaving to the readers of the Journal, to estimate them at what they are worth; merely adding, that if there is no advantage in inoculation, the result which the second column furnishes, would be a strange anomaly.—[North Western Medical and Surgical Journal.

Anatomical Dissections in the State of New York.—The following Act was lately introduced into the New York legislature by Dr. Tuthill, of Suffolk, and will probably become a law of the State. It is copied, nearly verbatim, from the act, in our own State laws, relating to the practice of physic and surgery.

"Section 1. Any physician or surgeon duly qualified according to the law of this State, or any medical student, under the authority of any such physician, may have in his possession, human bodies, or parts thereof, for the purposes of anatomical inquiry or instruction.

"§ 2. Either of the following board of officers, to wit: the overseers of the poor of any town of this state, and the commissioners of health, the city inspector, or the mayor and aldermen of any city of this state, may surrender the dead bodies of such persons, as are required to be buried at the public expense, to any regular physician, duly qualified according to law, to be by him used for the advancement of anatomical science; preference being always given to the medical schools, by law established in this state, for their use in the instruction of medical students.

"§ 3. No such dead body shall in any case be surrendered, if the deceased person, during his last sickness, requested to be buried, or if, within twenty-four hours after his death, any person claiming to be
of kindred or a friend to the deceased, and satisfying the proper board thereof, shall require to have the body buried, or if such deceased person was a stranger, or traveller, who suddenly died before making himself known; but the dead body shall in all such cases be buried.

"§ 4. Every physician shall, before receiving such dead body, give to the board of officers surrendering the same to him, a sufficient bond that each body, so by him received, shall be used only for the promotion of anatomical science or instruction, and that it shall be used for such purpose within this state only, and so as in no event to outrage the public feeling."—[Boston Med. and Surg. Jour.

Alleged Uncertainty in Medicine.—Dr. Thompson, President of the New York State Medical Society, in an address at the last annual meeting of the Society, thus compares the medical with the other professions in regard to certainty in its results.

"When compared with the other professions, its character is vindicated, and it rises in our estimation, for it may be questioned whether the results of its practice are any more doubtful than those of the law, which also has been stigmatized for its 'glorious uncertainties.' In a subject like theology, which treats of man's eternal destiny, concurrence of opinion might be expected. Its doctrines, however, find no more agreement among theologians and polemical writers than do the accredited principles of medical science among well-informed and cultivated medical men. In the science of politics, in the laws which regulate the commerce and mutual intercourse of nations, in the systems and processes of agriculture, in the arrangement of society, and its government by laws whose principles and modes of action shall prove most successful in directing its interests and regulating its business affairs, men differ widely in their judgments and the greatest dissimilarity of opinions prevails. Why, then, amid this discrepancy of judgments, and difference of opinions, should medicine be held up above all, conspicuous for its uncertainties, or for its lack of settled principles?"—[Ibid.

On the Extraction of Needles.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Much has lately been said on extraction of needles in the flesh, and I am going to throw in my mite while the subject is up. I have seen much mischief in cutting for a needle, or a portion of one; more, in my opinion, than by leaving it to itself; for it has never been my misfortune to meet with a case where the foreign body did not find its way to the surface, and then it is easily extracted. The inside of the hands and soles of the feet are the parts most liable to be injured; and if the surgeon begins his search in these situations in the expectation of finding what he is searching after, he will in most instances be disappointed. The tendons, fascia, muscles and nerves of the hands and feet cannot fail of being much injured, and the surgeon will have the credit of causing the injury. I have had many
patients present themselves to me with such accidents—some of them very much frightened, and insisting on having a search made until the foreign body was found. Or they had already undergone an operation, with extensive incisions which exposed the tendons and ligaments, making a trivial thing one of a serious character.

One invariable rule should guide the surgeon in such cases. When the foreign body can be seen or felt, no difficulty will be experienced in its extraction. A pair of closely-fitting forceps, after cutting down on to where you have fixed it with your fingers, will generally do it without trouble. But in all cases where it is out of sight and cannot be distinctly felt, let it alone, quiet your patient's fears by assuring him that no harm will result, and you will not have cause to regret the course. I never used the scalpel in a case where the needle was not in sight nor could be felt, but what I regretted it; and, what is of more consequence, the patient did the same. On the other hand, I never left one to nature, but both patient and myself were glad in the end.

Syracuse N. Y. March 12, 1851.                              A. B. Shipman.

Swallowing a Handkerchief.—In the Provincial Surgical and Medical Journal, is the report of a case of a boy, who actually swallowed a silk handkerchief nearly a foot square. On the third day it was dejected from the bowels, perfect in every respect, except a slight discoloration. Probably this is the first instance in which a human subject has been thoroughly wiped out with a silk handkerchief. It is said that the boy was subject to epileptic fits, and imbecile in his intellect; and although not cured, was not rendered any worse by this extraordinary operation.—[Boston Med. Jour.

Pension to the Widow of the late Mr. Liston.—The Government, as no doubt most of our readers have observed, has granted to the Widow of the late Robert Liston a pension of £100 per annum. While it is a subject of regret that Mrs. Liston should require such an addition to her income, it is gratifying to know that the just claims to such aid by the widow of one of the greatest of modern surgeons have been thus acknowledged by the Government.

Though almost a solitary instance of the kind, it must be satisfactory to the great body of the surgeons of this kingdom to find, even in a single instance, that the labors of one of their brethren have been, even to the extent mentioned, recognized as a national benefit.—[London Lancet.

Insanity caused by Tape-worm, and cured by Kousso.—Dr. Wm. Wood gives an interesting case, in the London Lancet, of a man, confined in the Bethlem Hospital on account of insanity, who became completely restored to his health and reason, after a tape-worm had been discharged by the administration of that celebrated anthelmintic kousso.—[Boston Med. and Sur. Journal.