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"Je prends le bien où je le trouve."

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PART FIRST.

Original Communications.

ARTICLE XXI.

Surgical Cases. By Henry F. Campbell, M. D., Demonstra-
tor of Anatomy in the Medical College of Georgia.

What we require for the perfection of medical science, is
an accumulation of facts "capable of being used as data, and
dealt with in our researches and generalizations as we deal
with the data of physical science." We have therefore regard-
ed it by no means an unimportant duty, to record every thing
which can in any way add to that vast amount of comparable
facts, upon the accumulation of which the laws of our science
are to be founded, and from which deductions are made for
remedial treatment. It is more in accordance with this view
of fact-gathering, than on account of any particular novelty
investing them, that the following cases are reported:

CASE I. Extensive Injury of the Elbow-joint, with Compound
Fracture of the Olecranon process.—Charles, a negro man.
about 60 years of age, was severely beaten with a cudgel, by
another negro. Besides other wounds on the head and about
the body, we found on examination that the principal injuries
had been sustained by the left superior extremity. The radius
was fractured at about its middle third, and the elbow-joint
opened by a blow on the olecranon process of the ulna.
ternally there was but little apparent injury. The fore-arm was permanently flexed at nearly a right angle with the arm, and there was inability to extend it, except by its own weight. On the posterior surface of the elbow-joint there was a wound in the integument about three-fourths of an inch in length which communicated with a fracture of the ulna about the middle of the greater sigmoid cavity, thus separating the olecranon process from the body of the bone. In examining the opening and fracture, the finger passed between the olecranon and the upper extremity of the shaft of the bone, and was pushed forward past the belly of the brachialis anticus muscle, when the pulsations of the brachial artery were distinctly felt. The trochleated extremity of the humerus was also in contact with the finger. The olecranon process had been drawn up about an inch and a half from its natural position by the action of the triceps extensor muscle. The only muscle connecting the humerus and ulna on the posterior aspect of the limb was the anconeus. There was considerable effusion of blood about the joint, though but little external hemorrhage besides the large clots removed from the wound by the finger. The orbicular ligament having been ruptured in consequence of the fracture of the ulna at the point of its attachment, there was a dislocation of the upper portion of the radius upward and forward upon the anterior surface of the external condyle of the humerus. In consequence of this luxation, complete extension could not be effected.

In consultation, it was determined to attempt the treatment of these injuries without amputation. The luxation of the radius was reduced without difficulty, and its two fractured ends brought in contact when the movements of the limb became more extended. Any attempt at union between the olecranon and the body of the bone was forborne, as we wished the limb kept in a flexed position in order that in case of ankylosis, which seemed inevitable, the patient might have the full use of the hand in eating, and other manipulations about his own body. Besides, his age still further precluded the hope of such union. After the removal of the coagula from about the joint, Roe's apparatus for fractures of the superior extremity was applied, and the arm kept in the flexed position. The
bandages were so arranged that the external wound could be dressed without their removal. Fever supervened—the limb became very much swollen and painful. Saline cathartics for depletion, and a solution of acetate of lead, as a local application, appeared to control the inflammation. Suppuration commenced in a few days; the wound was injected frequently with cold water to wash out the discharge, and afterwards the nitrate of silver, alternated by chloride of soda, was used as an injection once a day. Flexion of the limb was frequently made by varying the length of the extending rod of the apparatus, and thus ankylosis avoided. The discharge continued for about a month, at first quite profuse, becoming less and less, it finally ceased; the external wound healed completely, leaving the patient with full use of the joint in every respect, except that of extension otherwise than by the anconeus, which still remained perfect, always assisted by the weight of the forearm. Four years have elapsed since the injury: our patient is still a vigorous old man, and the limb having become better adapted by time to the altered condition of the joint, is used by him with great power and efficiency.

Case II. Injury of the Wrist Joint.—Murphy, a laborer at the Georgia Rail Road Depot, while coupling two cars, received the following injury, by the coming together of the two connecting beams:—On the back of the wrist there was a deep wound down to the tendons of the extensor muscle of the fingers. Anteriorly, the laceration was much more extensive,—a corner of the beam appears to have divided the soft parts a little below the wrist, entirely across the hand. A flap was formed of the integument and fat of the palmar surface, which extended to the centre of the hand; several of the flexor tendons were cut, and the joint fully exposed; the ulnar artery was lacerated, but had not bled much, probably on account of the violence with which it had been opened. The patient was in excellent general health at the time of the accident.

The flaps were brought together and retained with sutures and adhesive strips, after which a bandage was applied. The suppuration was very profuse at the second dressing; the flaps then appeared healthy, but subsequently became very dark,
and finally sloughed away entirely. The granulations, however, were vigorous and healthy. About the twentieth day a darkened bone was observed in the orifice at the wrist—on examination, it was found loose: we removed it without difficulty, and it proved to be the trapezoides. After this, the suppuration gradually diminished; when we last saw him it was very slight—there is still great tenderness of the palm. The hand is very much distorted, and will doubtless be much restricted in its movements, but in many respects it will prove a valuable and useful member.

The precept inculcated in the above cases is sufficiently plain not to require enunciation; and did we exercise more patience under similar circumstances, delaying amputation as the dernier resort, it is true, many a brilliant operation would be lost to the surgeon, but at the same time many a useful member would be preserved to our patients.

Case III. Occlusion of the Vagina.—Charlotte, a negro woman, aged about 30 years, during a protracted labor sustained such injury to the vagina that extensive sloughing of the mucous membrane resulted, and occlusion of this passage supervened. She had been operated on previously, but in consequence of neglect on the part of the nurse to carry out the instructions of the surgeon, the difficulty had not been removed. When we saw her the occlusion was almost complete, there being only space sufficient for the passage of a very small probe with the exercise of considerable force, which caused great pain. Menstruation had been obstructed for many months, and during these periods she always suffered great pain in the loins and region of the womb and vagina. Her general health was in apparently good condition.

Finding that our examination verified the history of the case, viz: that the occlusion resulted from the loss of a considerable portion of the mucous membrane of the vagina by sloughing, and that the narrowing extended for more than two inches from the orifice of the urethra, just below which it commenced, we concluded not to attempt the restoration of the entire calibre, but only to dilate it sufficiently to admit of the egress of the menstrual fluid. To effect this object, we adopted the fol-
lowing treatment:—It being impracticable to introduce even the smallest sized catheter or bougie, we modified the stricture knife, by attaching to it a beak much smaller than the ordinary one, indeed it consisted of a small silver probe soldered on to the end of the instrument in the place of the ordinary beak. The patient was put under the influence of chloroform, and the beak of this instrument pushed steadily into the small opening left by the stricture. The knife was then protruded from the sheath with its cutting edge downwards, and thus was the whole course of the stricture traversed by the instrument. On withdrawing the knife, some blood and a quantity of dark grumous fluid were discharged, though the flow was by no means so large as we had expected, from the length of time during which menstruation had been obstructed. The after treatment consisted in frequent introduction of bougies of large size, occasionally substituted by the sponge tent. She remained at the Infirmary more than two months, during which time she had three menstruations, two of which were subsequent to the operation. These were quite profuse, and without any pain whatever. At the time of her dismissal, the opening in the vagina was sufficiently large to admit a female catheter of ordinary size. She was furnished with one, and we directed its use once a week, to prevent a return of the occlusion.

Oclusions of the vagina are presented in several varieties. They occur in the form of bridles, occupying only a portion of the calibre, or the entire calibre, constituting a ring, or there may be more than one; or the constriction may be still more extensive, and constitute a complete tube of dense indurated lymph deposited in the sub-mucous cellular tissue, entirely obstructing the passage for one or more inches. In these cases the knife has proved beneficial; for when the dense lymph forming the constriction has been cut through, the mucous membrane is allowed to unfold and occupy nearly its original expanse; but in the present case the occlusion was caused by the actual destruction of a large portion of the mucous membrane, and as this tissue is but little susceptible of stretching, and as we know of no process by which it can be reproduced, of course any attempt at restoring the full calibre of the vagina so as to admit of the exercise of the important
functions of coition and parturition, would have been altogether nugatory.*

Case IV. Adhesion of the Ear after almost entire separation from the Head.—Goldberg, a Hungarian pedlar, was brought to our Infirmary after having received very severe injuries at the Georgia Rail Road, by being caught by a car and jammed against a brick wall. The injury, however, for which we report the case, was an extensive laceration of the left ear. It appears that it was caught by the projecting edge of the roof of the car, and we found it torn entirely off, with the exception of about one-fourth of an inch of skin at the upper portion of its attachment, and this narrow neck of skin had been raised for some distance up from the temporal bone. The cartilage was torn off from its attachment to the auditory process, the rough edge of which was observable in the centre of the denuded surface from which the ear had been torn. The ear was cold and blue—apparently without vitality.

Notwithstanding this seemingly hopeless condition, we concluded to attempt union. For this purpose we applied six sutures of silk, attaching the ear to the scalp, a thick pledget of lint was placed behind the ear, and another broader one over it to retain it steadily, and over these a bandage was applied. We administered a grain of morphine to the patient, for pain which he suffered from other and more serious injuries. On the fourth day, the dressings were removed, and to our surprise, the entire ear had adhered by means of coagulable lymph. A very small portion of the lobe, which had been badly bruised, had become dark, but the rest of the organ was red and warm, and in every way manifested sufficient vitality to convince us that our otoplastic operation had succeeded.

The patient remained with us for nearly two months, during which time the adhesion became perfectly firm. Although the ear had become attached, still the meatus was not preserved, in consequence of the cartilage not becoming attached to the auditory process. This opening being completely closed, deaf-

* In the sixteenth volume of the Dublin Medical Journal this subject is treated by Dr. Kennedy as the disease is found to exist in the unimpregnated female; and Dr. Doherty, in a more recent number of the same journal, treats of the affection as it occurs in the impregnated female.
ness was the result,—this was remedied by an incision over the meatus, and the introduction of short metallic bougies, which were worn to dilate the orifice. When he left us he was still wearing the bougie, and could hear distinctly whenever it was removed temporarily, though we did not consider it prudent at that time, to leave it out permanently, for fear of a return of the occlusion.

The above case needs no extended remark; the precept deducible from it is too plain to require any amplification—viz., that we should attempt union in cases like the above, even though the chance of success may be but a forlorn hope.

Case V. Lithotomy.—We were kindly called to the following case, by our friend, Dr. J. L. Hamilton, of Stone Mountain. The patient, a boy nine years of age, was a native of De Kalb county, and has resided near the mountain from his birth: he had manifested symptoms of Stone from a very early age. For several weeks previous to the operation, his attacks had been unusually distressing. They were accompanied by great irritation and bearing down of the rectum, so that he was frequently affected with prolapsus ani. When we saw him, these paroxysms had become very frequent, and interfered materially with his sleep at night. We administered morphine to quiet the irritability of the bladder and rectum, and on sounding, the stone was easily detected. With the assistance of my friends, Drs. Quintard and Hamilton, we performed the bilateral operation, and an oblong calculus, presenting the physical characters of the oxalate of lime variety, with irregular incrustations of phosphatic deposit, was removed. On measurement, it was ascertained to be of the following dimensions: longest diameter, one inch and three-tenths; shortest diameter, seven-tenths of an inch. The stone is somewhat flattened, and therefore presents another transverse diameter, which is eight-tenths of an inch. Its weight, immediately after the operation, was two drachms and one scruple.

The rectum protruded during the operation; it was replaced, and the extraction completed without accident, and with but little hemorrhage. The patient was left in charge of Dr. Hamilton. A letter from that gentleman, informs us that he has entirely recovered, without an unpleasant symptom.
We would call attention to the diameters of the stone in the above case, singularly corresponding with those of a calculus recently crushed by Dr. Dugas, and reported in the April number of the present volume of this Journal.

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**ARTICLE XXII.**

*A Case of Hysteria, with Clonic Spasms—cured by Chloroform.* By E. M. Pendleton, M.D., of Sparta, Ga.

On Friday, the 16th inst., was called, about 3 P.M., to see Dinah, a negro woman belonging to Dr. Terrell, some four or five miles in the country. Learned that she had complained of a headache during the morning, and had evinced some awkwardness in cooking dinner, and made several foolish remarks, as if absent-minded. After dinner she complained of violent headach, and laid down. Not long after she was found by a fellow servant in a speechless condition, breathing hurriedly and frothing at the mouth. No effort could arouse her, or make her notice any thing around her. She remained pretty much in this condition till I arrived, with perhaps the exception of throwing herself about occasionally. Mr. J., the overseer, had bled her about a half pint, as he told me—was afraid to take more, as her pulse was almost imperceptible: he found it became stronger, however, under the bleeding. I found her pulse nearly as slow and soft as natural, but had not finished my examination before a paroxysm came on of all the voluntary muscles of the body. It seemed impossible to hold her in bed, and required three persons to do it. During her exertions the blood began to flow, which was encouraged until she bled about three pints. She sank back quite exhausted and faintly, her pulse giving way, a perspiration breaking out, and she soon uttered several coherent words, as “let me alone.” An effort to give medicine proved abortive. I directed a large dose of ol. ricini, as soon as she could take it and injections of salt and water, *per anum*—pitchers of cold water to be poured on her head if she was turbulent, and another venesection if her pulse reacted.

The next morning heard from her by note. She appeared
to come to her right mind early in the night and rested tolerably; the medicine was taken and acted well; she seemed in a calm and quiet mood. In the afternoon received another note: that since 9 o'clock, A. M., she had been running, jumping and shouting almost incessantly, being wild, turbulent and ungovernable. I could not possibly see her till morning, I wrote directions similar to those formerly given. She was bled by the overseer, cold water poured on the head, a blister applied to the nape of the neck, and the ol. ricini repeated until free evacuations were produced. All, however, to no purpose; she continued in the same condition all night without sleeping any. The disease was paroxysmal—the intermissions, however, very brief. I arrived about 9½ o'clock, A. M., found her last paroxysm had just passed off and she was quiet, her eyes closed, pulse 115 per minute and soft, skin cool and moist, tongue slightly furred, which she protruded at my request.

In a very few moments her arms and legs began to jerk, the voluntary muscles being put in action, and she began to shout as loud as she could (her voice, however, was quite hoarse) prayers, exhortations, &c., formed the burden of her language; she seemed to know every person in the house, calling them by name and talking in the main coherently. There was however a dilatation of the pupils and staring of the eyes which indicated a morbid excitement of the sensorial functions. The paroxysm lasted about twenty minutes, during which time all the voluntary muscles of the extremities seemed to be in constant action, the pulse running up to 150, and quite feeble. I took advantage of the first calm moments to administer the chloroform by inhalation, which was continued unremittingly for about half an hour, during which time no muscular action was exhibited only on occasional movement of the flexor of the leg elevating the knees to nearly a right angle. Sleep was not induced at first. The pulse went down to less than 100. At the time for the next paroxysm it again went up to 120, and she seemed threatened with a return. The chloroform was persisted in, however, and at the end of one hour she was sound asleep, and her pulse down to 92, full and strong. I left her in this condition, with orders to repeat the chloroform whenever the paroxysm seemed likely to ensue.
Monday, 10 A. M. Found her “as calm as a summer evening,” perfectly rational, pulse about 90 and soft: had slept well during the night; had no return of the paroxysm, though severely threatened at several times, which was always promptly relieved by the chloroform. There could not be the slightest doubt left on my mind of the cure being the result of this most potent narcotic and sedative, and my thoughts instantly recurred to several painful instances of a similar character which had lasted for days together, that might have been relieved by a similar application, I doubt not. A week has elapsed, and there has been no return.

She gave me the following history of her uterine functions for the last five months, which no doubt originated the whole mischief. Just before Christmas she was delivered of a child at full time, which died in a few days. Late in February she had a healthy return of the catamenia,—in March there was none. At the regular period in April she was taken with fever, violent headache, and bearing down uterine pains, which lasted several days. The headache continued at intervals up to the 16th inst., being then near the time of her next monthly period; it then became more violent, and resulted in the severe chronic spasms as described above.

Believing, as I do, that we have now a remedy for one of the most distressing diseases to which the female is subject, I have deemed it my duty to report this case, that others may be induced to give the chloroform a fair trial in nervous spasmodic affections of a like character with the above.

**ARTICLE XXIII.**

*Remarks on Treatment of Scarlatina.* By Robt. C. Word, M. D., of Cassville, Georgia.

As the frequent and open interchange of opinions by the members of the profession is useful, and to a great extent necessary in advancing medical science, I trust it will not be deemed presumptuous or improper to notice an article in the May No. of the Southern Medical and Surgical Journal, on *Scarlatina*, by Dr. Ramsay, of Calhoun, Ga.
Although claiming no great experience in the treatment of this affection, I feel that I can scarcely be mistaken in the conviction that he attaches a degree of importance to his plan of treatment which the future will not realise; that it can not be resorted to with the success which the fortunate experience of the writer has led him to believe. "Puke the patient through the whole course of the disease with salt and water, or ipecac—never with tartar." Such is the ground work of the treatment of Scarlatina advised by Dr. R. Now with regard to emetics in this disease, it may be affirmed that most writers upon the subject have advocated their use. They have before been recommended, also, throughout the whole course of treatment. But the weight of authority, and general experience, indeed, confirms their employment to the early stages; none, however, that I remember use the salt water emetic. In this Dr. R. seems to think that he has found a specific. If he has I fear that its unpalatable nature will render it an unfortunate one.

The use of salt as an emetic, in the manner and to the extent advised, seems not only injudicious, but impracticable. In cases unattended with gastric inflammation, and in which it were practicable to get the patient to swallow the remedy, we pretend not to say that it would not do well as an emetic; but the quantity and exceedingly disagreeable taste of the dose, especially with children, seems certainly to constitute an insurmountable obstacle to its general use. The experience of the past, with regard to this class of diseases, make it highly improbable that a remedy will ever be discovered calculated to cut short the malady. Scarlatina, being one of the contagious exanthemata, is self limited in its nature, and not likely, by any course of treatment, to be prevented from running through its regular stages. Hitherto the practitioner in this disease has been able to do little else than to accompany it through its various phases: his duty being to palliate the severity of the symptoms, so far as may be, by a mild and unirritating plan of treatment, combating local inflammation, as in other affections, and when, in the severer forms of the disease, the excitement becomes excessive, to moderate the momentum of the circulation, by the free use of the lancet.

I am aware that a strong prejudice exists against the lancet
in this affection—but it is without any good reason. The lancet is, has been, and I believe will continue to be, the sheet-anchor of the profession in all inflammatory affections. And when in scarlatina, and other anginose diseases, the throat becomes very sore, swollen and injected, the breathing laborious and deglutition almost wholly obstructed, accompanied with high general excitement, the use of the lancet is indispensable. Scarifying the throat might give temporary and partial relief; but so long as the general circulation continues full and active, the severity of the symptoms will remain, without material abatement. In many instances, the throat is so swollen and inflamed, that nourishment cannot be taken, and even water is ejected, with a strangling sensation, through the posterior nares when an attempt is made. In such a condition it is difficult to conceive the practicability of the salt water plan of treatment. There is no room to swallow, and as little room for delay in the use of the proper remedial agent, to wit, the lancet. To refrain from bleeding the patient under such circumstances, from the impression that “it deprives him of an essential element of cure—strength,” can find no proper sanction in reason, authority, or experience. Death need seldom be apprehended from mere debility. Let blood be abstracted freely—that the distended and engorged vessels of the inflamed surfaces may relieve themselves by contraction, inversely increasing the room for the passage of air—while the function of respiration becomes free—the fever diminishes—the inflammation abates, and the relief becomes general. The patient will now be able to take occasional draughts of cold water, which will usually be found both beneficial and refreshing in scarlatina as well as in other febrile affections. To the divisions of scarlatina, by Dr. Ramsay, I have no special objections to make—I am not prepared to admit, however, that scarlatina never exists without sore throat. Authors of great learning and experience have assured us that cases do occur unaccompanied with this symptom—(Armstrong and others.) So far as I have been able to learn, the disease, as it prevails in this country, assumes, usually, the anginose form of the older writers—the “gravis” of Dr. Ramsay. Dr. Armstrong uses the word “inflammatory,” which is certainly not inappropriate. Occasionally, when the disease
prevails extensively as an epidemic it assumes the malignant or typhoid variety. In this latter form the use of the lancet seems to be greatly dreaded by many latter day practitioners. Yet experience has, I think, furnished ample proof of its great utility when timely resorted to. The early stages of every form of the disease is unquestionably phlogistic. Speaking of the malignant form Dr. Eberle remarks, "However rapidly this form of the disease may pass into a low and malignant state, its outset is often characterized by highly inflammatory symptoms. The attack is vehement, and the febrile excitement at first tumultuous, tending rapidly to consume the vital energies; and in proportion to the violence of this exciting, though transient stage, will be the tendency of the disease to assume a putrid character. It is therefore of the utmost importance to break down promptly, by energetic means, the initial febrile commotion." Again, "As this stage is generally short it is of great importance to draw blood at once in its outset to the extent of producing a very decided impression on the system." The same sentiments are advocated by Burserius, Larry, Rush and others. As it was not the design of this paper to go into a prolix account of the nature and treatment recommended of Scarlatina, but simply to enter an humble protest to some of the more objectionable features in the plan of treatment recommended by Dr. Ramsay, I will here take leave of the subject.

PART II.

Eclectic Department.


Nearly two years have now elapsed since I published in the Lancet, * a paper on the Use of Glycerine in the Treatment of Certain Forms of Deafness. Numerous facts justified that publication. I did not rush into print hastily, and without due consideration. Tried by the severe and scrutinizing test of experience, glycerine now takes its place amongst the most useful of our remedial agents, in the treatment of several con-
mon varieties of deafness. Speculation on the subject is at an end: indisputable facts constitute the data whence the opinions favorable to glycerine have been formed.

The peculiar chemical properties of this fluid have led to its use in other complaints beside deafness, and in some with signal advantage. But the results of its use in affections of the ear have been even more satisfactory than were anticipated. In the hands of several surgeons, the remedy has been used with undoubted benefit: still, its successful employment often demands much care and patience.

I must enforce the "oft-told tale," that an accurate diagnosis is half the cure. With equal truth it may be stated, that the indiscriminate use of a remedy is calculated to bring many a valuable medicine into disrepute. The surgeon who would successfully resist morbid action, of whatsoever kind, must patiently investigate the character of the malady, before he decides upon the plan of treatment; otherwise much perplexity will ensue, and the intended antidote may become the actual poison.

A new remedy is sure to be exposed to the misfortune of being recommended in cases that are not suitable for its adoption: from this cause, an important agent often falls into disrepute, and even disuse. In the treatment of deafness, failures of new remedies are the more likely to happen, as aural maladies find no favor with the majority of the profession. Many empirics owe all their success and ill-acquired wealth to this cause.

The introduction of Glycerine into the treatment of ear-diseases has produced some slight change in practice; and many cases, which not long since fell to the lot of the "aurists," are now in the hands of regular practitioners, greatly to the advantage and safety of the sufferers. The examination of the ears by competent practitioners has led to the discovery of diseases unsuited for the use of glycerine, but having fallen under the notice of competent surgeons, unexpected relief has been afforded to many desponding patients. Why, it may be asked, should the surgeon abandon any class of diseases, and thus invite the charlatan to enter a field of practice which legitimately belongs to the profession? The impropriety of so doing cannot be doubted. It is improper, because it is injurious to the professional character; and it is unwise, because it encourages ignorance, at the expense of a too credulous public.

Soon after my first publication, many unsuccessful cases of the employment of glycerine in deafness were reported to me. This was to be expected. Failure were sure to take place, from a variety of causes; the two most frequent being, the
inaptitude of the cases chosen for the employment of glycerine, and the impurity of the drug used. Several samples of glycerine were sent to me for examination. In only one instance was the specific gravity correct, and in several the fluid contained an admixture of lead and oil; such glycerine as this must always prove injurious. Sometimes it may, when thus impure, prove highly irritating, and instances of this kind have been mentioned to me by both London and country practitioners. If there exist oily particles in the glycerine, they become rancid, and the whole fluid is speedily vitiated; in this state it cannot be used with safety. I feel confident that the impurity of the article has been a frequent cause of failure. In other instances, the glycerine has not been used with sufficient diligence, nor for the requisite length of time. Structures that are almost disorganized cannot be restored to a normal state in a day.

The glycerine has now been employed in some hundreds of instances of deafness, and data have been collected that indicate the cases in which the remedy should be used, the duration of the treatment, and the probable or possible permanence of the cure. In prescribing the use of glycerine, care should be taken to discriminate between those diseases which are suitable for its employment, and others where the remedy would be introduced without the slightest prospect of advantage. In making this investigation and inquiry, the history of the malady cannot be too attentively considered. Did the defective hearing first occur after an eruptive fever?—an abscess in the face, or fauces?—a fall?—a blow?—a fit? Was there a discharge from the ear in the first instance?—if so, what was the character of the discharge? Did any sequestra escape? The form of the ear should be carefully examined, and the auditory canal and membrane tympani inspected by means of instruments especially constructed for the purpose. A silver speculum should be used, through which are reflected the rays of the sun or of a very strong artificial light. By these means we are enabled to examine carefully the auditory cul-de-sac, and especially the membrane tympani. The quantity and condition of the cerumen should be ascertained. If a stethoscope be placed over the external ear, and the patient be directed to close his mouth and nostrils, and then forcibly expel the air from his lungs, it will readily be discovered whether the Eustachian tube be open or not.

If the drum be entire, the air will be heard to strike forcibly against it. On the other hand, if the drum be perforated, the escape of air through the auditory passage will truly indicate the condition of the parts. All these points are entitled to atten-
tion; some of them, however, as you will soon discover in practice, are of much more importance than others. Catheterism of the Eustachian tube should not be practised on slight grounds. When a necessity for the operation exists, of course it should be performed, but not otherwise. In unpractised hands the operation may be productive, not only of annoyance, but of some mischief.

If the surface of the auditory canal be hard and inelastic, shining, and of a whitish appearance; if the natural secretion be wanting, and the membrana tympani be not painful to the touch, the glycerine may be employed with a tolerable certainty of success, even if a partial deafness has been of many years' duration. An uneven appearance of the external membrane of the drum is an unfavorable sign, as in some instances it may be caused by displacement of the bones of the delicate aural structure. When besides the sense of hearing, the other senses are deficient of action, the employment of glycerine alone offers no hope of success. In such cases the utmost possible attention should be paid to the general health of the patient, with a view to restore the activity of the nervous system. The existence of paralysis in any part, unless from a traumatic cause, is an adverse indication with respect to the use of glycerine. The modes of applying the remedy vary according to the state of the parts, and the effects sought to be produced. When the surface of the aural canal is dry and shining, the ears are to be carefully cleansed by means of cotton held within the blades of a pair of forceps, and moistened with warm water. The canal is then to be rubbed with dry cotton, held in a like manner. Next the glycerine is to be applied by the same means, the cotton, well soaked in it, having been repeatedly passed backwards and forwards in the external meatus, care being taken to diffuse it over the surface of the tympanum.

I shall now mention some cases, selected from my note-book, as furnishing good types of the diseases which have been relieved by this mode of applying glycerine. They might be multiplied to a very large number.

Mary R——, Gray's-in-lane; Nov. 19, 1850; aged forty-nine; a strong, healthy-looking woman, an out-patient of this hospital. Deaf six years; could not hear the highest power of sonometer; ears dry and horny; membrana tympani of the right side ulcerated after a discharge, (following scarlet fever,) lasting six months; in the other ear the membrane was sound. The ears were rubbed with glycerine in the usual way, and in a few days she heard successively Nos. 8 and 7 of the sonometer. In seven weeks she was quite cured, a healthy secretion of wax having been established.
Anne M. —, Gray's-in-lane; aged thirty-three; a spare thin woman; had been deaf since the birth of her last child, when she had discharge from both ears; this ceased, and left her very deaf. Her ears presented much the same appearance as in the last case, the principal feature being the dry condition of the meatus. Glycerine was applied with the forceps and wool, and the woman was soon relieved from the unfortunate impediment.

Louisa R——, Hampstead, August, 1850, aged twenty-seven, deaf nine years. Ten years since, had measles, followed by a discharge, which lasted four months; it then ceased in both ears and she has been deaf ever since that period. Hears better after washing her ears. The only peculiarity to be observed was a total want of wax. The glycerine was applied in the usual way, and gave almost instant relief. In six weeks her hearing was quite restored. This was a very remarkable case.

In other cases, where the ears are plugged with hardened, impacted wax, and where the membrana tympani is only coated with vitiated wax, the glycerine must be dropped into the ear three or four times during the day. In twenty-four hours the hardened mass will generally become sufficiently softened for removal—a little operation which requires some caution. If force be used, a portion of the delicate membrane of the drum may be torn away, and unpleasant consequences ensue. The mass will generally separate without force of any kind, if the means recommended be carefully followed. Gentle syringing will also promote the separation. A pellet of fine sheep's wool, moistened with glycerine, should be placed in the meatus, in order that the newly exposed surface may be brought under the direct operation of the remedial agent. The pellet also would be of use in protecting the parts from the effects of cold and the sudden influence of the air. The removal of an impacted mass of exsiccated cerumen without these precautions may produce more deafness than the presence of the offending substance.

Master F——, City-road, aged six years, deaf in the right ear six months. Has had a constant roaring noise in that ear; which was frequently swollen, and very sore; he had been ordered purges and lotions, from which no benefit resulted. On examination, the meatus was found completely blocked up with hardened wax. I filled the ear with glycerine, and then fitted the plug. The next morning I easily removed the obstruction, and in it was found a good sized cherrystone. The hearing was painfully acute for a few days. Sheep's wool was kept in the ear. I mention this case to show how necessary it is thoroughly to investigate every case which presents itself to you. I remember another instance occurring in a member of
parliament, who was annoyed at intervals for two years by a discharge from, and painful swelling of, the right ear. At last the dens sapientiae of that side became painful, and the gum inflamed; this tooth was removed, and the ear was soon well. This case I consider very instructive; and the close proximity and anatomical relations of the part justify the supposition, that the diseased condition of the tooth caused the deafness and discharge from the ear.

H. R——, aged forty-three; Sept. 1850; an out-patient of this hospital; very deaf in the right ear; could not hear No. 3 of the sonometer; cannot refer it to any cause; it appeared very gradually. He suffers from a "blowing sound" in that ear; when masticating his food, each fall of his jaw sounds like the report of a pistol; at other times he hears loud crackling noises. As I suspected in this case, an impacted mass of solidified wax was found, filling up the inner third of the meatus. Glycerine was poured in until the meatus was full; the bees-wax plug was then applied. In two days the wax was completely softened, and could be easily removed. The hearing was perfectly restored.

Another mode of applying the glycerine consists in soaking a pellet of sheep’s wool in the fluid, and pushing it gently into the meatus until it rests against the drum. The wool, when compressed, should be about the size and shape of the aural cul-de-sac. A plug of prepared bees-wax, warmed in hot water, and placed against the external opening, and retained there, will effectually prevent both the entrance of the atmospheric air and exit of the glycerine. This proceeding must be repeated every morning, the meatus being each time carefully cleansed by means of warm water, and made dry by passing backwards and forwards a small piece of dry cotton; then there will be a clear surface for the action of the glycerine.

One of the judges of the superior courts consulted me, with the concurrence of Sir B. Brodie. The learned judge was suffering from deafness in the right ear. The organ had become quite useless. The left ear was also partially deaf, but with the assistance of a very clever instrument, made by Mr. Rien, Strand, he was enabled to continue his judicial duties. On examination with the speculum auris, assisted by a powerful reflector, I found the lining membrane of the meatus dry and polished, the canal open and very straight, and the membrane of the drum of a pearly whiteness, the central part, projecting into the meatus, and presenting even more opacity than the other parts; no ceruminous secretion whatever. The air could be heard to strike against the tympanum in both ears; this membrane was intact on both sides. I applied the wool, well
Glycerine in the Treatment of Deafness.

saturated with the glycerine, to the membrane, fitting the bees-wax plug, which effectually prevents the entrance of atmospheric air or the exit of the glycerine, thus keeping the agent constantly against the part to be acted on. This proceeding was repeated every morning, the meatus being gently cleansed with warm water before fresh glycerine was introduced. At different intervals, four distinct layers of white, pulpy epithelium were removed; the ear was occasionally swollen and painful. The treatment was persevered in for more than two months, and the membrane of the drum was much altered in appearance, assuming more of the dark look of the healthy organ. I introduce this case, not as a successful one in its results, but as illustrating very beautifully the mechanical action of the agent in the worst case of epithelial thickening which I have ever seen. In this case, had the deafness been due to the mechanical obstruction, it would have proved beneficial, but the cause was purely nervous, as had been previously diagnosed by Sir B. Brodie. There can be little doubt, that in many cases this cuticular deposition is the cause of deficient hearing, but it may be that the paralysis is the exciting cause to this morbid action.

M. O——, Clerkenwell, aged fifty-three, August, 1850. Deafness in both ears; followed a severe attack of influenza; never had any discharge from either ear; occasional pain in both ears; when travelling in a railway carriage, hears better than other persons. On examination, the aural cul-de-sac was found to be dry and inelastic, and to have the appearance of parchment; the membrana tympani looked white, and of a cartilaginous consistence; no wax or moisture of any kind; the meatus and tympanum painful to the touch. The glycerine was used as in the last case. From the right ear two pieces of epithelium, of a pulpy consistence, were removed, and one thick piece from the left ear. In seven weeks she discontinued her attendance, hearing, when at church, the clergyman of the parish, a blessing which (as she had stated) she never again expected to enjoy. I had twice to modify the treatment in this case, as some pain and swelling supervened.

Henry M——, Esq., a merchant, aged sixty-two, consulted me, Oct. 16, 1850. Had been deaf for more than twelve years in his right ear; he could not hear the loudest tone of the sonometer. The meatus had quite a "parchment appearance." The ear was filled with glycerine, and the bees-wax plug introduced. This was repeated every day. In fourteen days several pieces of soft skin-like substance were removed, with evident improvement to the patient, who could now hear No. 3 of the sonometer. I was obliged to modify the treatment once, as
the patient complained of pain. In this treatment the general health, especially the secretions, should always be watched.

Mary M——; Sept. 15th, 1850; Brentford; aged twenty-six; deaf in both ears; could not hear the highest tone of the sonometer; meatus dry and inelastic; tympanum much thickened; not perforated; not painful to the touch. Treated as in preceding case; treatment lasted six weeks. Two portions of cuticular soft substance came away from the right ear; the left did not appear much affected by the glycerine. In six weeks the patient heard No. 3 of the sonometer, at a distance of two feet from the ear. No improvement whatever in the right ear. I saw this patient a few days since; she states that the relieved ear fully answers all the purposes required.

When patients are treated in this way, they of course, require the careful attention of the surgeon. The modus operandi is simple enough; the glycerine being kept continually in contact with the part, acts mechanically, either absorbing or penetrating the epithelia coating and separating the individual particles. The ordinary time required for this treatment varies from two to eight weeks, according to the method employed. With respect to the permanence of the relief—some cases always require the presence of glycerine, as the best known substitute for the natural secretion of the aural membrane. The frequent introduction of glycerine tends to restore the external meatus to a healthy condition, and fit it for the proper transmission of sound.

I mention the following case as one amongst several which I have seen, proving that glycerine, if it be not quite pure, and made according to the proper formula, may cause irritation, and produce other unpleasant symptoms; and there is little doubt that from such cause this really valuable remedial agent has frequently suffered in repute.

A lady, living at the West-end, aged sixty-eight, consulted me two years since for deafness in both ears. They presented the appearance which indicated the use of glycerine. During eighteen months she lubricated her ears with this agent, receiving considerable assistance and comfort from it, and entirely laying aside the acoustic instrument which had been previously ordered. One morning I was hastily summoned to this lady; she was in considerable pain; the right ear greatly swollen and inflamed; she was much alarmed. She stated that she had used the glycerine regularly. The cause of the pain and swelling I soon discovered to be the stale and impure glycerine, which appeared quite changed in character, having an offensive smell, and being too light in color, of thin consistence, and deficient specific gravity. This contretemps was treated in the
usual way, and she again uses pure glycerine with the same advantage as before.

In the removal of foreign bodies from the ear the glycerine is often eminently useful. Some months since a solicitor of Gray's-inn consulted me respecting pain and deafness in the right ear; he had suffered much pain for five months. The annoyance had so affected his general health that he was quite incapacitated from following his professional pursuits. There was an occasional discharge from the ear. The meatus and external parts were swollen, sore, and emitted a light mucopurulent fluid. There was a mass of offensive looking wax. On being touched with a probe it was found hard and resisting. The glycerine was dropped into the ear in the manner just described. On the next day the impacted mass was easily removed. When examined, in the midst of it there was found a common fly, a foreign body which had evidently been the cause of the mischief. The use of the glycerine was continued for a few days, the pain ceased, and the hearing was soon restored.

The instrument called a sonometer, has proved of the greatest value in practice—not from any use it possesses as a curative agent, but that it proves, beyond a doubt, the effects of treatment, both to practitioner and patient. This must always be satisfactory. Thus you can test the progress of a case at stated intervals. It has done service to the profession.

It will be seen that sheep's wool is invariably used, instead of cotton wool. Its advantages are many: its elasticity enables it always to retain the position in which it is first placed; and for the same reason it is more easily withdrawn from the meatus. Cotton wool, when dry, changes its position, and in many cases is with great difficulty removed.

The mode of preparing the wool is very simple. The finest curled wool on the sheep's head is carefully cut with scizzors, and washed in hot water; when dry, it is ready for use. The best wool is that procured from a small German sheep. This, however, is not always to be procured, and the other answers every purpose well enough.

In the paper already alluded to at the commencement of this lecture, I published several reports of cases—and amongst them will be found that of a girl, an hospital patient, now living at Chad's-place, Gray's-inn, and that of a lady living in Adelaide-terrace, Islington,—the former had been deaf eighteen years, arising from scarlet fever; she was completely cured, and has not to this day any return of the distressing impediment. The other case is that of a lady, deaf thirty years, in whom the glycerine still acts as an artificial aid, and enables her to take
part in conversation. Her son was with me but a few days since, and he tells me that relief is always afforded by the application of the glycerine. These cases I have been enabled to watch for nearly two years, and it is satisfactory to know that the good effects in them have been permanent.

Glycerine is particularly useful in deafness following eruptive or other fevers; also in deafness arising from thickening of the drum, caused by an epithelial deposit. In the last-noticed condition, glycerine separates the epithelial excrecence, and thus restores the membrane to its natural state and appearance. Sir Astley Cooper, who at an early period of his brilliant professional career devoted much attention to diseases of the ear, used nitrate of silver for effecting a separation of the cellular formations in these cases. But the glycerine, perfectly innocuous, is a more effectual, and at the same time a safe, remedy. When the drum is perforated, the glycerine must be only applied to the walls of the meatus, care being taken not to use a sufficient quantity to admit of its being introduced or forced into the tympanic cavity. Should such an accident occur, tepid water ought to be immediately syringed into the ear, and the operation repeated three or four times. In this way the glycerine would be quickly removed.

In only one instance have I seen the glycerine produce pain or annoyance on its first application. A gentleman whom I saw in consultation with Mr. Guthrie suffered most acutely from the introduction of the remedy into his ear. A repetition of the operation was attended with a similar result. This is the only instance of the kind that I have witnessed. There was in that case a thickened tympanum, and an absence of cerumen. Apparently there was neither exoration nor inflammation. The second application of the glycerine was made two days after the first. The effect precisely corresponded with the result in the first instance. It is almost needless to observe, that there was no repetition of the operation. The patient was highly nervous and excitable. Still I must confess that the cause of the pain felt by that gentleman remains entirely unexplained. In not another instance have I known any untoward event result from the introduction of glycerine into the human ear.

In old age there is usually a deficiency of cerumen, and the action of the glycerine is then very marked. It affords much comfort by allaying "irritation," which is the invariable distressing accompaniment of a dry meatus. The tinnitus in the ears is also frequently relieved by the soothing effects of glycerine, where that noise is occasioned by a dry meatus. At the same time, it must be remembered that many distressing cases
are due to abnormal conditions of the brain, nerves, heart, or bloodvessels.

The object of delivering this lecture is simply to confirm the reputation of Glycerine, and enlarge the boundary of its usefulness. For the relief and removal of some forms of deafness, Glycerine stands alone as a remedial agent. With a due perseverance in its employment by careful practitioners, it will often be the means of removing a distressing affliction.

It has been stated by some writers that Glycerine is an oily fluid, and therefore that is open to the objections that have been urged against oils. But you well know that it is not an oil, and cannot be classed with oleaginous substances. Let me remind you of its chemical properties, and of the method adopted for obtaining it. It is found in fatty oils combined with oleic, stearic, and margaric acids; its specific gravity is 1.252. Glycerine is a syrupy liquid, miscible both with alcohol and water, insoluble in ether, slightly inflammable, inodorous and of a sweet taste.

The most convenient mode of preparing it is by the saponification of olive oil, by means of litharge and a little water. Sulphuric acid will separate the oily matters, leaving an aqueous solution containing the alkaline salt along with the glycerine. The mixture is evaporated to dryness, and treated with alcohol, which again dissolves the glycerine, and leaves the alkaline sulphate undissolved. The glycerine may be purified from oxide of lead, by passing through it a current of sulphur-rettet hydrogen.—[London Lancet.


The time of the society will be taken up but for a very few minutes while their attention is directed to an affection of the spine, of which several instances have now come under my notice, but which I do not recollect to have seen described in any work treating of the diseases of this part of the body.

One of the most striking features which practical medicine exhibits at the present day is the great advance which has been made in the diagnosis of disease. No part of the frame but has shared in this improvement; and though diagnosis, like everything else, may be carried too far, and so be useless for practical purposes, still it must be allowed to be one of the means by which we may hope to render medicine a more certain science than it at present is. It is with this impression that I venture to bring forward the following remarks.
The diseases of the spine are both numerous and important, and may be divided into the organic and functional. To even glance at these would be foreign to my present purpose, which is merely to speak of one in particular, and which may be arranged in the second class—that is, amongst the functional.

The affection I allude to is essentially a disease of the young, being seen most frequently between twelve and twenty years of age. I have, however, met with it as early as nine years, and as late as twenty-five. For so far I have only seen it in private practice, and it is more common amongst males than females, in the proportion of at least two to one. Its essence consists in a pain in the back, combined with a sense of weakness, and this is always referred to the lumbar region; at least I have never seen it higher up. The pain commences gradually, and may or may not be attended with feelings of weakness; and occasionally it is only the latter that is complained of. The patients will say that if they have occasion to stoop—as, for instance, to tie their shoe—the rising up gives the feeling as if the back would break. When we come to examine the spine, the patient is nearly always able to refer the suffering to a particular part; but I have seen cases where they could not do so, the feeling being then more diffused; and it is particularly worthy of notice that a rough examination of the part may be made—the spine may be twisted, or percussion strongly used, and yet the patient will not complain of it. When left to their own feelings, they invariably prefer the recumbent posture. Walking is much less irksome than sitting, and particularly when they have no support for the back. In addition to an ordinary chair, they will use a cushion, so as that it may press on the spine where they complain; and even when reclining at full length, it is not uncommon to see a cushion placed in the hollow of the back, and in this way to cause direct pressure. In fact the feeling of support is one they cannot do without, and they will use many devices to attain it.

But some may here ask, what is there of moment in the affection I have been speaking of; it is nothing but a pain in the back. They will probably think differently when they chance to meet a case of the sort I allude to. It has happened to me to have seen several instances where the individuals were obliged to give up their business, not only for weeks but for months, and owing to this pain; and the fact is enough itself to show that it is worthy of our notice. Those whose business leads them to stand and work at a desk, seem peculiarly liable to the affection. But probably an outline of one or two instances of the sort will give a better idea of the matter.

Case 1. Mr. ———, a young gentleman of 18, whose em-
ploymcnt was in an office in Dublin, where he spent six to
seven hours a day, partly standing and partly sitting, at a desk,
began to suffer from pain, in the small of the back. He was
a person of small size, but of a highly developed nervous system,
as was shown when he labored under any common indisposition; as, for instance, a cold. The pain in the back was trifling
at first, though constant; so that he was able to pursue his
usual avocations for about four months, when it became so dis-
tressing that he was compelled to confine himself to a sofa the
greater portion of the day, and when he did sit up he always
used a cushion between his back and the chair. On examina-
tion, nothing could be detected with the part of the spine of
which he complained most; which was about the third lumbar
vertebra. It could be twisted, and otherwise roughly handled,
without causing any inconvenience, but to sit without support
could not be endured beyond a few moments. And it is par-
ticularly to be observed, that when he had any inducement he
could go through an amount of exertion on his feet, which
seemed totally incompatible with the other symptoms present.
His general health appeared good; his tongue clean; his appe-
tite not impaired; and, in fact, except for the complaint of the
back, he was otherwise well.

He continued in this state for four months, during which
time he was seen by the late lamented Mr. Carmichael, and a
variety of treatment was adopted; but I could not say that
any means used was of decisive benefit. On this part of the
subject I shall, however, speak again. In two months more he
had recovered so far as to be able to resume his business,
and at a still later period recovered completely; nor has he
ever since, though some years have passed, suffered from the
same affection.

Case 2. A brother of the last patient, at the age of 21, be-
gan to suffer from pain in the back, attended by a feeling of
weakness. He was also in an office where there was both
standing and sitting, at a desk, necessary; but it was in a coun-
trv town. At first it was merely an inconvenience; by de-
grees, however, it became worse, so that he could scarcely go
through his duties, and finally he had to leave, and come to
Dublin for advice. He was here seen by Mr. Cusack and
myself and the symptoms were exactly those detailed in the last
case, except that they were not of so severe a character. In
this instance, too, there were some signs of dyspepsia present.
After a certain period, but not so long as in the former instance,
this patient also got well, and has remained free of any suffer-
ing from his back since, a period of five years having now elapsed,
Several other cases of a similar kind have come under my notice, but they are really so like the one to the other, that it appears to me quite unnecessary to do more than allude to them.

Of the exact nature of this affection I must confess my ignorance. At times I have thought that there might be some connexion between its causes and the remarkable changes which occur in the constitution at the period of life at which it is most usually seen—that is, between boyhood and manhood. On the other hand, I have seen it at a time of life when it might be supposed that these changes had all ceased. Thus, in the last case given the patient's age was 21; and I have seen the affection in persons even older than this. Again, I have thought that there might have existed some derangement of the general health, which though not tangible, was not the less real; for I presume few will question the fact that there frequently is deranged health without its being cognizable to our senses. In support of this view of the matter some reasons will be adduced further on. As a whole, then, I would be inclined to say—though it be anything but proved—that this affection arises from causes incident to the period of life at which it occurs, conjoined with some obscure derangement of the general health. But I must again repeat that this is but conjecture.

The diagnosis of this affection is of some moment; for the symptoms are of such a character as to lead one to dread the existence of serious disease; or it may be confounded a functional with an organic disease—a mistake of no little moment, and which has, I know, occurred. A young lady while abroad got the affection to which I have been directing my attention. She was advised to keep the recumbent posture, and to have issues put in. This advice was persevered in for some months, when she was brought home, and seen by Sir Philip Crampton, who at once ordered the issues to be dried, and the patient to get up, and go about. This was done, and the lady recovered, though slowly; for her general health had been injured by her long confinement. Similar cases have, I believe, come under the notice of others. The diagnosis is then of importance, and will, I rather think, be found to turn on the presence or absence of constitutional symptoms; such as a quick pulse, night sweats, &c. I have not met any of those in the affection now under notice; nor indeed any marked derangement whatever of the general health; such as exists in the great majority at least of the cases where organic disease either exists or is about to exist. But in addition, we have also the fact, that even a rough examination of the spine does not cause any pain to the patient—a marked contrast as I take it between the two
and lastly, we have the situation as affording us some assistance; for in the one affection it is, as far as I have seen, always in the lumbar region, and sometimes even at one side of the vertebral column; while in the other, organic disease is not probably so common here as higher up; but on this point I am doubtful.

From what has preceded, it may be guessed what our prognosis, in the class of cases under consideration, should be. The patient may be assured that he will get well; but the important point to keep in mind is this, that his recovery will occupy some time. I have seen no instance where the affection was completely got rid of till six months had elapsed; and in some of the cases it was much longer than even this. It is an affection, too, that I have known return, after the patient had appeared to be well for months. To say that no case could run into more serious disease, would be going further than common prudence would justify; for in truth this affection, when well marked, is sufficiently distressing. But I may state that I have not met any case of the sort. In one instance, indeed, a patient labored under it when she was between eleven and twelve years of age. She recovered perfectly, but about two years subsequently was attacked with caries of the cervical vertebrae, which ultimately proved fatal by the disease extending to the membranes of the brain. With this exception—and it is not, you will observe, a case exactly in point—I have known no fatal result in connexion with any of the cases of that form of spinal affection now under the notice of the meeting. In some instances, however, I confess serious apprehensions occupied my mind, and it was only the complete recovery of the patient dispelled them.

On the subject of treatment, I have nothing of a very definite nature to offer. A considerable variety of means have been used, of both a local and constitutional kind. The former include local bleeding, dry cupping, blisters, frictions, the cold douche, and galvanism; and the latter aperients, tonics, change of air, and relaxation from business. Of these two, the latter have, in my experience, proved by much the most useful. I should state, however, that I have seen benefit follow the application of small and repeated blisters, as also the use of a weak stream of galvanism, applied daily, or every second day, according to circumstances. The patient, too, has often got great relief from wearing a stiff belt; indeed, this is a measure which should not, in any case, be forgotten. Still the general measures are the more important. In all the severer cases the patient will have to give up his business for a time; two or three months complete relaxation must be enjoined, and if the
patient can change his air so much the better. In one case which I saw with Mr. Cusack, he advised the patient going to one of the watering places in England for some weeks; and great benefit followed this measure. With this was advised a strict attention to the bowels, and also a course of dry cupping. It is only due to Mr. Cusack to state that he seemed to be perfectly familiar with the affection.

With these means is connected the question how far the patient is to be advised confinement in the first instance. As the result of the experience I have had, I should say that exercise, more or less, according to circumstances, should be advised to be taken daily; not of course to be carried to fatigue: at the same time that the patient, while at rest, may with advantage assume the horizontal position, propped up or supported in the way most agreeable to him. I have already alluded to a case where strict confinement was enforced, and certainly with no improvement to the patient, and I believe that such will do much more harm than good in the class of cases that I wish more particularly to bring under notice.

Besides the relaxation from business, and change of air already spoken of, there are other general measures, such as the cold douche, frictions, &c., all of which are worthy of trial; but which need not be enlarged upon here. As to medicines, I have tried a number, more particularly those of the tonic class; excepting strychnine, however, from which in some of the cases benefit has arisen, the others have appeared to produce little or no effect.

Such are the observations I have to offer on this affection. I have been induced to bring them forward here, though it is highly probable that several gentlemen, whom I address, are quite familiar with the affection itself. In looking over the several works, however, which treat of the diseases of the spine, I do not find this one noticed; it appears to myself to present features of a distinct character, while it is certainly of importance to be aware that such an affection exists, and that it may be readily confounded with other and more serious diseases.

A discussion followed, in which Messrs. Bagot, Rumley, Fleming, Egan, and others, took part. Cases were adduced in which symptoms similar to those mentioned by Dr. Kennedy were the result of nocturnal emissions, and similar discharges. But it was acknowledged that in some instances no such causes could be assigned.—[Dublin Medical Press.]
Detail of a Case of Phagedenic Chancre, with some remarks on that Disease. Taken from the Lectures of Ricord. By William H. Anderson, M. D., of Mobile, Ala.

No man is better known to the medical profession throughout the world, than the distinguished surgeon of the Hôpital du Midi. His deep researches into the most disgusting diseases that afflict civilized society, and the clearness and accuracy with which he describes the results of his investigations, induce us to seize with avidity, and treasure up, as eminently useful, all scientific matter that escapes from his pen, and from his lips. They who have followed him up in his wards, can well attest to the great benefit which he has been to mankind, and if they remember, with pain, the loathsome objects of human suffering which they have seen, they must at the same time recall with pride the triumphs of modern Medicine, and have the most pleasing recollections of the personal vivacity, lively style and agreeable bon mots of the distinguished lecturer. While there is no branch of venereal disease which he has not elucidated by his researches, there is certainly none for the correct treatment of which he has done more, than for the one which heads this article. Having lately had under treatment a case of this nature, I proceed to detail the case and make some remarks upon it.

J. F., a man of 22 years of age, consulted me in October last, to get advice about the treatment of a syphilitic phagedenic chancre, of which he had been, for the previous four months, the unfortunate victim. He was of sanguine and lymphatic temperament, with a predominance of the former; had enjoyed from childhood excellent health, and, until lately, was rather robust than otherwise. His general condition, when he presented himself, was pitiable in the extreme: body, much emaciated; countenance, pale; eyes, sunken; expression, languid; strength, feeble, and appetite gone—to which symptoms I may add general anæmia and protracted diarrhœa. He had contracted syphilis eight months previous, and had been under treatment from the first appearance of the chancre. The usual quantity of mercury had been administered, without removing, or even benefiting, the disease, and he had taken large quantities of sarsaparilla and hydriodate of potash. On examining his chest, to ascertain the cause of a slight cough, I found that he had a distinct souffle, produced at the aortic orifice, and continuing itself into the carotids, where it might be distinctly heard.

The chancre itself occupied a large portion of the dorsum of the penis, was oblong and irregular, and gave rise to a fortid
but rather scanty discharge. Its size was about that of a dollar. The edges were ragged and burrowed; the bottom of the sore was irregular but not granulated, and the depth did not reach beyond the subcutaneous cellular tissue. From the bottom, a foetid pultaceous fluid constantly exuded, and formed itself into tough masses, about the consistence of the half-dried secretion of the Schniderian membrane. This chancre had been burned with caustic repeatedly, and had exhausted a variety of local applications, such as the black wash, the yellow wash, calomel aromatic wine, opiated solutions, etc. From a close examination into the history of the case, I felt satisfied that there was nothing left for me to do, but to put him on a new course of general and local remedies. I had no reason to believe that the constitution of the patient was affected with the syphilitic taint. He had never had bubo of the groin, nor had he suffered with any of the cutaneous eruptions, with ulcerated throat, or rheumatism. I considered the disease, therefore, as one essentially local, which, by the continued discharge and ill condition of the ulcer, had impaired the blood, depleted the spirits, and undermined the constitution. I gladly embraced the opportunity of using the tartrate of iron and potassa, a remedy which I had seen used in phagedena with great success, and on the administration of which I heard a lecture by Ricord, which, on account of its practical value, I will subjoin to this paper. Under the general and local treatment of this remedy, the patient improved, and was discharged at the end of three months, cured of his chancre and restored to general health.

That form of chancre called 'phagedenic,' according to Ricord, does not belong to the class of primitive ulcers. It is always the result of some vice which owes its origin to a local cause, or to a predisposition, either general or acquired. The local vice which occasions it, may be either simple or inflammatory oedema, inflammation without oedema, or strangulation. It is sometimes owing to dressings which have been ill-timed and badly applied. The cause is sometimes very difficult to appreciate, but come from whatever source it may, it always brings about the same results. As a general rule, one of the following causes will be found, in any given case of phagedena, to exist:—Weak constitution, chloro-anaemia, great privations, excesses of any kind, living in damp, unwholesome districts, lymphatic temperament, scrofula, abuse of mercury, scorbutis, old or recent syphilis. The local condition, already mentioned, may be joined to any of these general cases.

In rare cases, any of these causes may exist, and yet produce no appreciable effect on the constitution of the patient. In such cases, the only phenomena observable are those which the
ulceration presents, and on these local appearances, the treat-
ment with tartrate of iron and potassa is based. No practi-
tioner is ignorant of the obstinacy of these phagedenic ulcers,
and of the uncertainty of the remedies which have been opposed
to them. The object of this paper is merely to present a resumé
of the results obtained by means of the remedy in question.
To this end, an investigation into the nature of phagedenic ulcers will the better enable us to appreciate the sanitary influ-
ence which the martial preparations exert over them.

In the first place, phagedena is by no means a proof of con-
stitutional infection. On the contrary, when it is not a
sequence of indurated chancre, it is almost always a guarantee
against this infection. Acting on this principle, Ricord never
administers mercury as an antiphlogistic, in the treatment of
this modification of syphilitic ulcer, excepting only in those
cases where the phagedenic state is owing to an anterior syphi-
litic affection.

The ulcer may take on several different forms: it may be
gangrenous, serpiginous, pultaceous or diphtheritic; but is
always covered with a pultaceous layer, of greater or less
thickness. Without describing, minutely, each one of these
varieties, it may be well to give a description of that which we
most frequently meet with.

Phagedenic ulcer, then, is more or less large, generally super-
ficial, rarely extending in depth beneath the subcutaneous cel-
lular tissue. Its shape, sometimes round, is more often irre-
gular; its edges are of a brownish color, and are so much bur-
rowed as to fall into the ulcer. Their base is a little engorged.
The bottom of the ulcer is irregular; it presents here and there
little cicatrized spots, but the greater part of its surface is
covered with a tough greenish-yellow matter, which it is some-
times difficult to detach, and which comes off in distinct flaps.
Fleshy granulations, are rarely seen, and if they do exist, they
are pale, flabby, without color, and resemble vesicles. Most
generally, the surface is of a grayish color, and scattered over
with little red points, which easily bleed; the pus is thin, grayish
and foetid, and holds in suspension the débris of the tissues, and
little flocculi of pultaceous matter. In the progressive stage
of the ulcer, this pus will answer the purpose of inoculation.
The duration of the ulcer is always long, and cicatrization,
under any treatment, is slowly accomplished.

Ricord maintains that individuals affected with phagedenic ulcer are most generally exempt from constitutional infection. Often they have no other symptoms or lesions than those be-
 longing to the local disease; but it is not to be denied, that
cases do exist where the same poison which has produced the
phagedena, has told, also, severely on the general health. Hence, we sometimes see patients suffering with great languor, headache, palpitation of the heart, carotid murmurs, neuralgic pains in the stomach, pallor of the skin and of the mucous tissues, cutaneous eruptions, both general and immediately around the sore. When the ulcer is very large, and furnishes an abundant suppuration, there is a great wasting away of the body, which adds to the difficulty, and sometimes renders the cure protracted and uncertain.

Phagedenic ulcer, such as has been described, has always been considered a very serious disorder. We need no better proof of this than the accounts which the best authors give of it, and particularly the great variety of treatment which has been recommended for the treatment of it. It is unnecessary to refer to all these therapeutical remedies; suffice it to say, that they are all feeble and unimportant, when compared with the tartrate of iron and potassa. The administration of iron in phagedena is not of recent date, but hitherto it has been given only in small doses, at least when compared to the quantity which Ricord now thinks it necessary to administer. Previous to the last two or three years, fifty or sixty grains a-day was considered sufficient, but at the present time it is well ascertained that we may commence with half an ounce, and reach, gradually, double that quantity. The effect of such doses on the ulceration soon begins to display itself; even as early as the third day the benefit has been appreciated, and the ulcer has shown evident signs of improvement. The pultaceous matter which covers the bottom of it, first commences to be more easily detached. The suppuration assumes a more healthy appearance, and does not coagulate on the surface of the wound; the fleshy granulations, from being pale and transparent, become more red; the pus, which was thin and serous, and loaded with the detritus of the ulcer, is more homogeneous; the edges of the ulcer take on a more natural color, become by degrees absorbed, and rounded off, as it were. This latter is the first sign of cicatization, and indicates a return of the phagedena to a simple sore, and a disposition to heal without delay. The method of cure, however, is subject to some variations, worthy of mentioning. It sometimes happens, for instance, that the cicatization takes place with great difficulty, commencing late in the course of treatment. In such cases, the borders of the ulcer draw up, as it were, towards the centre; the wound undergoes a sort of crisping process, which greatly reduces its size, and the surface, deprived of its flabby granulations, seems to draw up rather than to cicaturze. Occasionally, too, the wound will undergo a process of cure by regular granu-
lation; but that is exceedingly rare. When the ulcer covers a very large extent of the penis, the cicatrix will form at several points, and proceed from centre to circumference. Finally, in that variety of phagedenic ulcer called *serpiginous*, cicatrization will be going on in one place, while ulceration is extending in another. This, however, should not give the physician uneasiness, because the one process always goes on faster than the other, and the wound heals.

The local treatment of these ulcers has been very variable. It has been the custom to dress the surface with aromatic wine— with the decoction of poppy heads, the solution of iodine, the powder of charcoal, of Peruvian bark, etc. But lately, Ricord uses, exclusively, the solution of the tartrate of iron and potassa. The first effect of this dressing may discourage the physician who has never seen it employed, for it gives to the wound a very bad appearance, owing to the color it imparts to the tissues; a little perseverance, however, soon manifests a marked difference in the general appearance of the ulcer. Without denying the healing property of other local means, in conjunction with the internal use of the iron, we feel justified in saying that they can claim only a secondary reputation, when compared with the curative agency of the remedy in question.

An accidental circumstance which twice presented itself to Ricord, furnished incontestible proof of the utility of the tartrate of iron. He was obliged to suspend its employment at two different times, and once for the period of eight or nine days. In both instances the sores retrograded, and the patients complained bitterly of renewed appearances of phagedena. The wounds returned to their original state; the bottom resumed its pultaceous, grayish appearance, and the discharge became sanious and unhealthy. The re-administration of the remedy did not fail to produce decided improvement.

The length of time during which this ferruginous treatment should be employed, cannot be definitely stated; and, indeed, it must be based on the actual state of the ulcer. In general, it is best to continue the treatment until cicatrization is complete. If there be the smallest point of a phagedenic ulcer still unhealed, and we omit the use of remedies, it will soon spread itself in the newly cicatrized tissue around it, and will be the more difficult to heal, from the very fact of its having invaded this peculiar tissue. It is best, then, to push the remedy to a complete cure. The shortest continuation of a phagedenic ulcer, after the commencement of the use of the iron, is seventeen days. This relates to a case of phagedena occupying the extremity of the penis. In other patients, the cure does not go on so rapidly. Three patients were upwards of three months
in regaining their health, but in all three it was necessary, once or twice, to suspend the remedy, in order to combat other symptoms of importance.

The pathological effects produced by the tartrate, in large doses, are scarcely ever serious enough to suspend its employment. All the patients, even the most prostrate, seem to bear it well. At the end of the third or fourth day, sometimes later, the skin and mucous membrane regains its healthy appearance, the patients suffer with a little heaviness about the head, the pulse becomes stronger, and the vitality of the system is evidently augmented. The arterial souffle, which existed before administration of the medicine, disappears by degrees. A very large dose sometimes produces pain, and a sense of weight about the stomach, but rarely occasions vomiting. As a general rule, the appetite increases, the evacuations become dark, and sometimes there is a disposition to diarrhœa. The color of the teeth is in no wise affected, but they retain their whiteness throughout the treatment.

The daily dose of the tartrate is from half an ounce to an ounce, dissolved in water. It is best to begin with about two drachms, and at the end of ten days to arrive at the full dose.

In investigating the *rationale* of the treatment above alluded to, I must confess that I am at a loss to account for the reasons why the remedy in question possesses such a controlling influence over phagedenic chancre. It coincides, to be sure, with our experience as to the therapeutical effects of the ferruginous preparations, but then other salts of iron seem to be so far inferior to the tartrate, that we are naturally led to believe that there is something specific in this preparation. The carbonate of iron, the sulphate, the muriated tincture, have all been tried, and although each has its effect in restoring, to a certain extent, the general health, yet no one of them can claim the same efficacy as the tartrate. What virtue the potash contained in the preparation is entitled to, is a subject of speculation. Probably it is productive of no important results, since potash has been given along with the other preparations, without increasing their power.—[*New Orleans Med. and Surg. Journal.*]

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**On the Treatment of Ophthalmia in general.** By Professor *Langenbeck.*

Professor Langenbeck, of Erlangen, lays down some general principles for the treatment of inflammation of the eyes, which may be often usefully borne in mind.

1. A slight *revulsion on the intestinal canal or skin* suffices for the cure of mild inflammations of the eyelids and conjunc-
tiva, especially in children, provided that neither the inflamed part nor the patient’s constitution have undergone any material change. When the inflammation is consequent on the irritation of foreign or chemical bodies, or is sympathetic of a disordered state of the general economy, active exercise in the air for some hours, an antiphlogistic regimen, and care in using the organ, are required.

2. When the inflammation is more active, but the constitution still sound, a more active revulsion is required, and may be procured by strong purges and enemata, and the frequent application of large blisters or sinapisms to the calves, thighs, sacrum, or nucha. Friction of the feet with Spt. sinapismi aetherius, and then covering them up, soon induces revulsion. In blenorrhœal, scrofulous ophthalmia, &c., these means are still of use, though not alone curative.

3. The irritation of the nasal mucous membrane is an excellent means when the disease is not removed in a few days, and is inclined to become chronic or relapsing, and especially if it assumes a distinct catarrhal character. A pinch of Spanish snuff may be taken every two hours, a little black pepper applied, or the infusion of chamomile inhaled. This last, accompanied by a blister to the neck, soon disperses very obstinate cases, occurring in persons predisposed to angina.

(We may observe that M. Tavignot is a strong advocate for exciting revulsive action on the Schneiderian membrane, in the subacute stage of scrofulous, and some other forms of ophthalmia. To this end he either touches the mucous membrane daily with a pencil of nitrate of silver, or with a little ointment containing 1-10th of this substance. But to these means he prefers, when the patient is old enough to know how to use them, stimulating substances mixed up with iris powder, and taken as snuffs. Thus he uses a powder formed of 30 parts of iris powder, camphor 1 part, and sulph. zinc or copper from 2 to 8 parts. Or 2 parts of nitr. silver, or 1 of cantharides may be substituted for these salts, retaining the camphor. (See L’Union Médicale, No. lxxix.)

4. Special excitement of the functions of the skin.—Suppose the disease takes on the form of scleritis or rheumatic ophthalmia, with great irritability of the eye, and disposition to relapse on slight atmospheric changes. In such cases, besides the local treatment to be adverted to, great benefit accrues from exciting the functions of the skin by tartar emetic vomitings, repeated three or four times, continuing the medicine in smaller doses for a while afterwards, and keeping the patient in as warm a medium as possible. In other cases great benefit results from administering the Sp. mindereri in bland fluids,
and keeping the body hot for twenty-four or forty-eight hours, frequently the while applying friction to it with a flesh brush, or passing a hot domestic iron over it when covered with a blanket.

5. *Derivation to the glands.*—In scrofulous ophthalmia, which is very frequent in the author's neighborhood, he finds great advantage from exciting inflammation or even suppuration by repeated blisters, or other revulsives in glands liable easily to become inflamed.

6. *Derivation by issues.*—This is especially indicated in those forms of ophthalmia, in which opacity of the vitreous humour is a common result, as hyaloiditis, keratitis, iritis, uveitis, and periphakitis. In such, into an issue opened in front of the ear or on the temple, a little powder of equal parts of salt and borax may be placed several times a day, and forms a powerful adjuvant to antiphlogistics.

7. *Revulsion on the joints* is a powerful adjuvant in persons who have already suffered from gout or rheumatism, or who by age or constitution seem especially predisposed to them, the joints being covered by flying blisters, or strong sinapisms. Dr. Langenbeck has frequently had recourse to this means prior to operations for cataract or artificial pupil, in order to prevent subsequent inflammations in such subjects.

8. *Bleeding,* whether local or general, is usually useless in superficial inflammations of the eye, unless they acquire great intensity, and threaten to implicate the deeper structures, when small general bleedings or leeches are necessary. In children even, bleeding from one to three oz. is usually better than leeches, which when used should not be applied to the cheeks, temples, or mastoid processes, where they may even do mischief, but at a distance, and especially along the course of the carotids.

9. *Local application of cold.*—Upon this subject Dr. Langenbeck offers some very minute directions, not only in respect to the cases to be chosen for its use, but its mode of application. He observes, that in many cases wherein cold is useful, wet is mischievous, and in others where this is not the case, it becomes so through faulty management. If merely permanent cold is required, he employs hollow horn rings, into which pieces of ice wrapped up in rag are introduced, which are replaced, when melted, by other pieces. When applied, the apparatus looks like a monster pair of spectacles, and is large enough to be supported on the orbit without compressing the globe of the eye at all. A piece of sponge is laid on the cheek to receive the fluid as it melts. Another plan of producing great cold, to which he gives a preference, is to place the patient on his back,
with his eyes shut, and having deposited a small portion of a powder, formed of equal parts of nitre and sal ammoniac, in the inner angle of the eye, to allow water to fall on it *guttatim* until it is dissolved; the fluid so formed may be retained on the eye until heated, and then renewed. The author attributes the production of the good results which follow this plan, not only to the intense cold which is produced, but to the antiphlogistic effect of the salts which gain admission into the eye, on the partial opening of the eyelid. Repetition of this from four to eight times, at intervals of from ten to twenty minutes, is equivalent to glacial applications for twenty-four or forty-eight hours; and, indeed, the two, if necessary, may be combined. Persons who have no assistance, may manage the powder by inclosing a certain quantity in linen rags, and moistening it. So too glass globules may be filled with ice or this refrigerant.

As a general rule, *the local use of cold is proper in all cases which are not dependent upon evident constitutional cause or dyscrasis*. Certain exceptions to this must, however, be observed; as—1. When inflammation of the fibrous textures of the eye has extended to expansions of the motor apparatus of the globe. Recent *rheumatic* ophthalmia is, however, benefitted by cold affusions, lasting from three to ten minutes, and chronic cases by dry cold. 2. In *erysipelatous* inflammations, cold affusion is interdicted. The temporary application of dry cold, and the covering up the forehead and cheek with taffetas, induces active transpiration. 3. *Blepharorrheal* inflammations are not dangerous to the internal structure of the eye in general, only inasmuch as the cornea becomes injured by the irritating discharges; and it is chiefly for the purpose of cleansing these from it, that washes are resorted to. *In acute ophthalmia of infants*, the author opens the eye every ten minutes and inserts a piece of ice within, or a few drops of a concentrated solution of alum and tannin; and however long the disease may last, no injury will accrue to the cornea if the discharge is removed as fast as formed by cold water. 4. Chronic ophthalmias, and especially in the aged, are far more favorably influenced by the use of cold from time to time than by its continuous use, the dilated vessels and exudations being thus more advantageously modified; and exudations are sometimes much influenced by sudden douches propelled with force, even if composed of warm water. These form, too, one of the best stimulants in nervous affections of the eye.

A second general rule is, that in the treatment of all ophthalmias, dependent on a constitutional cause, but not on a dyscrasia or cachexia (as haemorrhoidal, menstrual, abdominal ophthalmias,) the local use of cold, applied as energetically as possible,
is the best means. If severe the douche may be continued for six or eight hours. It is especially when there is a varicose state of the vessels of the eye left, or that engorgement of the choroid accompanies conjunctivitis, that these douches are so useful. So in a tonic injection of the conjunctiva, especially the palpebral, the douche, repeated several times daily, is far more useful than any astringent injection.

A third rule is that in ophthalmias, seated on a tissue in a state of dycrasis from evident alteration of the blood, whether it is a mere local symptom of such altered condition, or whether it has been induced by external agency, dry permanent cold, not moist cold, which would favor softening of the cornea, is indicated.—[Annals d'Oculistique. Med. Chir. Rev.


By Robert J. Graves, M.D., F.R.S.

Singular Defect and Impotence of Memory after Paralysis.—A farmer in the county of Wicklow, in comfortable circumstances, when fifty years of age, had a paralytic fit, in the year 1839; since that time he never recovered the use of the affected side, and still labors under a painful degree of hesitation of speech. He is, however, able to walk about, take a great deal of active exercise, and superintend the business of his farm. His memory seems to be tolerably good for all parts of speech except noun-substantives and proper names; the latter he cannot at all retain; and this defect is accompanied by the following singular peculiarity—that he perfectly recollects the initial letter of every substantive or proper name for which he has occasion in conversation, though he cannot recall to his memory the word itself. Experience, therefore, has taught him the utility of having written in manuscript a list of the things he is in the habit of calling for or speaking about, including the proper names of his children, servants and acquaintances: all these he has arranged alphabetically in a little pocket dictionary, which he uses as follows:—If he wishes to ask any thing about a cow, before he commences the sentence he turns to the letter C, and looks out for the word ‘cow,’ and keeps his finger and eye fixed on the word until he has finished the sentence. He can pronounce the word ‘cow,’ in its proper place, so long as he has his eye fixed upon the written letters; but the moment he shuts the book it passes out of his memory, and cannot be recalled, although he recollects its initial, and can refer to it again when necessary. In the same way when he comes to Dublin, and wishes to consult me, (for my name is among the indispensable proper names in his dictionary,) he comes with his dictionary
open to the hall-door, and asks to see Dr. Graves; but if, by accident, he has forgotten his dictionary, as happened on one occasion, he is totally unable to tell the servant what or whom he wants. He cannot recollect his own name unless he looks out for it, nor the name of any person of his acquaintance; but he is never for a moment at a loss for the initial which is to guide him in his search for the word he seeks.

His is a remarkably exaggerated degree of the common defect of memory, observed in the diseases of old age, and in which the names of persons and things are frequently forgotten, although their initials are recollected. It is strange that substantives and proper names, words which are the first acquired by the memory in childhood, are sooner forgotten than verbs, adjectives, and other parts of speech, which are a much later acquisition.

A lady, about fifty years of age, who was laboring under what is popularly termed a breaking-up of the system,—that is, a simultaneous decrease in the energy of all the vital functions,—showed among the first symptoms a defect of memory similar to that which I have related above. The first name which she was perceived frequently to forget was that of a family with whom she was very intimate, and whom she saw almost every day, and she was much tormented by this defect, whenever she had occasion to refer to any of its members in conversation. After a time this defect extended to the names of other persons and things; in the course of a few months she lapsed into a general want of memory, and weakness of intellect.

It is interesting to compare such cases with the temporary loss of memory which is produced by inebriety, and the permanent loss of the same faculty that shows itself in old age. Such a comparison proves that diseases of the brain occasion a defect of memory, which is but an exaggeration of that observed in old age and in inebriety; and it is, therefore, to be attributed, not to any affection of any particular portion of the brain, but to a general derangement of the cerebral functions. Some medical men are inclined to think that where, under such circumstances, the memory is very deficient and the intellect weak, softening of the brain exists; but the preceding observations show that such a conclusion is derived from a very partial view of the subject, inasmuch as the patient, whose case I have first referred to, is still living, and is much in the same state that followed the paralytic stroke eleven years ago.

The effects produced on the memory by paralysis are by no means proportionate to the loss of muscular power that the disease gives rise to; and the same disproportion exists also
with respect to the generative powers. Thus I have known several cases in which young men who were attacked with apoplexy and hemiplegia, from which they recovered with a very imperfectly restored muscular power of the limbs and speech, became subsequently the fathers of several healthy children. On the other hand, I have seen two cases where the cerebral attack was so slight as not to produce more than a transitory giddiness, a passing feeling of terror, and some hesitation of speech with a little subsequent numbness in the arm and cheek, and slight weakness of the leg at the same side. All these palpable symptoms passed away within twenty-four hours, leaving behind scarcely an evident trace of diminished power in the limbs, and no impairment of any of the senses, articulation, or memory; yet the cerebral attack occasioned, from the very moment of its occurrence, a complete impotency, which in both cases has been for many years permanent, although, as I have said before, both individuals are in other respects quite healthy.

**Paralysis affecting the Teeth.**—In a former paper I remarked that although the teeth are possessed of an exquisite sense of touch, and are frequently the seat of intense pain, yet no one (as far as I could ascertain) had observed in paralysis a loss of sensation in the teeth. I have been for years on the watch for this symptom, and have at length detected it in a gentleman who has had several attacks of hemiplegia, each accompanied by complete numbness of all the teeth at one side of his mouth.

**Lethargy.** It is curious how certain derangements of the functions of the brain occur without being accompanied by other notable symptoms of disease. Thus, I know a gentleman advanced in life, and of plethoric habits, who has been for several years affected with lethargic symptoms, but without any headache, tendency to paralysis, or impairment of his general mental energies. He is frequently attacked, however, even at his meals, with unconquerable sleepiness, and it is surprising how suddenly it comes on; thus, he will be sitting, talking quite cheerfully, and unexpectedly he drops into a sleep, which lasts for about half a minute or a minute, and then he arouses himself, and continues awake for a few minutes longer. This happens so often that he cannot now venture to go into company. And, as I have said before, this drowsiness comes on so quickly that at one meal he has broken three or four glasses by becoming unconscious after the act of filling the glass, and during the time he was raising it to his mouth. He was consequently obliged to have an attendant to watch him going to
A Case of Poisoning from Opium, successfully treated by Electro-Magnetism. By J. B. Biddle, M. D.

The following case illustrates, I think, very strikingly, the value of the electro-magnetic current as a means of relieving the coma produced by narcotic poisoning.

At about half-past twelve o'clock of the night of the twenty-eighth of April last, I was called to visit a woman, described by the messenger as being in a fit. No history or explanation of the case could be obtained, except that the patient had gone out at about half-past seven o'clock to get something at an apothecary's for a cramp colic; that she had upon her return home eaten her supper as usual, then gone to bed, soon fallen into deep sleep, and finally, at about midnight, from her unusual respiration and the impossibility of rousing her, excited the alarm of her husband and family.

I found her in a state of profound torpor; her breathing extremely slow and interrupted, stertorous and gasping, with spasm of the throat, lividity of the countenance, inability to swallow, utter insensibility to the most violent agitation, pupil contracted to the size of a pin's head, pulse scarcely perceptible at the wrist—in short, all the symptoms of an advanced stage of asphyxia. That it was a case of narcotic poisoning, rapidly approaching a fatal termination, was, I thought, evident, and I at once so expressed myself—the family, however, still professing themselves unable to explain or account for it.

Acting, however, upon this opinion, I obtained the assistance of my friend, Dr. Goddard, who lives in the neighborhood, and the use of his electro-magnetic apparatus; and, the doctor coinciding in my view of the case, we determined, although with no very strong hope of saving the woman's life, to resort to this agent. An attempt was made to introduce the stomach tube, but was unsuccessful, owing to spasm of the pharynx, and its introduction could have been of no service, as, at the lapse of more than five hours, the poison must have been altogether absorbed from the stomach.

The electro-magnetic machine employed consists of two coils
rotating between the poles of two horse-shoe magnets—an unusually large and powerful instrument, producing a rapid succession of violent shocks. One pole was applied to the nape of the neck, the other to the pit of the stomach. For about two minutes after the battery was started no effect was produced. The patient then began to make convulsive efforts with her hands, as if to put away something annoying her, and, in perhaps half a minute more, she opened her eyes with a ghastly stare. The battery being still kept in action, she rose up in bed, and was able to mutter some indistinct answers to questions put her.

Upon withdrawing the electric current, the woman immediately sank back into the state of torpor in which I had found her. But, as soon as it was renewed, artificial vitality was again restored. When the current was a second time stopped, after about the same period of application as at first, the woman continued for some two or three minutes awake, gradually, however, relapsing into coma. After each application of the battery, the interval of consciousness became longer, and, at the end of two hours, she remained roused for a full half hour, in which she was able to let us know what she had taken.

It appears that she had bought "three cents" worth of laudanum, and, never having taken it before, she supposed it was a proper dose, and swallowed it all. It amounted, as she said, to some three tea-spoonfuls—probably two fluid drachms, as this is, I believe, the quantity usually sold for that price. I think it probable that she was also previously somewhat under the influence of whiskey, as we detected it on her breath, and this must have increased the narcotic effect of the laudanum.

We now gave her some volatile alkali, and strong coffee, but they were not long retained. After half an hour's consciousness, stupor slowly crept on again, and a further resort was had to the battery, which was followed with rapid, and, as it proved, a final revival.

The patient now got up, walked about, conversed clearly, was able to keep some coffee on her stomach, and it was apparent that she had at last struggled through the effects of the narcotic. Some disposition to somnolence remained, but this was easily overcome, without recourse to the battery. I remained with her till half-past four—an hour and a half from the last application of the electricity, and then left her in charge of her friends, directing them not to suffer her to sleep until I saw her again.

Between eight and nine I found her very comfortable and completely awake, although begging hard to be allowed a nap.
Three or four hours natural sleep now took place, and left her completely recovered.

It may be worth mentioning, that in the successive applications of the poles of the battery, while one was kept constantly to the nape of the neck, the other was placed indifferently at the pit of the stomach, the arm-pit, and in the hand; and the effect did not appear to vary.

Since drawing up the notes of this case, upon mentioning to my friend, Dr. Mütter, I found that he had lately resorted to electro-magnetism with success under similar circumstances; and he kindly offered the history of his case for publication with the foregoing.

MAY 14th, 1851.

Dear Doctor:—In accordance with your request, I send a brief outline of the case of "poisoning with opium," to which I referred in our interview the other day.

Last spring, my colleague, Prof. Pancoast, and myself, were summoned about 11 o'clock, P. M., to visit a young gentleman residing at the corner of Ninth and Market streets. On our arrival we found that a large quantity of laudanum had been swallowed accidentally, and although strong and very appropriate means had been immediately taken by several medical students who lodged in the same house, no impression seemed to be made upon the influence of the drug. All the evidences of rapidly approaching death were manifest, and as all other measures had been unsuccessfully employed, we determined to employ electro-magnetism. An instrument was accordingly obtained, one pole placed upon the nape of the neck, and the other over the epigastrium. Almost on the instant, the muscles of respiration were violently agitated, and the patient sprang up in bed, opened his eyes, and answered questions. The pain in a few moments was so severe, that we were obliged to change the position of the poles of the machine. Keeping one steadily applied to the back of the neck, the other was made to touch different points of the thorax, throat, abdomen and upper extremities. The burning sensation occasioned by the fluid, was almost intolerable, causing the patient to complain loudly, and effectually preventing any return to the lethargy from which he had so happily been aroused. We deemed it most prudent to continue our efforts, even after the patient was fully restored to consciousness, but I think not more than an hour elapsed between the first application of the remedy and the complete relief of our young friend.—[Medical Ex-aminer.
On so-called Chylous Urine. By H. B. Jones, M.D., A.M.F.R.S.

The definition given of chylous urine is, that it is urine which is white from the suspension of fatty matter in it. An opportunity of observing a case of this disease having occurred to the author, he was led to make the experiments described in this paper. A harness-maker, aged 32, half-caste, who had lived in London for twelve years, had been passing such water for nine months. On examination of the water made at 2 p.m. it solidified, looking in ten minutes like blanc-mange. It was very feebly acid, contained fibrin, albumen, blood-globules, and fat; specific gravity = 1015. 1000 grs. of this urine gave—

44.42 grs. total solid residue.
8.01 grs. total ash.
14.03 grs. albumen.
8.37 grs. fat.
13.26 grs. urea and extractive matter.
7.75 grs. loss.
955.58 grs. water.

In order to watch the variations produced by food and exercise in the appearance of the urine, every time the urine was made, for five days and nights, it was passed into bottles marked with the hour. From these observations, and more particularly from the third, fourth, and sixth days, it was evident that the fibrin and albumen appear in the urine when no fat is there, and that the albuminous urine occurs before food has been taken, and disappears during the night with perfect rest. Thus the fourth day, at 7h. 15m. a.m., on first getting up, the urine contained the slightest trace of albumen. The specific gravity = 1027; the precipitate by alcohol = 0.8 gr. per 1000 grs. urine.

At 9h. 50m. a.m., just before breakfast, the urine formed a solid coagulum, free from fatty matter, but contained a visible deposit of blood. Specific gravity, = 1015.6; the precipitate by alcohol = 14.1 grs. per 1000 grs. of urine.

At 11 a.m., the urine was chylous or white from fatty matter.

Further experiments on the influence of rest and motion in lessening or increasing the albumen in the urine previous to food, are then given.

On five different mornings, by rising early or late, and by collecting the precipitate from the urine by alcohol, the influence of rest and motion was determined. The author states that he could fix beforehand whether the urine should be albuminous or not, by directing the patient to get up, or to lie still.

The patient was bled, and the serum was opalescent, but did not clear with aether; the blood contained no excess of fat. 1000 parts of blood gave—
2.63 grs. fibrin.
159.3 grs. blood-globules.
78.1 grs. solids of serum.
240.03 grs. total residue.
759.97 grs. water.

The urine made the same day was examined at different hours; that made immediately before the bleeding was quite white, and that made an hour and a half afterwards was very milky also. Specific gravity = 1018.

1000 grs. of urine gave—
56.87 grs. total residue.
10.88 grs. total ash.
13.95 grs. albumen.
7.46 grs. fat.
24.06 grs. urea, &c.
60 grs. loss.
943.13 grs. water.

The conclusions from these experiments are,—
1. That so-called chylous urine, besides fat, may contain albumen, fibrin, and healthy blood-globules.
2. That, although the fat passes off in the urine after food is taken, yet the albumen, fibrin, and blood-globules are thrown out before any food has been taken. During perfect rest the albumen ceases to be excreted; and it does not appear in quantity in the urine even after food is taken, provided there is perfect rest. A short time after rising early the urine may coagulate spontaneously, although no fat is present; and this may happen previous to food, when the urine is free from fat.
3. Though the urine made just before and a short time after bleeding was as milky as it usually was at that hour of the day, yet the serum of the blood was not milky; it did not contain a larger quantity of fat than healthy blood does.

The general results are,—
1. That the most important changes in the urine in this disease take place independently of the influence of digestion.
2. That the urine in one respect only resembles chyle, and that is in containing, after digestion, a large quantity of fat in a very fine state of division. The supposition that the disease consists in an accumulation of fat in the blood, which is thrown out by the kidneys, carrying with it albumen, fibrin, blood-globules and salts, is altogether disproved, both by actual analysis of the blood, and by the frequent occurrence of a jelly-like coagulum in the urine when no white fatty matter can be seen to be present.
3. The disease consists in some change in the kidney by which fibrin, albumen, blood-globules and salts are allowed to pass out, whenever the circulation through the kidneys is in-
creased; and if at the same time fat is present in the blood, it escapes also into the urine. That this change of structure is not visible to the naked eye on post-mortem examination, Dr. Prout long since demonstrated; and in a case of this disease which was in St. George's Hospital, and was examined at Plymouth, no disease of the kidney was observed. From the total absence of fibrinous casts of the tubes from the urine, it is not improbable that by the microscope a difference may be detected in the structure of the mammary processes, rather than in that of the cortical part of the kidneys.—[Philosophical Transactions, 1850. Brit. and For. Med. Chir. Rev.

Vesico-Vaginal Fistula.

We find in the Boston Medical and Surgical Journal an interesting article from Dr. Geo. Hayward, detailing a number of cases of Vesico-vaginal Fistula treated by operation, from which we make the following extract:

Before the discovery of the anaesthetic powers of ether, I found that the most difficult and painful part of the operation consisted in bringing the bladder down to the os externum. It is now done with comparative ease, and without causing the slightest suffering to the patient. I have administered the ether in the three last operations of this kind, and have been able to bring the bladder down, pare the edges of the fistula, introduce the ligatures and the catheter, and restore the bladder to its place, in twenty minutes; when in all the cases before, in which I did not use it, the same process required an hour, and during the most of that time the patient was suffering severely. Besides, the fistula is sometimes in such a situation, as when it is near the fundus of the bladder, that without this agent, or some similar one, it would be impossible to bring it in view.

The patient being thoroughly etherized, the bladder can be brought down by introducing a large sized bougie (one made of whalebone, highly polished, is to be preferred) into the urethra, to the very fundus of the bladder, and carrying the other end up to the pubis. In this way the fistula is readily brought in sight. Its edges can be pared with the scissors or a knife, though usually both these instruments are required; and this part of the operation is much facilitated by holding the edges by means of a double hook. In all the cases that I have examined, these edges are thick, hard, and usually of a white color. It is not difficult, therefore, to dissect up the outer covering from the mucous coat of the bladder to the distance of two
or three lines. The needles are then to be passed through the outer covering only, and as many stitches must be introduced as may be found necessary to bring the edges of the fistula in close contact.

Since my first operation, I have used a short needle with the eye near the point, made to fit on to a long handle. The instrument, when the two parts are together, looks not much unlike a tenaculum, though not so much curved, and considerably broader near the point.

As soon as the needle is passed through one side of the fistula, it is immediately seized by a forceps, the handle is withdrawn, and the needle is then carried through. It is to be then again fitted to the handle, and carried through to the other side in the same way. As many stitches as may be thought necessary to bring the parts into close contact can in this way be taken with great ease. One thread of each stitch is to be cut off; it is convenient to leave the other, as it enables the operator and patient to know when the ligatures have separated from the bladder.

A large sized female catheter is then to be introduced into the bladder, and secured there by means of a T bandage. The patient should be laid on her side, with the upper part of the body somewhat raised, so as to facilitate the flow of water through the catheter. This should be removed at least once in every twenty-four hours, as it is very likely to be obstructed by mucus, coagula of blood, and occasionally calculous concretions. In three days I think it safe to remove it altogether, but then it should be introduced at least once every three hours, for ten or twelve days more, so as to prevent any accumulation of urine in the bladder, and consequent strain on that organ.

The diet should consist entirely of liquid, mucilaginous food; such as an infusion of slippery elm, gum Arabic and water, flax-seed tea, arrow-root, and milk and water. This diet, in my opinion, should be continued till the ligatures come away.

The bowels should be opened by some mild laxative a few hours before the operation; but it is desirable that they should not be moved again till some days after.

I think it best for the patient to use the catheter once or twice a day for several weeks, and at any rate during that time to avoid making any strong efforts to expel the urine by the contraction of the bladder.

It may be proper to add, that I have never had any troublesome hemorrhage from the operation, nor any alarming symptoms after it. In some cases the pain has been severe for two or three days, and once or twice it has run down the limb, apparently in the course of the sciatic nerve. When performed
in the way that I have recommended, I believe it to be attended with very little if any danger, as the bladder is not subjected to any considerable degree of violence, nor any part injured to a great extent.

_Fistula in Ano in a Child three years and a half old._

We have had several opportunities of pointing out how interesting a branch of surgery is that which takes cognizance of the ailments of children, and we ventured to state that the surgical diseases of childhood were important enough, and sufficiently distinct from those of adult life, to warrant the special attention of an experienced surgeon. The more we come in contact with the practice of hospitals, the more we are convinced that our idea is worthy of some attention. There are certain affections which generally come under the care of the surgeon, to which it is not exactly known whether children are liable or not; and others, with which they are often afflicted, but which are treated on general principles, modified of course according to circumstances, and the judgment of the practitioner. Could not certain rules be laid down for the treatment of infantile surgical ailments, as has been done with the medical affections of the same class of patients? These rules every practitioner carries about him in his head, but they are yet awaiting system and arrangement by a good and faithful hand.

We beg to put upon record a case of an infantile surgical affection, which, as far as we are able to judge, has not been frequently met with, and we hope thereby to be making an interesting addition to the facts mentioned above. The case is one of fistula in ano in a very young child, and runs as follows:

The patient is a stout, healthy-looking boy, three years and a half old, who was brought to Mr. Forster at the Surrey Dispensary, with a small opening on the left side of the anus, about one inch distant from the anal orifice. The child's parents are healthy, and previous to this opening forming, he had not suffered from any infantile disorder, though he has had measles and hooping-cough since. The mother stated that about fourteen months ago (the child being then only twenty-eight months old) she found, without any premonitory symptom, a hard lump forming in the left ischio rectal fossa, and a small pimple, which after swelling considerably, broke and discharged a tablespoonful of pus. There was no constitutional disturbance, and the abscess to all appearance healed shortly afterwards; but the scab which had formed fell off, more discharge came away,
and from that time until the present the opening has been sometimes closed, and at others discharging profusely. Several applications were advised, but the true nature of the affection seems scarcely to have been suspected, judging from the means employed for its cure.

Mr. Forster passed a small probe very readily along the track of a sinus, the walls of which were dense and callous, up into the cavity of the rectum. The sinus seemed to communicate freely with the intestine, as the probe entered the latter without any force being used. Upon introducing the finger into the anus, the end of the probe was easily felt and brought out, and Mr. Forster divided the sphincter and intermediate parts, thus completely freeing the probe.

The haemorrhage was very slight; a piece of lint was put into the wound in the usual manner, and the child had two motions before sufficient suppuration to free the lint had taken place. Mr. Forster is not in the habit of using any applications after the lint; he merely takes care that the parts be kept clean and considers the practice of passing a piece of lint daily into the wound quite unnecessary, unless the latter be very sluggish. The wound healed very rapidly, as might be expected in a patient of such tender years.

We leave this case to the consideration of our readers; similar ones may perhaps have occurred here and there in practice, but we do not recollect having heard or read of fistula in ano in so young a child.—London Lancet.

**Pruritus of the Vulva in Children. By M. Vallez.**

It is not very uncommon to find young children complaining of distressing itching of the vulva and anus. This forces them to rub these parts, which leads sometimes to violent irritation in them. The affection is serious in consequence of its occasionally inducing bad habits which may continue to be practiced after the original cause of the itching has disappeared, namely, the presence of the genital regions of small ascarides, designated by Rudolphi by the name of oxyures.

Of this affection M. Vallez has observed two cases. In one, after having unsuccessfully used a local treatment for some days, he carefully examined the parts, and was astonished to find in the fossa navicularis, and around the fourchette, a quantity of small worms which, by their motions, produced the irritation. He immediately prescribed hip-baths, each containing in solution half a pound of salpetre. After the third bath, the child was quite cured.

In the other case, the patient, a young girl, had for two years
endured great suffering from the irritation of the vulva. A great variety of means had been resorted to in order to relieve her, but with no effect. On examination, M. Vallez detected the presence of the oxyures. Two of the saltpetre hip-baths effected a cure.—[Bul. Gén. de Thér. Med. Jour.

M. Sedillot on Blue Suppuration.

The matter discharged from suppurating wounds, the urine, milk, perspiration, &c., have occasionally presented a blueish color, the cause of which remains unknown. M. Dumas supposed that it arose from the production of hydrocyanic acid, but this was soon shown to be an error. It was also thought that the color arose from the development of a peculiar fungus, the agaricus nosocomiorum; but Professor Fee of Strasbourg, was unable to detect any such organic matter in the blue pus submitted by him to the microscope. Nine cases of blue suppuration have occurred in the practice of M. Sedillot. After various experiments and careful observation, it was discovered that the blue color did not arise from the pus, but from an accidental coloring matter which was developed and acted on the dressings. This coloring matter is probably formed by the serum of the blood; indeed this would appear to be certain, for the blue color was produced when all the other elements of pus were eliminated. The various experiments performed by the chemical professors at Strasbourg to ascertain the nature of this coloring matter, show that it is probably of vegetable origin. It does not arise from the formation of Prussian blue or phosphate of iron; it is soluble in water, and, at the same time, extremely stable, not being altered by sulphurous acid.

M. Sedillot inclines to think that blue perspiration, urine, &c., depend on the same cause, viz: some change in the serum of the blood.—[Gaz. Med. de Paris.
To the Editors pro tem.

Justice to an absent friend—Professor Dugas, Editor of this Journal—now in Europe, demands a notice of some "Remarks" upon his Case of Lithotrity, found in the April No. of the Western Journal of Medicine and Surgery, published at Louisville, Ky. Please re-publish the case with the "Remarks" from the accompanying Journal.

A Case of Urinary Calculus, attended with peculiar circumstances and treated by Lithotrity. By L. A. Dugas, M. D., Prof. of Surgery in the Medical College of Georgia.

The following case is reported because of certain peculiar features presented during its progress. The patient, Mr. John L. B., of Hall county, Ga., is 30 years of age, was kindly directed to my care by Dr. Richard Banks, the distinguished surgeon of Gainesville, and arrived here on the 5th of February last. Having suffered from early childhood with phymosis and an almost complete closure of the orifice of the prepuce, (which he believes was congenital,) the difficulty of voiding his urine caused this to distend the prepuce into a considerable bag, to accumulate enormously in the bladder, to stagnate in the pelvis of the kidneys, and to induce very great impairment of the general health. The preputial orifice was so small as not to admit, without much difficulty, the introduction of a knitting needle; the urine was therefore never passed off in a jet, but the patient was subjected to all the inconvenience of a continual stillicidium; he had frequent and violent attacks of nephritic pains, attended with protracted chills, fevers, and the usual concomitants of retention of urine. Yet it was not until the 20th year of his age that he sought professional aid and was circumcised by Dr. Banks. From that time his health improved rapidly; but he continued subject to occasional paroxysms of severe nephritic pains, which now became confined to the left side. These pains would extend down along the course of the ureter and continue one or more days, leaving him in a debilitated state, from which he would, however, soon recover. He is not aware of ever having passed gravel or anything like calculous matter, although his urine would sometimes present a very copious sediment.

This state of things continued until the middle of April last, when, although in good health and not having had any nephritic pain for about three months, he felt a calculus drop into his bladder. Attending to his usual avocations, he stepped out to urinate, did so without any difficulty whatever, and when in the act of buttoning up his garment, distinctly felt something fall into the bladder. He immediately mentioned the fact to a friend, and added that "it must be a stone, for its fall produced a sensation like that of a buck-shot allowed to drop into a bag." A few hours afterwards, on again attempting to urinate, the stream was suddenly arrested by the engagement of the calculus
in the urethra—the sensation being so distinct that he instinctively carried his hand to the perineum in order to force it out—but in vain;—and the same difficulty has ever since attended his micturition. These details are given as establishing conclusively the facts that he did know the precise moment at which the stone came into the bladder, and that this occurred so late as about three months after the last nephritic attack. He has experienced no pain whatever about the kidney since that. In May he was sounded by Dr. Banks, who readily detected the stone.

On the arrival of Mr. B., here, I examined him, detected the calculus, found it to be small and determined to crush it as soon as circumstances would permit. The patient was directed to use dilating bougies, to remain quiet, to drink freely of slippery elm tea and super carbonate of soda, and to take a hip bath every night. In a week he was found to be sufficiently prepared, and (on the 12th of February) the operation was performed with Heurteloup's "brise pierre," as modified by Charriere. The bladder being filled with tepid water, the calculus was readily seized and crushed three times, without pain. A few fragments were passed off with the water and others during the night with the urine. On the following day, finding the patient very comfortable, without any symptoms of irritation, and very anxious to get home as soon as possible, I again introduced the instrument and crushed the remaining fragments, sufficiently to allow them all to be passed out during the night. He now expressed himself "entirely relieved, and feeling like a new man." The baths, etc., were continued and on the 16th February, I explored the bladder carefully, without being able to detect any vestige of the stone. The patient was therefore discharged.

The dimensions of the stone were accurately ascertained by the crushing instrument to be about one inch in length and half an inch in thickness. Professor Means having kindly subjected some of the fragments to analysis, informs me that they consisted of Oxalate of Lime. The stone was exceedingly hard, and tested to the uttermost the fine temper imparted to the metal by Charriere's unrivalled skill.


"Remarks.—This certainly presents 'certain peculiar features," both in anatomy and surgery, and we are utterly at a loss to understand some of them. The fault may be ours, but there can be no wrong in stating the difficulties.

"1st.—It is somewhat remarkable that a phymosis should have created so great a resisting power in the prepuce as to dilate even the ureters. This strikes us as a very remarkable peculiarity. The wonder is increased considerably when we find that notwithstanding the ureters were thus dilated so as to permit the passage of a stone of novel dimensions, the urethra, which should have synchronised liberally in the dilatation of the ureters, was so little inclined towards anything of the kind, that it stopped the stone which had fallen through the ureter! The extravagant dilatation of the ureter is inexplicable;
but, assuming the claim as a fact, the dilatoriness of the urethra is rather marvellous.

"2d.—The statement of the patient that he "heard something drop," and therefore knew the exact moment of the entrance of the calculus into the bladder, seems to have made a profound impression upon Professor Dugas, for he unhesitatingly gave credence to the statement. The patient may be excused for thinking that a calculus could fall from the ureter into the bladder, but we have some difficulties in our faith. The ureters enter the bass fond of the bladder, very obliquely, and a stone would have to fall up in falling from the ureter into the bladder. And then when we remember the pathological truths of Mr. Aldridge, which seem to show that the oxalate of lime is not secreted in the kidneys, when we remember that there is no kind of evidence that the ureters in this case were dilated even in the slightest degree, and that the passage of a mulberry calculus through the ureter would have made a man feel a multitude of other things besides the falling of the calculus, we must remember that we have before us what may be called the difficulties of faith.

"3d.—We feel some difficulty about the dimensions of the calculus. We have seen between two and three hundred specimens of calculi, and have heard from various other collections, and we have neither seen nor heard of any calculus, except this one in Georgia, that was just one inch in length, and a half inch in thickness. These dimensions are such a wide departure from that uniformity of proportion found in calculi, that we think there must be some mistake in Professor Dugas's measurements. There must be a want of accuracy. Did it not strike the Professor that the growth of his specimen was altogether too rapid for a case of oxalate of lime calculus? There seems to us a wonderful celerity in every branch of this case.

"4th.—The calculus in this case was 'oxalate of lime,' and the stone was crushed with Heurteloup's 'brise pierre,' at two sittings, on two consecutive days, and the fragments were allowed to be passed off during the night. This is certainly the most remarkable achievement yet effected by Heurteloup's instrument. It is enough to excite the envy of Civiale, and put an end to the lateral operation. If a calculus of oxalate of lime, one inch long, and a half inch thick, can be utterly crushed in two sittings, in two successive days, so that no vestige of it is left, what apology can there be for cutting instruments for lithotomy? We have seen various efforts with Heurteloup's instrument, and have been sometimes surprised with the result, but this success in breaking down, in two sittings, a stone of oxalate of lime, of the size of the one recorded by Professor Dugas, certainly takes the lead of all achievements we know of in lithotritry. We have seen vesicle stones of oxalate of lime removed by the lateral operation after lithotritry had failed, and in which the most persistent efforts with the drill for many sittings had failed to make any more impression than if it had been used on a piece of Syenite. But if the improved apparatus of Heurteloup can break up at two sittings, a mass of oxalate of lime, and remove it entirely in two days, lithotritry is making
rapid strides, and M. Roux is an accredited prophet, when he says: 'lithotry has assumed her function, and no surgeon hereafter will attain sufficient experience to reach the highest degree of adroitness in lithotomy.'

"We suppose these new claims of lithotry will come before the American Medical Association, and if they receive the endorsement of that body, we may expect to see renewed evidences of the envy felt by European surgeons for the rising reputation of American Surgery, and we shall hear them again denouncing American surgeons for a proneness to exaggeration.

[Western Journ. of Med. and Surg.]

Were the Reporter of the case here present, he probably would leave it to the Profession of this country, without suggestion, to give their condemnation to a criticism so manifestly dictated by a censorious, unjust, and ungenerous spirit; but the writer cannot withhold this passing notice.

The dilatation of the ureter is evidently referred to by Professor Dugas, as a state necessarily to be inferred, in order to account for the fact—that a calculus, which in February measured "about one inch in length and half an inch in thickness," did pass into the bladder, only ten months before. Is not the evidence given by the patient—fairly presuming that to be true—and detailed by the reporter, sufficient to establish the fact, that a calculus did pass from the ureter into the bladder, on the occasion indicated by the patient? About the middle of April, at a well-recollected occasion—viz., at the end of a micturition—the patient represents that he distinctly felt something fall into the bladder: before the time of this marked sensation, he was subject to occasional paroxysms of severe nephritic pains; since then these have ceased, and instead of them the patient experiences sudden interruptions to the stream of urine during micturition, which he never did before said occasion. This critic can find no evidence of dilatation of the ureter, under the circumstances of this extraordinary case—his ideas cannot travel out of the usual course—as violent pain attending the passage of a calculus through the ureter; the better man, the Reporter justly infers this state to account for the confessedly unusual fact—the passage of a large mulberry calculus from the ureter into the bladder, without pain.

If the writer could sufficiently command his patience, he would teach this critic how much greater the probability, that the circumstances of this case should produce dilatation of the ureter rather than of the urethra. Suffice it to say—the fact that the stone was in the bladder for 10 months, and did not pass the urethra, is worth more
than all the exclamation marks and all the shallow wonderings of the critic. The attempt by the Remarker to hold the Reporter responsible for the terms in which the patient declared his sensations, is as unfair as his reference to the anatomy of the organs is puerile; the Reporter makes the legitimate use of the patient's facts, to infer that the patient knew the moment of the entrance of the stone into the bladder.

"Difficulty about the dimensions of the calculus." The writer has not seen three nor two hundred specimens of calculi; but it is not a little remarkable, that within a few days, he has seen one calculus, of the mulberry variety, extracted from a child nine years old, by Dr. Henry F. Campbell, Demonstrator in the Medical College of Georgia,* the longer and shorter diameters of which, although a little greater, were yet very nearly in the same ratio with those of the one in question. Those familiar with the philosophic character of Professor Dugas, will find the whole sentence describing the stone, to be strikingly characteristic of the man. He says—"The dimensions of the stone were accurately ascertained, by the crushing instrument, to be about one inch in length and half an inch in thickness." Yes, accurately ascertained, because, as is fairly presumable, the stone being caught at different times, during the exploration, between the jaws of the instrument, each measurement was accurately made, because plainly shewn by a graduated scale upon the moveable branch of the instrument; but as it was not within the positive knowledge of the Reporter, that he at any time caught the stone, by the very longest or very shortest of its diameters, he writes, "about an inch," &c. Even strangers, on the strength of this single point of intrinsic evidence, shall mark the Reporter as the exact and careful man. How shall this critic fare, when thus tried by strangers, on the internal evidence of his own Remarks?

The Reporter, with philosophic exactness, writes, "about one inch in length and half an inch in thickness." The critic represents him to say, "just one inch in length and a half inch in thickness." But, see here again: "The statement of the patient, that he 'heard something drop,' and therefore knew," &c. The quotation marks, embracing the words heard something drop, are those of the critic himself; yet no where can they be found in the reported case! The reporter writes that the patient "felt something fall into the bladder." The writer calls no man names, but the Record brands this critic—false quotator. In the light of that maxim settled by the learned legal

* See Case in the present No. of this Journal.
profession, as a part of the law of evidence—\textit{falsus in uno, falsus in omnibus}—of what value becomes the flourish of the critic about his two or three hundred stones, and the cases he has seen of lithotomy amended by lithotomy!

But, further: He says, "We think there must be some mistake in Professor Dugas's measurements. There must be a want of accuracy." He thus charges a want of accuracy of measurement upon a man, who has in his hands an instrument capable of measuring with mathematical exactness; so that, if there is a mistake, as charged, it must be a wilful mistake—a mistake in spite of the figures and marks upon the graduated scale before his eyes; so that the record marks this critic, the insinuator of the charge of falsehood— that is, if he knew that Heurteloup's instrument has such scale upon it; if he did not know this, the charge on this count is not fully made out. But the simple record, without the aid of argument, fixes this charge upon the critic. Let the candid reader only answer to himself, what is the force of these words?—"There seems to us a wonderful celerity in every branch of this case." In what stronger terms could such insinuation be expressed than these—"If a calculus of oxalate of lime, one inch long and a half inch thick, can be utterly crushed, in two sittings and in two successive days," &c., and repeated again, "But if the improved apparatus of Heurteloup can break up at two sittings," &c. Indeed, this insinuation of the charge of falsehood, pervades the whole of these "Remarks."

Let not the critic be surprised at the manifestation, in these quarters, of indignation at these insinuations against the veracity of Professor Dugas; who, be the insinuator hereby certified, is known, in his place, as the true gentleman.

Pity that this critic had not yielded to the whisperings of his better spirit, which seems to have warned him against this doubtful labor, rather than to have wrought himself to full assurance, by the answer—"there can be no wrong!"

The writer might well feel satisfied with this vindication of his absent friend, from such an unaccountable attack from him who fills the critic's chair, in this Louisville Journal; but as it could not have been suggested by malignant feelings engendered by personal rivalry, seeing that the parties are widely separated and have no relations whatsoever, personal or professional, it must therefore be inferred that this criticism is a fair manifestation of the spirit and character of the Remarker. In this point of view, the Profession generally has an interest in this subject. Let this critic, therefore, come to the bar of
the Profession and answer. He who assumes the position of the critic, does not place himself beyond the reach of impeachment, but becomes responsible to the Profession for the manner in which he discharges its high duties. Nor shall he escape its censures, if he be found lacking in the qualities of the critic's character which that profession demands, or exhibiting those which it condemns. Whilst it demands an independence, which fears not to attack and expose error, even in high places and shadowed by authority, it also demands the manliness of truth—that stern integrity which fears also to misrepresent even an enemy. It demands of him who holds the Judge's seat—"Nothing extenuate nor set down aught in malice." It demands candor, fair dealing and justice—which is proof against all seduction. It demands of him intelligence to estimate justly, the value of the subjects upon which he passes judgment, and their bearing upon the general interests of the science or upon its special questions. Has this critic discharged himself aright of this last obligation, in seeking to discredit this case, so strikingly valuable in relation to that question of nice judgement, the choice between Lithotrity and Lithotomy, in specific cases?—to brand with the suggestion of falsehood, this most remarkable case of successful Lithotrity on the records of the Profession.

Does this critic of the Louisville Western Journal fulfil the requisitions of the Profession upon their critics? Let him await, at the bar, its just judgment

L. D. F.

Case of Quintuple Birth of Living Children. By Dr. Serlo.—Dr. Serlo, of Krossen, relates the following remarkable case. The mother, æt. 34, had had five favourable labours, and was now pregnant for the sixth time. During the last few weeks, she had become so large and cumbersome as to be obliged to keep her bed. Dr. Serlo saw her the day before her delivery, and found her abdomen enormously distended in every direction, and hard, and projecting much towards the right. The foetal movements were feeble. She was weak, and had a small, rapid pulse, with oedema of the thighs and legs. On examination the os was found partly open, and the membranes flaccid; but no part of the child could be felt. As the pains proved very inefficient, Dr. Serlo next day delivered her, by the forceps, of a small living child, and soon after of another, which presented by the feet. In like manner three others were successively delivered by the feet, the accoucher breaking the bag of waters in each which presented while he was in search of the placenta. Contraction of the uterus was produced after some minutes.

All the children were alive and crying, but the 2d died in three hours, the 4th in twelve, the 3d in seventeen, the 5th in twenty-five;
and the 1st, which had been delivered by the forceps, in nine days. The author supplies the weights and admeasurements of the children and the funes; but we are not aware of the exact relation which those of that part of Germany bear to our own.

<table>
<thead>
<tr>
<th>LENGTH</th>
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<tr>
<td>1st child</td>
<td>15 inches</td>
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<tr>
<td>2d &quot;</td>
<td>12 &quot;</td>
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<td>3d &quot;</td>
<td>13 &quot;</td>
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<td>5th &quot;</td>
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**On the Duration of Life among the Clergy.** By Dr. Schneider.—In this paper Dr. Schneider furnishes an account of the ages of 794 of the clergy who have died within the bishoprick of Würzburg since 1824. They belonged to the Catholic religion, and may be compared with the 637, almost all Protestants, recorded by Casper in his work. In the diocese of Würzburg, including priests, professors and students, the mean annual number of this profession amounts to 1050; and between 1824-47, there have died 800. The ages of 794 persons are indicated, and are thus compared with Casper’s numbers:

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<td>From 21 to 30</td>
<td>45</td>
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<td>&quot; 30 &quot; 40</td>
<td>66</td>
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<td>&quot; 40 &quot; 50</td>
<td>57</td>
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<td>&quot; 50 &quot; 60</td>
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<td>&quot; 80 &quot; 90</td>
<td>111</td>
<td>62</td>
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<td>&quot; 90 &quot; 97</td>
<td>8</td>
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| | 794 | 637 |

Casper, speaking of the high age which the priestly order attains, refers in explanation to the regularity and sobriety of their lives, the absence of excess of mental or bodily stimulus and efforts, freedom from anxiety, and the wholesome alternation of moderate mental activity with corporeal exertion in the open air. Most of these conditions apply likewise to the Catholic priesthood, and their celibacy constitutes their only peculiarity; but this, contrary to what is observed in other positions of life, does not shorten their lives, inasmuch as so large a proportion as 217 out of 794 lived to between 70 and 80. On the contrary, they live longer than the Protestant clergy; for while, according to Casper, the mean duration of life with them is 65, and therefore higher than any other class, that of the Catholics of Würzburg is 70\frac{3}{4}. The Protestant clergy have, owing to their families, more cares and anxieties, without better incomes in proportion.

[Casper’s Wochenschrift, 1850. Ibid.]
Case of Small-Pox occurring a third time after Vaccination, when it proved fatal.—Dr. Webster, after alluding to the fact, that whooping-cough, measles, and scarlatina, generally occur only once during the lifetime of an individual, exceptions, nevertheless, to the above rule, as well in these complaints as in small-pox, have been recorded by authors. Three well marked examples, of the recurrence of small-pox, met with in the same family, are related, one of which terminated fatally. The case especially referred to by Dr. Webster was that of H. A. N——, who had been vaccinated satisfactorily in 1827, when three months old. Notwithstanding this circumstance, he became attacked by small-pox in 1833, along with an elder brother, who had been likewise vaccinated. Both patients recovered, and nothing more was thought of the matter till 1838, when the two lads were again attacked by variola, along with another—that is, a third—brother, likewise regularly vaccinated. However, all three got quite well in due time. Subsequently, Mr. H. N. N——, whose case is now just mentioned, went to India in the Company's service, where he was seized, in April last, with the usual and well-marked symptoms of small-pox, which soon became confluent, and proved fatal at Dharwarinth, on the 13th of that month; this making the third time this gentleman had been attacked by variola, although previously vaccinated.—[London Lancet.

Impermeable applications in Inflammations of the Viscera.—We find in the Union Médicale, (April, 1851,) an article by M. R. Latour, in which he recommends very highly impermeable applications in visceral inflammations. He states that, having found these applications so unquestionably beneficial in rheumatism, gout, &c., that he was induced to apply it in inflammations of the viscera, and in peritonitis. In the latter diseases the applications have always exercised a beneficial influence, and relieve the patients in from one to three days. M. Latour explains the modus operandi of these agents in this way. Heat is one of the essential elements of inflammation, and under its influence the blood-vessels dilate, which admits of an increase in the quantity of circulating fluid, causing redness. The increase in the amount of blood also produces a distention of the vessels and an effusion through their coats, which causes swelling. The writer thinks that the development of heat, in part, is dependent upon the presence of air. If, therefore, the air can be cut off from the diseased tissue, heat and the other characteristics of inflammation cannot be developed. It is a powerful antiphlogistic. He states that he has combatted successfully with these agents many cases of ovaritis and peritonitis, one of which we will relate.

A girl, 22 years of age, was taken with a chill that lasted an hour, and was succeeded by high fever, pain in the head and abdomen.
The abdominal pain continued to increase and extend until the whole abdomen became extremely painful to the touch. The respiration was hurried, the abdomen swollen; there was high fever, and finally vomiting set in. This then was a veritable case of peritonitis. Not a drop of blood was drawn, but the abdomen was simply covered with a coating of collodion. The vomiting was immediately arrested, and in a few hours the anxiety passed away, and the abdominal pain was sensibly diminished. In short, in less than a day the skin regained its natural freshness, and the pulsations resumed their normal frequency.

_Treatment of Ascites in Children._—The _Journal des Connaissances_, March, 1851, contains the details of the treatment of this disease in children, as practiced by M. Trousseau. He administers fractional doses of calomel and applies poultices of powdered conium maculatum to the abdomen. The dose of calomel for each day is half a grain, divided into six parts. In a few days salivation supervenes, and the calomel is stopped. Diarrhoea is sometimes induced by the calomel. When salivation comes on the hemlock poultices are had recourse to. On account of the cost of the article, the poultices are not made entirely of hemlock. M. Trousseau recommends them to be made in the following way:—Take two table-spoonfuls of the powdered hemlock, and mix it with a sufficient quantity of thick flax-seed tea to form a consistence nearly equal to that of paste. This is spread upon the surface of a flax-seed poultice, and applied to the abdomen. M. Trousseau has long since recommended this application in phthisis pulmonalis. He has found the calomel and hemlock very serviceable even in ascites dependent upon an organic lesion, as abdominal tubercles.

_Tannin in affections of the Eye._—The _Journal des Connaissances_ relates the treatment of ocular diseases with tannin, by M. Hairon. Tannin has been advised in catarrhal ophthalmia in the form of a weak solution. M. Hairon asserts that this solution is inert. He employs it in a concentrated solution, one part of tannin to three parts of distilled water. This solution has been found serviceable in gonorrhoea, both acute and chronic, in granulations of the eye-lids, in vascular and ulcerated cornitis, and especially in pannus. Tannin differs from most of the astringents, in the fact that it does not cause pain, that it does not act as a caustic, nor does it leave any durable incrustations. It is simply a styptic, and to this property is attributable its efficacy in diseases of the eye.
Hysteria.—A very singular scene recently occurred in one of the national manufactories of Tobacco at Lyons. About sixty women were at work in one of the rooms, when one of the number in consequence of a violent paroxysm of passion, went into hysterical convulsions, many of her companions rushed to her assistance, but one after another were attacked with the same nervous symptoms until the number attacked amounted to twenty. The other women were ordered out of the room or others would in all probability have been similarly affected. Boerhaave, in the commencement of the last century, upon a similar occasion had some heated irons brought into the room and threatened to cauterize the first who should fall into hysterical convulsions. This threat produced the desired effect and the singular contagion immediately ceased.—Bul. Gen. de Therap, Feb. 1851.

Poisoning by Strychnine cured by inhalations of Chloroform.—The Journal des Connaissances, March, 1851, extracts a case from the Medical Gazette of poisoning by strychnine, that was cured by inhalations of chloroform. All the remedies recommended in such cases were tried without success. Chloroform was then given in inhalation, and an immediate amelioration and a subsequent cure was obtained.

Medical Statistics of Paris.—The number of Physicians in Paris has diminished this year, but not in as great a proportion as in 1848. There are now in Paris 1351 Physicians; in 1849 there were 1889, making a diminution of 38. Among the 1889 Physicians of 1849, 68 are dead and 86 have left Paris; of these 86, 12 have gone to California. Among the 1351 Physicians that compose the list of 1851, there are 113 new names; there were 114 new names in the list of 1848.

There are now 178 officers of health, which are more than the number of Medical men during the reign of Louis XIV. The number of Druggists is 381, and the Sages-femmes number 380. The number of Graduates slightly increased in 1851—there were then 236, whilst in 1849 there were 230.—Jour. des Connaissances, Jan. 1851.

At the late meeting of the American Medical Association, the following gentlemen were appointed Chairmen of the several Special Committees. The Committees are to consist of two other members, to be selected by the Chairman.

1st. Dr. D. F. Condie, of Philadelphia, chairman to the committee on the causes of the Tubercular Diathesis.

2d. Dr. S. H. Dickson, of Charleston, S. C., on the blending and conversion of the Typhes of Fever.
3d. Dr. James Jones, of New Orleans, on the mutual relations of Yellow and Bilious Remittent Fever.
4th. Dr. Jno. B. Johnson, of St. Louis, Mo., on Epidemic Erysipelas.
5th. Dr. Charles D. Meigs, of Philadelphia, Acute and Chronic diseases of the Neck of the Uterus.
6th. Dr. J. P. Jervey, of Charleston, S. C., on Dengue.
7th. Dr. Daniel Drake, of Cincinnati, Milk Sickness—so called.
8th. Dr. Lopes, of Mobile, Ala., Epidemic prevalence of Tetanus.
10th. Dr. R. D. Arnold, of Savannah, Geo., on the Physiological Peculiarities, and diseases of Negroes.
11th. Dr. Horatio Adams, of Waltham, Mass., on the action of Water on lead pipes, and the diseases which proceed from it.
12th. Dr. Jos. Carson, of Philadelphia, on the Alkaloids, which may be substituted for quinia.
13th. Dr. Geo. Hayward, of Boston, Mass., on the Permanent Cure of Reducible Hernia.
14th. Dr. S. D. Gross, of Louisville, Ky., on results of Surgical Operations for the relief of Malignant Diseases.
16th. Dr. Charles A. Pope, of St. Louis, Missouri, Water, its topical uses in Surgery.
17th. Dr. Alex. H. Stevens, of New York, Sanitary principles applicable to the Construction of Dwellings.
18th. Dr. Porcher, of Charleston, S. C., Toxicological and Medicinal Properties of our Cryogamic Plants.
19th. Dr. G. Emerson, of Philadelphia, Agency of the Refrigeration produced through upward Radiation of Heat, as an exciting cause of disease.
22d. Dr. Robert W. Haxall of Richmond, Va., on the Epidemics of Virginia and North Carolina.
23d. Dr. Wm. M. Boling, of Montgomery, Ala., on the Epidemics of South Carolina, Georgia, Florida and Alabama.
24th. Dr. Ed. H. Barton, of Louisiana, on the Epidemics of Mississippi, Louisiana, Texas and Arkansas.
25th. Dr. Sutton, of Georgetown, Ky., on the Epidemics of Tennessee and Kentucky.
26th. Dr. Thos. Reyburn, of Missouri, on the Epidemics of Missouri, Illinois, Iowa and Wisconsin.
27th. Dr. Geo. Mendenhall, of Ohio, on the Epidemics of Ohio, Indiana and Michigan.

The following gentlemen were appointed on the Committee for Volunteer Communications, viz:—Drs. Geo. Hayward, J. B. J.
Jackson, D. H. Storer, and Jacob Bigelow, of Boston, and Dr. Usher Parsons, of Providence, R. I.

Signed in behalf of the committee,

GEO. B. WOOD, Chairman.

Charleston, Friday, May 9th, 1851.

BIBLIOGRAPHICAL.


We have received from the publishers the new issue of our National Pharmacopoeia. As our readers are probably aware this work is the result of the labors of a Convention of Physicians and Pharmacists from all sections of the United States, which met in Washington City in May, 1850. The present edition is doubtless thoroughly accommodated to the improvements which the medical sciences have undergone during the last decennial period. The plan of the work is that adopted at the revision of 1840. "The changes have been altogether in the individual contents of the Pharmacopoeia. A few names have been altered; definitions and references have been modified in numerous instances; some medicines have been transferred from one of the two catalogues of the Materia Medica to the other; new medicines and preparations have been introduced; and many of the processes have been amended, replaced by others, or altogether omitted. The section of fluid extracts is quite new."

The present edition is handsomely printed, but the price is so high as to restrict its circulation, which is certainly unfortunate, as it is a work that should be in the hands of every practitioner.


In a monthly journal, like the present, an extended review of works submitted to our notice is not appropriate, and hardly to be expected. It is therefore our habit to give such works a careful examination, and to express such an opinion as their character and merits, in our humble judgement, may entitle them to.

The work before us is one which—although we cannot recommend as containing all required in operative surgery—is still of the most useful character. The subjects are treated in a most definite, we might say, graphic manner; the Surgeon and Anatomist have combined in all his directions. That vagueness and indefiniteness so
common and so embarrassing in the instructions of many teachers are not found in those of Mr. Skey. His object seems to have been to produce a practical work which is reliable and which would embody in a few words, all the principles required in emergency. The work is practical, and certainly reliable; but there are many subjects in which he has sacrificed clearness and completeness of description to a terse and compendious design. While we would regret these defects in a work, otherwise unexceptionable, we cannot in justice withhold our recommendation of it as one of great value to the student and practitioner in Surgery, an art, the library of which cannot be comprised in one, but must be in many treatises.

H. F. C.


In presenting this standard work to our readers we find no difficulty in giving an opinion. Its reputation is too long and too well established to require any commendation of ours. In this enlarged edition, it will be found that the interest and value of the original work has been much enhanced, while the style and execution do credit to its enterprising publishers.

H. F. C.

Nashville Journal of Medicine and Surgery.—We have received the first numbers of this new bi-monthly journal, published at Nashville, Tenn., and edited by W. K. Bowling, M. D., Professor of the Institutes and Practice of Medicine in the Medical Department of the University of Nashville. From the specimen before us, we think it bids fair to become a valuable laborer in the field of medical science.

We have received a communication from Dr. H. A. Ramsay, just as this number was going to press, requesting a suspension of public opinion in relation to charges made against him at the late meeting of the American Medical Association, which he states are "in a train of investigation, and will be given to the medical public in due season."