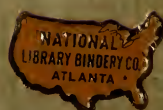


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SOUTHERN MEDICAL AND SURGICAL JOURNAL.

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MEDICAL COLLEGE OF GEORGIA.

"Je prends le bien où je la trouve."

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[No. 1.

ORIGINAL AND ECLECTIC.

ARTICLE I.

A Case of Hydrophobia from the Bite of a Pole-Cat—Tracheotomy.
By R. DE JERNETT, M. D., of Greeneville, Texas.

[THE following well written report presents, in a graphic manner, the details of one of those touching and painful cases, which too often present themselves as gloomy episodes in the physician's life. The experiment with the operation of Tracheotomy, and the Doctor's inquiries in relation to the nature of the animal poison producing hydrophobia, are subjects of deep interest to the profession, and render the case one of much importance, as a record of that mysterious and terrific affection :]

Called February 24th to see Amanda S——, age ten years. About the 8th of January she was bitten by a Pole-cat, in the night, while sleeping. Her father hearing her cry, went to her relief, and had to choke the cat before he could disengage its hold. He remarked, it was sucking the blood from the wound, which was inflicted on right side of her mouth, in the lip. It was thrown out and killed by a dog, which was also bitten, but did not manifest any symptoms of the disease up to the 24th February, when he was killed, fearing the disease might yet be developed.

The bite on A. S—— swelled the face, and was painful for four days; then healed as a bite of any kind would, and her health was good until Sunday, Feb. 21st, when her parents observed she was stupid and inclined to sleep. The patient spoke of an itching sensation in the cicatrix.

22nd. Patient slept most of the day, and when not sleeping, rather petulant; still complains of itching in the cicatrix; appetite very good.

23rd. Symptoms, so far as could be learned, were very much as yesterday, with this exception—has no appetite to eat.

24th. Patient arose from bed before day, and said she felt better than she had for three days; but in the course of an hour complained of spasms about the fauces, in attempting to swallow fluids; yet she could swallow solids with impunity. The family became alarmed, and Dr. Patterson was called in. The Doctor told me, when he was getting the history of the case, that, he had some fears it was a case of hydrophobia; but not being satisfied, and as the case presented some symptoms of worms, he gave a dose of calomel, and left.

The case grew worse very fast, and Dr. P. was sent for again at 3 o'clock P. M. He found her very restless, with jactitation of limbs and occasional slight spasms; he requested the parents to send for me.

When I saw her, 10 o'clock P. M., she was in bed, and very restless. Her father brought her to the fire, and seated her in a large rocking-chair, and she assumed an erect position, with her head rather thrown back, her face flushed; in the countenance was depicted a fearful expression of anxiety. She addressed me in a sobbing tone of voice: said—"I am bitten by a Polecat—can you cure me?"—then seemed to smile with a forced effort, her face being very much contorted. 'I was informed by Dr. P. that her pulse had been low and irregular during the evening, the extremities had been cold and moist. Dr. P. had given ammonia, quinine, and some of the antispasmodics, with no other effect than that of raising the pulse. I asked her if she had any pain? She replied yes—in the forehead, the back of neck, and at times under the sternum. We gave opium, with a hope of tranquilizing the system and procuring sleep, but in vain. She said there was a mat of long hair in her right eye.

I could not see anything, though it was red, and running water—the left was also discharging tears, but not so much as the right; the pupils of both, very much dilated.

11 o'clock P. M. Pulse irregular, but frequent; extremities cold and moist; stomach irritable, constantly spitting a tenacious mucous, and complained of something rising in her throat about the size of her little finger, and on trying to get it out, it would slip down. By pressing forward the tongue with a spoon, I could see a tenaceous and frothy substance rise up, in a conical shape, to the posterior nares, which interfered with the free action of the epiglottis; she would become restless, and throw herself back suddenly, as if badly frightened. Her mouth was widely opened during the inspection. When bidden, she would do anything that promised relief. The panic either proceeded from the difficulty in respiration, caused by this substance rising in the throat, or from the slipping of the spoon on the tongue, in her efforts to breathe; the latter is probable, because by titillating the skin on any part of the body, or passing a current of air on the skin, produced these shuddering tremors.

I had a cup of water brought, and requested her to take some. She said—"I want it, and will try to drink." Violent agitation of the whole body supervened; finally, rallying sufficient power, she clutched it with both hands, and with a quick movement put it to her mouth. It did not more than touch the mouth, when it was thrown off with violence, and the body convulsed. She was also tried with milk, and with the same result. Her eyes were always directed to one side of the fluid till the moment of seizing it. 12 o'clock.—Took about 6 ounces of blood from the arm, and gave 2 grains opium; sinapisms to the extremities; but could not be retained, owing to restlessness. 1 o'clock A. M.—Gave, by inhalation, two drachms chloroform, which only exasperated the symptoms. Her symptoms all grew worse, vomiting came on, and at times delirium, when she would spring from imaginary evils and halloo at the top of her voice, and occasionally bite the bed-clothes.

Standing by, only to witness the futility of the means employed—while the disease was clinging on with unrelenting tenacity—we resolved to act upon the suggestion of Dr. Reynolds, of Bellevue Hospital, to open the trachea, and introduce

a tube. I proceeded to do so, and she breathed somewhat easier. In this, our dernier resort, we did not entertain a sanguine hope of success, for we were expecting death to occur every minute; but asphyxia seemed to be the threatening evil. If this had been done twelve hours sooner, I believe it would have saved the patient; but death occurred suddenly, in a hard convulsion, at 4 o'clock A.M., half hour after the trachea was opened, and sixteen hours from the time the disease was fully developed. The cicatrix, after death, was of a livid hue. No post-mortem examination.

Most writers believe this disease results from the entrance into the blood of the poison of a rabbid animal. To this opinion, I cannot be reconciled; for this, with five other cases, within the last six years, have been bitten by these cats, and only two escaped the disease; and in one of them an extensive ulceration was set up in and about the wound. Only one dog has been known to have the disease during these six years. These cats are numerous in this country, and our dogs kill them frequently, and are bitten by the cats, yet the dogs do not have the disease.

I would like that some writer, able to do this subject justice, would give his views on the above facts.

ARTICLE II.

Apocynum Cannabinum, as an Antiperiodic in the Treatment of Intermittents. By PETERFIELD TRENT, M. D., of Richmond, Virginia.

SOMETIME during the fall of 1856, while conversing with my friend, Dr. R. S. Cauthorn, of this city, I mentioned how disappointed I had recently been in the treatment of intermittents with quinia. Dr. C. called my attention to the value of the *Apocynum Cannabinum* of the U. S. Dispensatory in the treatment of Intermittents, and related to me his experience of its use. In the May number of the *American Journal of Medical Sciences*, for 1833, Dr. Griscom, of New York, has an interesting and able paper upon the history of this plant, together with its chemical and medical properties. Dr. Knapp has also given

his experience of its medicinal virtues in the treatment of Pneumonic affections, and Dysentery. Dr. Mott has also used it successfully in Dropsy; and by Dr. Rush it has been styled the *vegetable trocar*. In the present instance, I only design to notice its effects in the treatment of Intermittents, as have occurred in my own practice.

CASE I. Abram, a slave. I received a message from my overseer, that my servant Abram had been laid up for some time with chills, having one every day. He had been for sometime liable to periodical returns of fever and ague. I sent 120 grains of quinine, and directed it to be made into twelve pills—one to be given ever two hours, until three pills were taken each day before the chill was expected. About a week after, I received a note, stating that Abram still continued to have a chill each day, and the overseer feared, unless they were speedily checked, his health would entirely give way. Dr. Cauthorn having very kindly given me a specimen of the plant, I powdered a portion of the root, and after sifting it, I made up about two dozen pills of 5 grains each. I ordered 12 grains calomel and 12 grains jalap, to be given the patient at bedtime—next morning to give one of the pills of the *Apocynum Cannabinum* every two hours, until four pills had been taken. After taking some ten or twelve of the pills his chills entirely ceased, and he has never had one since, to my knowledge.

CASE II. Mrs. A. Upon visiting my patient, I found the chill had just gone off, and the fever rising. Her tongue was furred, and she complained of pain in her head and back. Upon enquiry, I found this was her second chill, having had one the day previous. I ordered two comp. cath. pills (Tilden's), to be taken at bedtime—at 8 o'clock the next morning to take one of the following pills every two hours until four had been taken:—R. *Apocynum Cannabinum*, 3j.

Olei Mg. Pip. gttæ. xvj.

Syrup, q. s. M. ft. pil. No. xij.

Second visit to Mrs. A. Found my patient had had that day a slight return of her chill; the medicine had produced profuse perspiration; her tongue was cleaner; her bowels had been

freely opened; the last pills taken had produced some nausea. I ordered the pills to be continued as previously ordered.

Third visit. Found Mrs. A. sitting up. No return of her chill. Ordered her to take one of the remaining pills morning and night, until she had taken the whole twelve. Her chills have never returned.

CASE III. Called to see Mrs. C., an old patient of mine, whom I had treated with quinine, for chills, the two previous falls. Upon enquiry, learned that Mrs. C. had, previous to sending for me, resorted to my former quinine prescription, but failed in stopping the chills. She had considerable fever, and complained of her limbs aching; her tongue was but slightly furred. I directed two comp. cath. pills at bedtime. To commence immediately after breakfast, and take one of the following pills, every two hours, until four pills were taken previous to the expected chill that day.

R. Apocynum Cannabinum, 3j.

Olei Mg. Pip. gttæ. xij. M. ft. pil. No. xij.

Second visit. Found Mrs. C. had just had a chill, as severe as her former one. The medicine had operated freely, and had produced profuse perspiration, but no nausea. Ordered the pills to be continued the next day, as directed the morning of the day I saw her.

Third visit. Found Mrs. C. in bed—thought she had had a slight return of her chills—otherwise she felt better. I ordered the pills to be continued, as previously directed.

Being called unexpectedly from town, I did not see Mrs. C. for some month or two. When I did see her, learned her chills had ceased after taking the twelve pills, and that they had not returned.

CASE IV. I was called to see Miss V. Found her in bed, with a severe headache, furred tongue and considerable fever. Upon enquiry, was told by her mother that the chill she had just had was the fourth one that week. I found Miss V. had resided in a district liable to chills, and that she never escaped an attack of Intermittent fever at least once a year. I ordered the comp. cath. pills, and pills of 5 grains each of Apocynum

Cannabinum, as directed in the cases previously reported, and to be taken in the manner there directed.

Second visit. Found Miss V. had not escaped having a chill. She, however, was free from headache, and freer from fever than she was the previous day. The last pills taken had produced considerable nausea, and had produced large watery evacuations. She had perspired freely. Ordered the pills to be continued.

Third visit. No return of chill—all the other symptoms abated. Patient thought she felt chilly for a little while that morning, but did not think she had a chill. Ordered the pills to be continued.

Fourth visit. No return of chill, nor chilliness. Learned from her mother, some two weeks since, the chills had not returned.

CASE V. Called to see Miss B. Learned from her mother that she was liable to attacks of chills and fever every fall. She had noticed for the past week, her daughter would sometimes, during the day, while she would be cooking, come close to the fire, and that she could hear her teeth chatter—her lips would turn purple; and that headache and fever always followed this chilliness. I directed the comp. cath. pills and the Apocynum Cannabinum, to be taken as directed in the cases heretofore reported.

Second visit. Found Miss B. sitting up—the chilliness had not returned; no unpleasant effect had been produced by the Apocynum Cannabinum.

Third visit. Still no return of chilliness. Ordered the remaining four pills to be given, one each night and morning, until all were taken.

CASE VI. Called to see Mrs. I. (enciente). Upon enquiry, was told she had a chill about 6 o'clock every morning, and that headache and fever followed. I directed two comp. cath. pills (Tilden's), to be taken at once, and one pill of the Apocynum Cannabinum, to be given at 8 and 10 o'clock that night. Commence at 6 o'clock next morning, and give one pill every two hours, until two pills had been taken.

Second visit. Some chilliness had been felt that morning about the usual time that her previous chills had occurred. No unpleasant effects had been produced by the last pills ordered. Directed Apocynum Cannabinum pills to be continued as directed at my first visit.

Third visit. No return of chills, nor chilliness. Ordered the remaining four pills to be taken, one night and morning, until all were taken.

The six cases I have reported were patients whom I visited, with the exception of case 1st, which I did not visit. Cases 7, 8, 9 and 10, prescribed for, but not reported, were cases of patients who visited my office, and complained of having fever and ague. These cases I treated precisely like those I have reported. I have been only able to hear from two or three—they were reported as entirely cured.

In my practice among the indigent, I am really happy to find so ready a helper, as I have found the Apocynum Cannabinum in the treatment of *Intermittents*. Its cheapness, in comparison to the Quinia, is *not to be lightly overlooked*. I would not have my professional brethren suppose, that I class the Apocynum Cannabinum among the *cure-alls*, or that I would discard the other valuable antiperiodics of our *Materia Medica*, to use this medicine alone. I, however, must say that my limited experience does justify me in saying that, as an antiperiodic, it deserves a higher place in our *Materia Medica* than has been heretofore assigned to it by the Profession.

ARTICLE III.

English Medical Education. By R. H. NISBET, M. D., of Macon, Georgia.

THE last Westminster Review contains an able article upon the subject of English Medical Education. The writer reviews the history of the Royal College of Surgeons, the Royal College of Physicians, and the Apothecaries Company of London, from their earliest organization to the present time. He retraces the steps they have taken to reach that pre-eminence in position,

which they now occupy in the medical world. What are the facts of the case? These chartered companies are in a condition to dictate terms to the profession, and through the profession to the people. They are fostered by State aid, and their rights secured by Royal sanction. The result proves that they have instituted a prominent order of monopoly. They have built up a system which is grossly selfish, exclusive, and unjust to the commonality. Their scheme of medical ethics is shrewdly planned, and its requirements are rigidly exacted. In a word, the system is "*English*" throughout. In a republican sense, its story is similar to the one of Church and State, and suggestive of that deep-seated policy so characteristic of parliamentary power. It is injurious to the profession, because subversive of all efforts to compete with it outside of its sacred enclosure. It ignores the professional standing of all licentiates who have not been graduated by the fixed rules of its own standard. Outsiders are "non-conformists," unorthodox, aliens from the "grand system," and as such they are persecuted. It will not permit its own licentiates to aspire to a fellowship. The College of Surgeons, whose membership embraces the larger portion of the medical body, has decreed that none but graduates of Oxford and Cambridge, shall be admitted as candidates for Fellowship. Even distinguished foreigners must apply with an "*adeundem*" degree from these colleges. Now, when it is known that both Oxford and Cambridge require their alumni to subscribe to the "thirty-nine articles," it becomes equivolent to enforcing even a religious test upon candidates for fellowship, in an institution which is purely scientific. Such men as Sydenham, Hunter, Copland, Fothergill, Wells, Locock, and a host of others, have been excluded. Men who are the very pillars of the temple, must needs stand outside the holy enclosure, when supporting the whole superstructure, while the Dukes of Richmond, and Montague, mere "dabblers in the science," become its privileged priests. The College of Physicians black-balled Dr. Locock because, forsooth, he was an accoucheur. He could enter the bed-chamber of the Dutchess of Richmond, to deliver her from the "perils of child-birth," but by doing so, he "degraded" himself, and, hence, could *not* enter into scientific fellowship with the noble Duke.

It is an easy matter to show the selfish, costly, monopolizing result of a system controlled by those chartered colleges. In brief it is as follows:

The profession in England is divided into the distinct departments of Surgeons, Physicians and Apothecaries. Each College grants its own diploma, which restricts the licentiate to its own limited sphere of action. In order to become a "general practitioner of medicine," it is incumbent upon the student to pay for a diploma from two of these Colleges. The average cost of a license, so obtained, is, in round numbers, \$3500. It compels the student to set aside five years—the most important ones of his literary life—to the exclusive purpose of acquiring a medical education: two of these are thrown away upon the miserably conducted system of apprenticeship: the remaining three are occupied in attending lectures, and hospital service. Three winter courses, of six months each, and two summer sessions, of three months each. In all, twenty-four months of unremitting study. At the end of five years he becomes a candidate for graduation, and must present himself duly certified to, and systematically indoctrinated. A certificate of apprenticeship, paid for!—a certificate of hospital service, paid for!—a certificate of attendance upon lectures, paid for!—which all amounts to an *English tax* upon time, money, health, and—the *privilege of a royal sanction to professional standing*. A diploma so purchased, is not, of necessity, a criterion of merit. The examination is a farce. The leading questions to the candidate are—"Have you been duly certified to"?—"Have you paid the requisite fees"? An answer in the affirmative (together with the proof) calls for a diploma—paid for! The operation of this chartered system is such as to compel English students to be graduated in the city of London. The city hospitals are under the controul of the colleges. The medical schools are but appurtenances to the hospitals, and hence the whole system belongs to a superannuated set of "Royal Fellows."

Such has been the state of things up to the present time. But it seems that a reformation is about to ensue. The constituent membership of these corporate colleges is composed of fifteen thousand "duly qualified physicians, surgeons, and general practitioners." This body does not include the army, and navy

medical staff of the regular service, nor the large body in the employ of the East India Company. In all, it is a noble army of physicians in league against that universal enemy—Disease. It has been fighting a brave battle at home, in the Crimea, in the East Indies, and the Colonies. But while battling against disease, it has maintained the fight against the “powers that be.” It has waged incessant war against the system under which it has been trained for the fight. It has contended for reform in the present plan of English medical education. Parliament, the people, and the profession, have all been petitioned for a substitute, in lieu of the present system. The object is to consolidate the existing colleges into one Medical Council, whose business it shall be to regulate the standard of Education for the United Kingdom. The advantages gained will be a minimum price, as the cost of professional education—less time in acquiring it—in a word, a more perfect system.

It will be needless to add, that the scheme is but little better than the old system. It is the first step toward reformation—the last of which will not be taken until any plan proposed shall require no aid from the State. Our professional cousins must inaugurate the same republican principles which govern medical education in America, before they can satisfy the wants of the people, and please the great body of their physicians. We are pleased to see that there are Doctors who are doing for the profession what D’Isreali is doing for the people. The progress of republicanism is slow, but sure; still we are glad to see that our noble science is becoming the “head and front of the offending.” We trust that the time is not far distant when it shall be wholly released from the shackles of arbitrary enactment.

On the Treatment of Dysentery by the Administration of Large Doses of Ipecacuanha. By E. S. DOCKER, Esq., Surgeon of the 2d Battalion of the 7th Royal-Fusiliers.

IN no part of the world, probably, does dysentery prevail more extensively, or with greater severity, than in the island of Mauritius, and nowhere is it more fatal. As surgeon of the 5th Fusiliers, I was stationed there nearly six years, and had therefore ample opportunity of becoming acquainted with this hitherto intractable and fatal disease. I say "hitherto," as it is my firm belief that, henceforward, dysentery may be as much under control and as expeditiously cured as simple diarrhoea.

For the greater part of the above period—viz., from 1851 to 1857—I have availed myself of the remedies in general use. At last, disheartened with my ill success in several bad cases, wherein I had perseveringly but ineffectually employed the *secundum artem* treatment, and remembering to have somewhere seen it mentioned that the powdered root of ipecacuanha, in large doses, had been given with great effect in the complaint, I became anxious to make trial of an agent declared to be of such extraordinary efficacy.

I have tested this medicine in cases of every kind and degree. Out of upwards of fifty cases of dysentery I lost but one (in former years the mortality ranged from ten to eighteen per cent.); and in the instance in question death was caused by abscess in the liver: the primary disease had been not only cured, but very thoroughly cured, as I shall hereafter show. I must observe that I had at one time been in the habit of prescribing ipecacuan in the the small doses recommended by Mr. Twining; but so ineffective was it when thus administered—excepting in cases of no great severity, wherein other medicines answered as well, *without* the inconvenience of nauseating,—that I had long ceased to employ it. On resuming the use of ipecacuan, I gave it in doses ranging from ten to ninety grains; rarely less than twenty grains. The largest quantity was given in urgent cases only, the ordinary dose being a scruple or half a drachm. The action of these large doses is certain, speedy and complete; and truly surprising are sometimes their effects. In no single instance has failure attended this medicine, thus employed. I am not, of course, sufficiently sanguine to expect that it will invariably succeed; but of this I am convinced, that it will effect a complete cure in an immense majority of instances.

In all constitutions, robust as well as delicate, under all circumstances, the result is the same. In the very worst cases, when the strength of the patient is almost exhausted, after the whole range of remedies has been tried in vain, the disease run-

ning its course swiftly and surely to a fatal issue, ninety grains of ipecacuan have been given, and forthwith the character of the disease, or, I should rather say, the character of the *symptoms* has been entirely changed; for the disease itself is literally cured, put a summary stop to, driven out. The evacuations, from being of the worst kind seen in dysentery, have, not gradually, not by any degrees, however rapid, changed for the better; they have ceased at once, completely. There has been no inclination even to stool for twenty-four or thirty-six hours, the patient all the time in a state of delightful ease and freedom from pain; then at last, without aid of any kind, a perfectly natural, healthy evacuation, all irritation, pain, and tenesmus having at the same time entirely ceased.

Nor is there the disposition to relapse so common in acute dysentery. I have not observed what may be termed a true relapse in any instance. If the patient contracts dysentery again, he does so *de novo*. All that remains—the medicine having cut short the disease—is for the patient to recover strength; and this quickly follows, without any extraordinary care as regards diet and regimen, so indispensable and requiring such nicety of management in convalescence from dysentery generally. The usual necessity, moreover, for after treatment, in the shape of a long course of astringents, &c., is in most cases entirely obviated, a few doses of some vegetable tonic being all that is needed.

It may be asked by what means the stomach is enabled to retain such large doses of an emetic substance. The course I have generally adopted is as follows:—In the first place, a sinapism is applied over the region of the stomach, and simultaneously a draught given containing a drachm of laudanum. Half an hour after, when the sensibility of the stomach has been, by the action of the opium and counter-irritant, as much as possible diminished, and the patient's attention is occupied with the sinapism or by conversation, the ipecacuan is administered—generally in a draught, sometimes in the form of pill or bolus—and the semi-recumbent posture steadily maintained. In a considerable proportion of cases, the medicine is not rejected, or it is at least retained long enough to enable it to do its work. If necessary, I repeat it till the stomach does retain it. I never yet have been obliged to give it in the form of enema. Where so considerable a dose as sixty or ninety grains has been administered, I in general wait ten or twelve hours before giving another. Should the bowels, however, not meanwhile have acted, a repetition is not generally required. I ought here to mention that I begin the treatment of dysentery, in most cases, with an emetic—always with a thorough clearance of the bowels.

To those acquainted with tropical dysentery, the facts I have stated relative to the action of large doses of ipecacuan may appear almost incredible; the following cases, however, all of which were under my own immediate care, will, I trust, prove that I have not exaggerated:

Private J. H——, aged twenty-six, admitted April 1, 1855. This man's symptoms were decidedly dysenteric (I do not transcribe the case verbatim, as it would occupy too much space); "stools scanty, containing blood and mucus, accompanied with severe tenesmus, and tenderness on pressure over the descending colon." An emetic and purge were given at the outset, then turpentine in ten-minim doses, with a grain of opium every four hours. This answered very well at first, for on April 2nd, the report was "stools entirely feculent, semi-fluid, homogeneous, and of dark colour." And the motions *continued* feculent, though action of the bowels was frequent.

On the morning of the 7th (small doses of turpentine, with laudanum and astringents, had been continued up to that time), the report was "seven or eight natural semi-consistent stools during the last twenty-four hours." Ordered, powdered columbo, one scruple three times a day. This, however, proved to have been premature, for on the evening of the same day, an unfavorable change had taken place. "Bowels moved five times since morning; small quantities of feculent matter, with much blood and mucus." Ordered, sinapism to the epigastrium, and three grains of opium; half an hour after, ninety grains of ipecacuan in the form of draught. On the following morning the report was, "Bowels moved three times, very copiously, during the night; stools watery and feculent, and containing *no trace of dysenteric matters*. He retained the ipecacuan four hours, then vomited. Is quite free from pain." There was no occasion to repeat the ipecacuan, for not a drop of blood nor mucus was afterwards seen, and he was discharged, completely cured, on the tenth day from admission.

Private A. C——, aged nineteen, an exceedingly delicate, weakly lad, admitted on the 26th of December, 1855, "with frequent purging of scanty stools, consisting of a little feculent matter, mingled with sanious mucus; tenesmus severe. Ill two days prior to admission." In this case, ipecacuan was employed at the outset; scruple doses with twenty drops of laudanum in a draught every four hours. Sinapism to the entire abdomen.

27th.—Action of bowels very frequent since admission—upwards of twenty times; stools of natural appearance, but copious and watery; tenesmus less severe. (It ought to be mentioned that, arriving from England with a batch of recruits in the month of September previously, he had since landed in the

island, scarcely ever been free from diarrhœa). Draughts and sinapisms repeated.

28th.—Bowels moved eight times yesterday—evacuations less watery, and five times in the night, when the stools were semi-consistent; no blood nor mucus. Ordered compound soap pill, five grains every six hours.

29th.—One very scanty, semi-fluid stool only since last report. Infusion of gentian three times a day.

30th.—No motion since yesterday. Gentian continued.

On the 31st, the bowels being still confined, they were gently moved with castor oil.

The patient was discharged quite well on the 6th of January. Eight days after, it was necessary to re-admit him on account of diarrhœa. Ordered, mercury with chalk, quinine, and Dover's powder every four hours. Next day he was better. On the 16th, however, there was a trace of blood in the stools. Ten grains of ipecacuan were added to each powder (every four hours).

Jan. 17th.—The blood had disappeared; stools were semi-consistent. He went on very well, gradually gaining strength, till the 24th, when diarrhœa returned.

25th.—Stools now contain blood and mucus, and are attended with straining. Ipecacuanha renewed in ten-grain doses, every four hours.

26th.—Bowels not moved once since yesterday; three times during the night; stools semi-consistent, feculent, and intimately mingled with tenacious mucus. Ipecacuan draughts continued.

27th.—Stools of much better appearance.

On the 28th they were "perfectly natural," and so continued, with occasional relaxation, but free from the least trace of dysenteric matters for eleven days; then, on the evening of the 8th of February, the report was, "Bowels moved twenty times since morning; evacuations scanty, and consisting wholly of sanious mucus." Ordered, sinapism over the stomach, and draught containing twenty minims of laudanum; half an hour afterwards, sixty grains of ipecacuan.

Feb. 9th.—Up very little during the night, passing, although, not quite half a teacupful of sanious mucus; tenesmus, but no pain in the abdomen. Ordered castor oil, twenty minims; mucilage, one ounce; ipecacuan powder, one scruple; tincture of opium, ten minims; peppermint water, one ounce, every four hours.

On the 10th the only change observable was, that very little blood was passed. Ipecacuan powder, ten grains; tincture of opium, twenty minims; camphor mixture, one ounce; liquor acetate of ammonia, half an ounce, to be taken every four hours.

Under this treatment he daily improved, and on the 13th the stools were "few and perfectly natural."

After a second complete intermission of fourteen days, during which he was only kept in hospital for the recovery of his strength, he *again* had a return of dysenteric symptoms, "seventeen or eighteen stools, feculent at first, but latterly tinged with blood; tenesmus, with tenderness on pressure over the abdomen generally." Once more recourse was had to the ipecacuan draughts, as on the 10th, which had answered so well.—Evening: A few drops only of sanious mucus passed since morning. Ordered, castor oil, two drachms.

28th.—Purged seventeen or eighteen times during the night, and has passed a quantity of healthy feculent matter. Draughts repeated; also on the 29th of March.

April 1st.—The report was "stools perfectly natural," and his bowels continued composed till the 7th, when the stools again contained a little mucus and blood. Ordered the following draught every six hours:—Oil of turpentine, ten minims; mucilage, half an ounce; tincture of opium, twenty minims; powdered ipecacuanha ten grains; peppermint water, one ounce.

On the 8th and 9th (the draughts being continued) the action of the bowels was frequent.

10th.—No change having been made in the treatment, the motions were "natural and *formed*."

After this he had no return whatever of dysenteric symptoms, but was so excessively weak that I could not safely discharge him before the 29th of April. He has since continued well, and perfectly free from his besetting ailment—diarrhœa.

The above case is a very good exemplar of the powers of ipecacuan in dysentery. Without so powerfully controlling an agent, I look upon it as morally certain that this boy would have died; for never, in the whole course of my service, had I to deal with a case in which the disposition to morbid action in the bowels was so marked. It will be observed that though there were returns of dysenteric symptoms, *yet during the intervals their cessation was complete*. I think that chills or checked perspiration—conditions it is impossible entirely to guard against in the Mauritius, especially at night and in the early morning—were the cause of the repeated attacks in this case.

Private S. M.—, aged twenty-five; admitted with dysentery on the 11th of February, 1856. The symptoms were at first slight, and the treatment simple (chiefly purgatives and Dover's powder), and he went on very well till the 17th, when the report was "four stools since yesterday, scanty, and consisting entirely of blood and mucus." Ordered powdered ipecacuanha, one scruple; Dover's powder, half a scruple: to be taken every four hours.

Feb. 18th.—“Four stools since last report, feculent and formed, with a trace only of sanious mucus; patient quite free from pain and tenesmus.” Powders continued, with the addition of one grain of opium to each.

19th.—“Stools entirely feculent and consistent.” He was discharged fit for duty on the 1st of March, having had not the slightest return of dysenteric symptoms after the 19th of February.

Private W. B——, aged thirty-six; a very weakly phthisical subject, with a marked disposition to atonic diarrhœa. Admitted with dysenteric symptoms on the 18th of March, 1856. “Purging frequent, with severe tenesmus; stools watery, and contain both blood and mucus.” He was ordered an emetic immediately, followed by an ounce of castor oil, and a grain of opium. Evening: “Purged nine times since admission; evacuations copious and watery, with a large admixture of fluid blood.” Ordered forthwith the sinapism and drachm of laudanum, and half an hour after, sixty grains of powdered ipecacuan in form of pill.

19th.—“Feels much better; bowels moved seven times during the night; stools liquid, feculent, and containing very little blood and mucus; tenesmus considerably diminished.” The ipecacuanha was retained.” Ordered a draught, every four hours, composed as follows:—Oil of turpentine, twenty minims; mucilage half an ounce; peppermint water, one ounce; powdered ipecacuan, one scruple; tincture of opium, twenty minims.

20th.—“Four stools yesterday of better appearance, two during the night; a few drops of pus-like (the most harmless) mucus only perceptible; feels much better; tenesmus entirely gone. Draughts of ipecacuan and turpentine continued, with the addition of twenty drops of castor oil to each.

21st.—“No motion yesterday; three during the night, natural and semi-consistent.” Draughts discontinued.

22nd.—“Two perfectly natural stools since last report.” Ordered a scruple of powder of colombo, three times a day.

23rd.—“Improvement maintained;” and he was discharged quite well on the 28th.

There could not well be a more satisfactory case than the above. A debilitated, delicate subject, attacked with dysentery—and while the attack lasted it was *severe*—is cured in ten days, and so *radically* cured as to have had no return whatever of bowel complaint, though previously much disposed thereto.

I now come to one of the worst cases that occurred in the 5th Fusiliers during the time I was in medical charge. This case exhibits the specific action of large doses in dysentery in a striking manner. At that time I was not so fully conversant with this medicine, and as the man was extremely ill at the time of

admission, I deemed it advisable at first to employ calomel; and this medicine, which by many is looked upon as a specific in dysentery, had a fair trial—so fair, indeed, as to place the life of the patient in considerable jeopardy. At this juncture it will be observed by those practically conversant with dysentery, that the man's symptoms were indicative of extremest danger. Fortunately, recourse was had to ipecacuan; and this medicine was given in full (drachm-and-a-half) doses three times. But I must not anticipate. As this case is so interesting, I make no apology for transcribing it nearly in full:—

Private J. T——, aged twenty-eight, admitted March 18th, 1855; a slight, narrow-chested, delicate man. Has frequent purging of copious stools, consisting mostly of fluid-feculent matter, with some admixture of mucus and much blood. Says “he has no pain in the belly, no tenderness on pressure.” (This was taken *cum grano salis*, for there was an evident disposition to make as light as possible of his complaint: he knew that he had been guilty of disobedience of orders in not coming to hospital sooner. Closely questioned, he at last confessed that he had been ill for several days before reporting himself sick). Admits having tenesmus. He was under treatment for acute dysentery in April, 1852. Ordered an emetic immediately, and every four hours a draught consisting of oil of turpentine, ten minims; acacia mucilage, half an ounce; tincture of opium, twenty minims; peppermint-water, one ounce. In the evening the report was: “Has passed since morning two scanty dysenteric stools.” Ordered half an ounce of castor oil and twenty drops of laudanum.

March 19th.—Eight motions during the night, copious, feculent, and semi-fluid, with some froth tinged with blood on the surface; pulse 92, soft; tongue coated in the centre. To continue draughts of turpentine, &c.—Evening: Bowels have acted three times since morning; stools scanty, and of a highly dysenteric appearance. Ordered ten grains of calomel and one of opium immediately; the same to be repeated at four o'clock in the morning.

20th.—Has had during the night eight or nine motions, fluid, dark-coloured, feculent, with a little mucus, and more blood on the top; straining very severe, and there is much tenderness on pressure over the cæcum; pulse 132, soft and rather full; tongue furred. Ordered—calomel, two grains and a half; tartar emetic, one-eighth of a grain; hydrochlorate of morphia, one-sixth of a grain; every four hours.—Evening: Bowels moved eleven times since morning; stools more dysenteric in appearance, with less of feculent matter. A sinapism was ordered to be applied immediately over the stomach; internally, sixty minims of laudanum, and half an hour after, a draught consisting

of a drachm and a half of ipecacuanha to an ounce and a half of water.—Ten P. M.: The report was that he retained the ipecacuan draught two or three minutes only; has been moved twice since six P. M.; stools very bad indeed, quite liquid, with hardly a trace of feculence, consisting chiefly of a little mucus, and a very large proportion of fluid blood; he is excessively weak; pulse rapid and thready, intermittent; surface cold, and bathed in perspiration; tenesmus severe. The opiate draught was now repeated, but this time with twenty minims only of laudanum; half an hour after, ninety grains of ipecacuan, as at six o'clock.

21st.—Has passed a tolerable night, and feels better, bowels not having been once moved since the administration of the last dose of ipecacuan, which he retained an hour and a half, then vomiting three times. He feels nausea at present. Is perfectly composed, and free from pain or irritability. Pulse 120 full and soft; tongue furred, but moist.—Evening: No action of the bowels since morning; the draught was retained three hours; he then vomited once. To have at bed-time, a draught composed of liquor acetate of morphia, thirty minims; tincture of matico, and compound tincture of lavender, of each one drachm; peppermint water, one ounce.

22nd.—Marked improvement in every respect. After an interval of thirty-four hours his bowels have at last acted, during the night, once only; stool scanty, semi-consistent, feculent, and homogeneous, without a trace of blood or mucus. He is entirely free from pain or tenesmus, and perfectly comfortable in every way. Draught last ordered to be continued every six hours.

23rd.—Improvement continues. No motion since last report. Pulse 100, jerking; tongue coated. Ordered, camphor mixture, one ounce; liquor acetate of ammonia, half an ounce; disulphate of cinchona, two grains; tincture of lavender, one drachm: to be taken every four hours. Chicken broth; brandy, half a gill.

24th.—One scanty, consistent, entirely feculent stool: pulse 90, soft; tongue cleaning. Ordered, infusion of gentian, two ounces; disulphate of cinchona, two grains; three times a day. Brandy, one gill.

25th.—Improvement maintained. No motion. Gentian draughts repeated.

26th.—Continues to get better; one natural evacuation. Tonic draughts continued. Broiled chicken.

27th.—Same report. He is very weak. Draughts continued. Ordinary diet, and brandy.

29th.—Convalescent. Gentian and cinchona draughts continued.

April 1st.—Same report. Draughts continued.

3rd.—He is still rather weak.

4th.—A trace of mucus in the stools (three since last report),

and there is slight tenesmus. Ordered, castor oil, two drs.; gentian and cinchona draughts continued.

5th.—No motion since last report, nor has he any inclination to stool. Ordered, castor oil, half an ounce; tonic draughts continued.

6th.—Bowels moved three times after last dose of oil; stools natural. Draughts continued.

7th.—Some thick, yellow mucus only passed since last report. Castor oil, two drachms, immediately; a scruple of powder of colombo three times a day.

8th.—Has passed three feculent stools, entirely free from mucus, since taking the oil. Colombo continued.

9th.—No motion since last report; has nearly recovered his strength. Castor oil, one drachm; colombo powders continued.

11th.—Discharged cured.

A more remarkable case than the above could hardly be. It is an unquestionable fact that this man's life was saved by ipecacuan, given in the doses it was, *and by ipecacuan alone*, for the opium *only* aids in enabling the ipecacuan to be retained. Moreover, I am convinced that, in the condition he was on the evening of the 20th March, by no other known means could he thus, as it were, have been snatched from the brink of the grave. Instead of dying, however, this soldier was at his duty completely cured, in little more than three weeks from his admission, desparately ill, into hospital. It will, I think, be conceded, that this last case, if not those preceding it, ought to secure for the ipecacuan-in-large-doses treatment at least a fair trial.

To render this record complete, I will now give particulars of the only case (already alluded to) in which dysentery, in spite of this treatment, terminated in the death of the patient. This case is specially interesting as showing the condition of the large intestines, and the action of the remedy upon their tissues, six days after the primary disorder had been subdued. The subject, in this instance, was a young sergeant, who, being married, of course did not report himself sick till he could hardly walk or stand. (His widow subsequently informed me that he had been ill three weeks previous to coming into hospital.) I never saw worse symptoms. The evacuations, which were excessively frequent, consisted entirely of sanies, and large coagula of pure blood, without a particle of feculent matter. The man, in short, appeared to be in a dying state. In this case the action of the ipecacuan, from the long time the disease had existed uncontrolled, was not so speedily manifested as it usually is. Not till the fourth day from the time the first ninety-grain dose was administered, did the stools assume a *perfectly* natural appearance. Having once done so, however, not a trace of blood or mucus was afterwards seen. I may here mention that in the course of

these four days he took in all two ounces of ipecucuan. During the next four days the fearful drain of the pabulum vitæ, and hardly less wearing irritation, having ceased, he had rallied considerably. But on the fifth day an unfavorable change took place, and it then became evident that abscess had formed in the liver. His pulse, which on cessation of the dysenteric symptoms, had risen in a marked degree, became again depressed, and in spite of sedulous support, he sank rapidly, and died the following day. Post-mortem examination demonstrated how prompt had been the action of the medicine in the complete cessation of ulcerative, and substitution of reparative, action. The lining membrane of the large intestine in its entire course was covered with recent ulcers of enormous size—in some places, indeed, so large as to occupy the circumference of the gut. The whole had begun to cicatrize; their edges were even, surfaces smooth, and covered with a fine epithelium; all thickening of the coats had disappeared! The bowels contained natural, semi-fluid fæces; no vestige of mucus, pus, or blood! To those familiar with the usual pathological phenomena resulting from dysentery—the universal thickening and softening; extensive ragged ulcers, and masses of sloughy *débris*, mingled with coagula; the state of things I have described in this case will appear not a little remarkable. But still more extraordinary, perhaps, is the fact, that any reparative process should have taken place under the adverse circumstances of great impairment of the vital powers—a condition resulting as well from the primary disorder as from the organic disease then hastening this poor fellow to his grave. On opening the abdomen, abscesses were seen to occupy nearly the whole of the liver. It will suggest itself that the fatal event might have been averted if ipecacuan had been given at an earlier period. From the promptitude with which it arrested the bowel complaint, pus might not have been allowed time to form.

I do not think the above case invalidates the presumption that this treatment, if resorted to in time, will at least greatly diminish the chance of absorption of pus, and this simply from the wonderful celerity with which it acts, not only in at once quelling the disease, but also repairing the mischief which that disease has caused; at least I think the appearance above described warrant belief that having, by its antiphlogistic power, subdued the inflammation of the large intestines, and by its powerfully constringent property stopped the flow of blood from their capillaries, the action of this medicine may not end here. If this conjecture is well founded, it indicates an advantage consequent upon the large-dose treatment, the importance of which cannot be over-rated.

Another and more certain benefit resulting from this treat-

ment is the apparently entire obviation of chronic dysentery, with its many and protracted miseries. Who that has to contend with a wearisome and disheartening case of this kind will not hail with delight a remedy which enables him to effect a cure in the same number of *days* that formerly would have occupied *weeks* or *months*; a cure, moreover, so *complete* as to send his patient out with a new lease of life, actually better after his illness than he was before!

As regards the *rationale* of the action of ipecacuana in large doses, I will not venture on so debatable a point to express an opinion. That it is a very energetic *tonic* is sufficiently evident; especially certain that it is a most powerful *styptic*, (this being the effect of its tonic property,) and as such likely to be of great use in some active and in most passive hæmorrhages, especially in those occasioned by exudation from mucous surfaces. In dysentery, at all events, the value of this medicine is incontestible. I believe the time may come when it will be considered as much a specific in this case as bark is in ague and sulphur in itch.

That ipecacuan in large doses has been before given in dysentery, I have already stated; I do not, however, think its inestimable properties in this form are generally known. My object in desiring to make known to the profession facts which have come under my own observation is, if possible, to obtain for this mode of treatment a more extended trial, as by its universal or even general employment I have no doubt that the mortality from a fatal and hitherto unmanageable disease may be very greatly diminished.—[*London Lancet*.

Extract from an Address before the New York Academy of Medicine, on the Prostate Gland. Delivered by Prof. VALENTINE MOTT.

DISEASES OF THE PROSTATE GLAND.

THE morbid anatomy of the prostate gland is exceedingly interesting, because it involves so many terrible and afflicting affections, and, as such, it is deserving of the closest attention on the part of the surgeon.

It is a very singular fact, one that deserves to be mentioned, although we read about it, and pass it over without thinking of it as it deserves, that this body will frequently enlarge, when other parts of the body are diminishing and shriveling in the decline of age. This is, indeed, a formidable disease, which, in too many cases, is out of our power to relieve. The pathology of this gland becomes peculiarly interesting, because it ought to have associated with it other diseases besides mere enlargement.

This is considered, by gentlemen of the profession who do not read much, to be the only disease of the prostate. There are affections of it that are very formidable besides the mere hypertrophy.

But, first, I will call the attention of the academy, for a few moments, to what is termed *atrophy* of this gland.

This gland, then, has been found diminished in its natural size. The proper capsule has been found to be filled with an aqueous fluid. The gland, then, can be atrophied, as well as hypertrophied. This gland has been described in this state by several pathologists, and by two particularly, Sir B. Brodie and Mr. Cooper, who found it as I have stated. This disease is not necessarily confined to old age, neither to youth; it seems to follow no stated law, but occurs at almost any period.

Inflammation of this gland occurs more frequently than, perhaps, many of us are aware. I am perfectly well satisfied, that inflammation of this gland is of very frequent occurrence—whether it be the secretory portion, whether it be the filamentous or areolar tissue of the gland, I shall not stop here to discuss. My impression is that it is an inflammation of the entire tissue of the gland.

The prominent symptom is, remarkable tenderness on introducing the finger into the rectum. When this extreme sensitiveness exists, with difficulty of passing water, it is evidence to my mind that the gland is very much inflamed.

We know perfectly well, also, that suppuration occurs in this gland, and produces a great deal of mischief. Lallemand, among others of distinction, states that the whole gland is inflamed. And he goes so far as to state that the openings of the glands into the urethra pour out the pus. This shows, conclusively, that the gland is inflamed. Sir Benjamin Brodie cites a case in which more than a pint of pus was discharged, from time to time, from the urethra.

This inflammation may be caused by the violent use of instruments. I say violent; this is too frequently the case. There never was a better axiom in surgery, "Make haste slowly," particularly in introducing instruments into the bladder. The violent use of these instruments, intense sexual indulgence, as well as urethritis, are capable, then, of producing deep suppuration in the gland itself. I have a specimen in my museum in which there is an abscess in one lobe, which caused retention of urine, in which the practitioner was unable to pass an instrument, and making use of violence instead of knowledge, forced the catheter through the membranous portion of the urethra, a little above the apex of the prostate, and into the side of the neck of the bladder. The retention was relieved but the inflammation that followed was fatal.

In suppuration in this gland, the pus generally takes the route into the urethra. Hence, Lallemand states that he has seen the openings from the prostate large enough to admit the end of a catheter, from which openings pus escaped into the urethra. The matter will sometimes make its way through the rectum, sometimes into the perineum, instances of which I have seen. I have also seen an opening through the urethra, just at the apex of the prostate. In one case I found an opening into both rectum and perineum. Both fistulæ were opened to the apex of the prostate. The cure was complete. A catheter was constantly used.

I now remember seeing two very formidable cases, about a year since, of this sort, which are not yet entirely cured. Upon both these I operated with a view to close the recto-urethral opening. In one instance, there was an opening into the perineum and urethra of some years' standing. I laid open the urethra from the fistula that was in the perineum, completely into the rectum and a little above this fistula that entered the rectum; the urethra was so sound, and he was so desirous of not being annoyed by the catheter, that I indulged him. I thought he might get along, as the urethra was so perfectly good that a few drops of urine only occasionally came down from the rectum. Upon close examination there was found an opening into the rectum which has not yet entirely healed. He has now returned from the South, and, in a few days, will put himself under my care again. During the winter he has been cauterized, but with no good result. He has a full knowledge of his case, and is willing to risk another trial.

I recall another instance, with which I know a gentleman before me is also acquainted. The case to which I refer is a medical man.

He has no disease of the prostate. There is an opening into the urethra, and also into the rectum. We attempted an operation, and it failed. I laid open the fistula upwards and downwards, above the apex of the prostate, and so down into the membranous portion of the urethra, hoping that it might close. He was unwilling to wear a catheter.

The doctor was, as all doctors are, exceedingly restless and irritable. He thought he could get along by care and attention; but, unfortunately, it has not healed. His greatest suffering arises from the passage of some of the fæces by the urethra.

These remarks are not extraneous to the subject, inasmuch as they are all connected with suppuration of the prostate gland. Since we had this gentleman under care, he has been subjected to the division of all the fistulous openings, and an attempt was made to effect union by means of the silver wire suture, but it

failed. He is now in a melancholy state, being constantly annoyed by fæces passing into the urethra and mixing with the urine, causing him to be an object of disgust to himself. These, then, are instances of the effects of suppuration about the prostate.

In one instance that is fresh before me, I fortunately relieved a gentleman who was of some consideration, by opening the abscess that was directly between the rectum and prostate gland, so that he was no longer annoyed by difficulty of micturition. When I first saw him, no instrument could be introduced. I took my prostatic catheter, which is two inches over the common length (the noble idea of the immortal Sabatier), and it passed without the least difficulty, and drew off the urine. Evacuating the bladder of water, I then examined per rectum, and found a large fluctuating tumor directly over the prostate and the membranous portion of the urethra. I felt the tumor very distinctly in that situation, and by separating the anus sufficiently, I was enabled to look in and see the bulging that was caused by the presence of this fluctuating mass. I introduced a bistoury, when a large quantity of pus escaped, and he had no more trouble. The inflammation of the prostate may be followed by the deposit of a large quantity of matter. Brodie says, that as much as a pint was discharged from a case that he saw; not, however, at one time.

The prostate is not generally the seat of *ulceration*. This is a process in it that is not common. It has occurred from the introduction of instruments into the urethra, which has first caused inflammation, the accumulation of pus, then pressure upon the gland, and ulceration. This ulcerative process follows. Excessive onanism and intense sexual indulgence will give rise to this inflammation.

I have known this to follow such indulgence where death has been the result of the suppuration that has thus been induced. Intense sexual indulgence, then, will produce this form of difficulty. This is attended with a great deal of pain and tenderness in the perineum, a fact which is denoted strikingly by the introduction of the finger *intra rectum*.

These abscesses in and about the prostate, will open, not only into the urethra, as probably was the case in the patient whom Brodie describes where a pint of matter was, from time to time, discharged, but they will open into the rectum, as in the two instances of gentlemen, both of whom were patients of mine.

Tubercles are occasionally met with in the prostate. These tubercles go on from softening to progressive ulceration. We have an instance recorded by Lallemand, where thirty of these abscesses were found, and as many tubercles. It must have

been considerably hypertrophied. Therefore the prostate gland is liable to have the same condition of things existing as we find in the testis, mesenteric glands, vesiculæ seminales, or where it is most frequently met, and where you are all acquainted with its existence, in the lungs.

Dr. Gross, well known to the gentlemen present, if not personally, by reputation, related a case where tubercles existed in this gland. He states that they follow the law of tubercles in other parts of the body.

Again the prostate is said by some to be affected with *cancer*. If we adopt the language of Mr. Walsh, that all forms of diseases that are heterologous are cancerous, we may consequently have it in the prostate gland. I prefer the old arrangement of cancer and malignant disease—or what does very well, hard and soft cancer. I am very well aware that they both have the microscopic characters of cancer.

These malignant forms of disease occur within and about the prostate. The body of the prostate is not so apt to be involved as in other forms of hypertrophy. There are three instances on record, one by Sir Astley Cooper, another by Mr. Stanley of London, and another by Langstaff. These three instances of malignant disease connected with the gland were in children. Therefore, malignant and serious disease of the prostate is not necessarily confined to old people.

In Stanley's case there was a tumor about the size of an orange connected with the third lobe; this tumor was soft, and was the product of a malignant formation. One of these cases was in a child 8 or 9 years of age, and the other two were during early boyhood. The great Dr. Fothergill of London died of malignant disease of the prostate. Great he was in every sense of the word. His name is known to most of those who read, but he is better known to some of us who have known his pupils and friends. Such was the character of the disease that as it grew upon him, it completely closed up the urethra, and his water had to be drawn off. He was one of the most remarkable men that ever lived, not only as a sound and noble physician, but one of the most extraordinarily virtuous men that we have any record of. He was attended by his friend and contemporary the illustrious Percival Pott—who would joke with him in relation to his bachelor life. On one occasion he said to him, "well, sir, considering you have always lived in London, you have a remarkably good urethra." "Percival," said he, calling him by his first name, "this instrument," referring to his penis, has never been used for any other purpose than to draw off my water."

I had a case a few miles from the city, some years ago, which was evidently a fungous growth about the prostate. It was, as

in Dr. Fothergill's case of a malignant form, or soft cancer. I chose to give it that phraseology. Whenever an instrument was passed, it would plainly enter the fungous mass, which would bleed freely. He ultimately died.

I have seen another instance where the tumor was not of the prostate, but a polypous growth, which acted as a valve, and gave rise to the most marked symptoms of stone in the bladder. This ought to teach us that nothing but a sound, grating against another hard substance, should justify the operation for stone in the bladder.

Under the head of cancer, I will mention a case that I had in conjunction with my friend Dr. O'Reilly, who is probably not known to most of you, but who is an excellent Irish surgeon. In this case, I thought that there could be no doubt of the existence of this disease. The patient died, but no post-mortem examination could be had to verify the diagnosis.

Senile hypertrophy.—Most persons who have read a little are led to believe that this is the only difficulty of the prostate gland. This is the last affection that I shall name. The occurrence of this affection in old age is afflicting in the extreme, inducing a melancholy existence, and embittering the last hours of life with agony almost insupportable. I do not mean to say any thing of its pathology, but simply speak of it as an enlargement of the gland. It is curious that it should occur in advanced life and be confined to the gland itself. A dissolute life is not necessary to produce it. We may instance the case of Dr. Fothergill. A bishop, a pleasant old Catholic gentleman, had this affection. I told him, I thought, considering he had lived in Rome for 33 years, he had a remarkably good urethra.

There are different phases to this enlargement. The most tormenting part of this enlargement is the third lobe of Sir Everard Home—the pathological lobe of Velpeau. Before the time of Amussat, the surgeons were in the habit of speaking of the gland as being divided into two lobes.

Most of the cases occur in advanced life, and hence the name senile. It is remarkably hard in its texture. Brodie speaks of it as having a stony hardness; Rokitansky, as a fibrous enlargement; others denominate it cystic hypertrophy, on account of the cysts found in it. Travers speaks of it as of scirrhus hardness.

This enlargement comes on very gradually, and is not accompanied at first with a great deal of pain. The first symptoms is difficulty in evacuating the last drops of water that are in the *bas-fond* of the bladder. Change of position has to be frequently resorted to. All persons with this difficulty make water better standing up. Some are obliged to get down on their elbows, so as to give the bladder a better opportunity to force the urine over the third lobe.

The treatment of this affection, as it respects remedial means, puts us at defiance. With all our resources we can make very little impression upon the prostate affected by senile hypertrophy.

If you will allow me, I will state some few facts connected with the difficulty of passing water, and the treatment, more particularly.

It is of great importance, in a difficulty of this kind, that a person should not have his bladder over-distended. I know a gentleman, a merchant, who carried a catheter in his side pocket for the purpose of relieving himself. Every thing that removes irritation is of the greatest importance, therefore it is often requisite to relieve the bladder by means of the catheter.

I know of no treatment other than palliative. We had some reason to hope, when iodine was discovered, that this great alterative would be productive of a vast amount of good; but this disease seems to baffle every thing.

I have seen more good derived from a seton in perineo, at the same time keeping the bladder empty and the bowels soluble, than anything else. In that way, the poor subjects of this malady linger on a little longer.

Can this third lobe, the pathological lobe of Velpeau, upon which nothing can seemingly act with any benefit—can this lobe, I say, be removed? This is a great question to ask, and a very difficult one to answer. I have some instruments here, which, with your permission, Mr. President, I will show the academy. They are calculated to get hold of this third lobe and remove it—that is, if the difficulty be in that third lobe. The main difficulty is in this lobe, which has been the isthmus that has been formed to constitute the gland one entire mass after foetal life.

Lastly, and not I hope to be tedious, let me call your attention to another matter, which I have left purposely to the last, from the fact that it is a very puzzling thing. It is very analogous in appearance to what old Father Pelletan called "*engorgement chronique de la membrane du larynx*"—a most admirable simile. I mean the *uvula vesicæ* of some—the *luette vesicale* of others. Dr. Baillie first described it as a membranous fold, in the form of a bar across the vesical orifice of the urethra, and has given a plate of it in his morbid anatomy. Guthrie revived our knowledge of it among the English surgeons. Some give him the credit of originality. Mercier calls it the urethro-vesical valve. Amussat denominates it *valvula pylorica*. Le Roy d'Etiolle styles these folds *bourrelets*.

Immediately at the neck of the bladder there will be an enlargement of the mucous membrane, sometimes from above downwards, but more generally laterally. This gives rise to

a good deal of difficulty in passing the urine. The catheter passes readily sometimes. It is very difficult to form a diagnosis between it and enlarged prostate. In the uvula vesicæ, the catheter passes very readily. In prostatic enlargement there is frequently great difficulty.

This state of things exists sometimes without any hypertrophy of the gland, in which case the catheter will pass in more easily. Any instrument passed into the bladder will generally be followed by a small discharge of blood, which alarms the patient, who thinks it arises from want of skill on the part of the operator, whereas it is desirable and beneficial. In the opinion of Guthrie, this is a curable affection. Le Roy d'Etiolle has great confidence in scarifications. I have seen him make them. These, with the application of caustic, constitute the principal means of treatment.

I have endeavored, Mr. President, to sum this up in as small a space as possible; as it is, I give it as a mere epitome—a mere resumé of my knowledge concerning that interesting subject—the pathology of the prostate gland.—[*Virginia Med. Journal.*

The Diagnosis of Pulmonary Consumption at its Commencement.

DR. SCOTT ALISON read a paper recently on this subject before the Western Medical and Surgical Society. The importance of diagnosis at an early period was shown by reference to facts arranged under three heads—1st, the vast mortality in advanced stages; 2d, the great destruction of the lining structure almost invariably found when the disease has long existed, in a great proportion of cases excluding all reasonable hope of remedy; and 3d, the material benefit afforded in a very large proportion of cases easily diagnosticated and treated. The number of patients under the care of the author at the Hospital for Consumption at Brompton, who here formed the grounds for calculation, is nearly 2000. The mortality in advanced cases has been very great, and very few have presented signs of permanent restoration to health; whilst the mortality in early cases has been comparatively trifling, even when long observed. About one-half of these latter cases have been greatly improved, and have presented satisfactory evidences of the disease being arrested. Numbers have returned to their employment, or applied themselves to less laborious and exposed occupations. Muscle and fat have greatly increased, cough has been removed, and the respiration has been deprived of much of its shortness. About three-fourths of these patients presented grave symptoms and the usual physical signs; while the remainder presented either well-marked physical signs without material symptoms,

or very marked symptoms with physical signs rather beneath the average weight of evidence ordinarily deemed proof of phthisis. The author regards the results as due to the early period at which disease was diagnosticated, and not to any particular method of medical treatment. Early diagnosis would be secured by a complete inquiry into the history of each case, by regarding the entire series of symptoms, and by a complete physical examination instituted at once, the chest being freely exposed back and front. The present state of medical knowledge was such and so widely diffused, that it was not likely we should be able to find any new symptoms of the disease, one which had been carefully observed for ages; but it was not unlikely that we should increase our knowledge of the physical signs. In the particulars of sound, form, and motion, additions would probably be made; but it was with respect to sound that most advance would be effected. Simple observation by the present means of auscultation would probably suffice to do much, but it was not unlikely that improvements in our instruments for auscultation would render assistance. Dr. Alison referred to certain sounds which he had frequently heard in phthisis at its commencement, and before dulness of percussion had manifested itself, or was materially pronounced. The sounds were an "arrowroot-powder" sound, very fine, and accompanying expiration; buzzing, humming, and kettle-boiling or kettle-singing sounds. He was as yet uncertain as to the mechanism of the kettle-singing sound, but was inclined to think the evidence pointed to slight pressure on the veins of the lung causing oscillations of the blood and vessels, such conditions as are produced in the neck by gentle pressure with a stethoscope or by tightened integument. This sound is continuous, and several of the patients who presented it had suffered from hæmoptysis. Crumbling sounds had been frequently heard. A great means of discovering phthisis was afforded in the differences in the character and amount of respiration; and he (Dr. Alison) believed that the instrument which he had made, which gave a stethoscope for each ear, and which he designated the Differential Stethoscope, would prove available in rendering very slight differences in respiration appreciable, which could scarcely be discovered by the ordinary stethoscope. The ordinary stethoscope necessitated removal of the instrument from one part to another, and a certain loss of time, though slight in itself, important when comparing two sensations nearly alike, was incurred. For the diagnosis of pulmonary consumption at its commencement, we should look for the signs of that disease at that period, and not for those of later periods. The acoustic properties of the lung with small points or spots of tubercle were, and must be, different from those of that lung which is so stud-

ded with tubercles, or so infiltrated with that material, that nearly all the lung tissue proper is pressed upon or obliterated, or when the lung is broken down and has little cohesion, and presents numerous cavities. (The Differential Stethoscope was exhibited to the Society.) In many examples of pulmonary consumption no dulness on percussion whatever is found; and not one of the recognized signs is present in all cases, or even at all times in the same case. We must be content with a certain amount of evidence, and that will not be the same in all cases, or in the same case at different times. Deviations from the natural configuration of the chest occurred in pulmonary consumption at an early period. These were made out by their history and by comparing one side with another. The author's Chest Goniometer would serve in discovering the deviations from the natural angles and curves, and in measuring them. The measurement at one period might be compared with the measurement at another. (The instrument was exhibited.)

Specimens of tuberculated lung, both in the early and later stages of the disease, were exhibited; and they served to prove that the physical signs in the different conditions of lung must greatly vary, and that the lung dotted with solitary tubercles the size of mustard-seeds, would afford few if any of the ordinary signs, and chiefly produce deviations in quality from the natural respiratory sounds, and some such delicate new sounds as had been referred to. The author was not prepared to say that these delicate sounds would not be found in other morbid states besides phthisis, but the same limitation held in respect of all other sounds.

The examination of the sputum, and the discovery by means of the microscope of tubercle and lung tissue, were referred to.

[*London Lancet*, and *American Jour. of Med. Sciences*.]

On the Influence of the Cervical Portions of the Sympathetic Nerve and Spinal Cord upon the Eye and its Appendages.

DR. JOHN W. OGLE read a paper on this subject before the Royal Medical and Chirurg. Society, June 22nd.

The main object of this paper was the application to clinical medicine of the various experiments which have from time to time been performed, as showing the influence possessed by the sympathetic in the neck and the upper part of the spinal cord upon the iris and upper eyelid. Experiments and dissection as regards the lower animals have shown that the curtain of the iris, containing as it does two sets of muscular fibres, a circular set by which the pupil is contracted, and a radiating set by which it is enlarged, is under the domination of two separate and

distinct sources of innervation. The third cranial nerve is found to control the circular or contracting fibres, and the sympathetic, by virtue of communication with the lenticular ganglion, is found to control the dilator or radiating fibres. Hence if the influence of the third pair be destroyed, the pupil becomes dilated, inasmuch as the dilator fibres, those presided over by the sympathetic, are unopposed; again, if the influence of the third cranial pair be left unimpaired, and that of the sympathetic be destroyed by section or extreme pressure, then the pupil becomes contracted. The author dwelt upon the history of the various experiments upon which the above statements are made, and also upon those from which it is concluded that in certain parts of the spinal cord resides the power or influence which acts upon the dilator fibres of the iris passing to that structure through the sympathetic via the roots of certain cervical and dorsal nerves. From these latter it is apparent that the same paralysis of the dilator fibres of the iris which follows section of the sympathetic in the neck follows also the severance of such fibres as connect the sympathetic with the spinal cord, as also the section or destruction of the spinal cord itself in certain parts. Accordingly it might naturally be expected that any cause of extreme pressure acting upon the various portions of the nervous system before alluded to would, as in the various experiments before adduced, cause a contracted state of the pupil on the side corresponding to that on which the extreme pressure existed. And thus it was that Dr. Gairdner, of Edinburgh, first sought to explain those cases in which, along with an intra-thoracic aneurism, a contracted state of the pupil coincided. These cases of his were detailed, several of them not having been hitherto recorded, and to these others were added of his own observation, as well as some from other sources. Cases were next given in which pressure from aneurism upon the sympathetic in the neck had produced contraction of the pupil. In the third place, instances were adduced in which extreme pressure from other causes than aneurisms had produced a like effect upon the pupil, as in the case of enlarged glands, carcinomatous deposit, etc. In the fourth place, bearing in view the intimate connection between the sympathetic main branches in the neck and the cervical part of the spinal cord, he drew attention to several cases in which a contracted pupil had been observed in injuries of the spinal cord itself. But in addition to a contraction of the pupil as brought about by section of the sympathetic, spinal cord, etc., as before spoken of, experimenters have also found that irritation or galvanism of the same parts of the nervous system will bring about a dilatation of the pupil, and that this dilatation may be effected even when section or extreme pressure has already given origin to contraction of the pupil. Accordingly in these

physiological facts an explanation was sought of certain cases in which pressure from aneurism, diseased products, etc., appeared to produce, not a contraction but a dilatation of the pupil in man; and he instanced, in the 5th place, several cases in which the pressure from various sources was inestimably so much in extreme as to be, in fact, a source of irritation or stimulus, acting in the same way as it was found in animals, that any stimulus, mechanical, chemical, or galvanic would act upon the sympathetic. In no other way could he explain the dilated state of the pupil which existed. But besides the above-described effect upon the pupil of the eyes, in enumerating the various experiments in which the sympathetic, etc., was divided, special attention was drawn to a dropping of the upper eyelid, or ptosis, which on several occasions was observed. This phenomenon was explained on the supposition that along with the sympathetic fibres to the iris, those to the third cranial pair are also paralyzed, and hence the levator of the upper eyelid, which is supplied from the third pair, is deprived of power to a greater or less degree. One or two cases were also adduced in which ptosis of the upper eyelid was observed in connection with pressure about the neck, from aneurism of other sources. He offered the same explanation of the convergent strabismus which, in the hands of certain experimenters, was, along with other results, found to depend upon a division of the sympathetic cord in the neck. He supposes it to have existed by reason of paralysis of such fibres (in several animals, five or six in number) as pass up to join the sixth cranial pair of nerves, by which the power of this muscle becomes weakened, and its action counterbalanced by the internal adductor muscle.—[*Medical Times and Gazette*, from *American Jour. of Med. Sciences*.

Notice of Epidemic Sore Throat, (Diphtherite,) as prevalent in Albany, N. Y. By S. D. WILLARD, M.D.

FOR four months past there has been a strong predisposition to affections of the throat in this community. These affections produced, doubtless, by the same epidemical influences, have existed under well defined and distinct varieties.

The first, and by far the most common form of the disease is *Pharyngitis*. It is a diffused inflammation covering the palate, uvula and tonsils, which become highly vascular, and give rise to a sensation of dryness and roughness in the fauces. The general health and appetite is undisturbed, and the only treatment required, is one or two applications of nitrate of silver, or an astringent gargle. There have been hundreds of cases of this mild form, which, in severity, has been scarcely sufficient to style disease.

The next variety is *Sloughing Tonsillitis*. It exists more particularly among children and young persons—those under 20 years of age. Upon looking into the fauces, it is at once observable, that the tonsils are swollen, in some cases so as to nearly touch each other, and on their surface are white spots, in size varying from a shot to a half dime. This high degree of inflammation and suppurative process, comes on suddenly, and its progress is through in eight or ten days. These white ulcers have thick edges, and look deep seated. They become more extensive, involving the whole of the tonsils; but in most instances, the slough is thrown off, and resolution ensues. In a few cases, the tonsils have been of a dark mahogany color, and the ulcers assume a greenish cast, and have been followed by gangrene, mortification, and consequently death. In some of these cases of sloughing tonsillitis, there has been a pseudo-membrane upon the roof of the mouth, the palate, uvula and tonsils, which by the process of suppuration, has been detached and thrown off.

The third and most fatal variety is *Diphthérie*. This has prevailed mostly among children under seven years of age. Its onset is sudden and insidious. The false membrane usually having been formed when the first symptoms of illness attracted the attention, and occasionally, when the attention was directed only by the alarming condition of other children of the family. The membrane rapidly extends upon the palate, tonsils, the rima glottis, and into the larynx, producing mechanical obstruction to respiration, as in croup, and the patient dies in precisely the same manner.

There is yet a fourth, which if not a distinct variety, is at least a modification of all of them. It is styled by a medical friend of mine, in expressive language, "*the horse-distemper variety*." In this, there seems to be a blood poison, and the mucous membrane of the nose, fauces and bronchi, throw off a thick, offensive, acrid secretion, and there follows before death incipient mortification and decomposition. The congestion extends to the cellular tissue and skin about the throat and chest. As in many of the cases of sloughing tonsillitis, the parotid glands become affected and swollen. In this variety there is no false membrane. It cannot therefore be *diphthérie*; yet it is a malady co-existent with it. From this form of the disease, nearly all die. Of the three last forms, within three months, about fifty have died. It is difficult to estimate, accurately, the number of cases that have occurred. Of the first and mild form of the disease, doubtless there have been a thousand cases, most of which, under less apprehensive circumstances, would never have come under the eye of the physician. The similarity of sloughing tonsillitis, and the sore throat of scarlatina maligna, is worthy

of notice. The almost entire absence of scarlatina, for the three past months, and its prevalence the three months preceding, is a fact that should not escape observation. Aside from the local treatment in severe cases, the strongly marked tendency to debility, and prostration, calls early for invigorating and strengthening remedies. In several families, two to four children have died of one form or another of the disease. My attention has been called to the greater prevalence of the *diphthérite* form, in the southern part of the city,

The disease *Diphthérite* has been accurately described by that eminent French pathologist, Mr. Brettonneau, as it prevailed at Tours, and by him recognized as a distinct disease, and embraces that form of malady here spoken of under the *third* variety. A full, clear and vigorous article on this subject, from the pen of R. J. Fourgeaud, M. D., is published in the *Pacific Medical and Surgical Journal*, (San Francisco, California,) for October, 1858. The disease known as diphthérite, or membranous sore throat, having prevailed in the valley of Sonoma, California, in 1856. The epidemic in Albany is subsiding.—[*Medical and Surgical Reporter*.

On the Condition of the Cervix Uteri during the latter half of Pregnancy. By M. CASEAUX.

DRS. COSTILHES, BOYS DE LOURY, and BENNETT, maintain that during the early months of pregnancy ulcerations of the cervix uteri are of great frequency, and exert a powerful influence in the induction of various pathological conditions. M. Caseaux believes these statements to be greatly exaggerated; and at all events in the latter half of pregnancy, to which his own observations apply, they are not borne out. Examined by the speculum, the mucous membrane of the vulva, the vagina, and the free surface of the os itself, is found of a dark colour, which becomes deeper and deeper, until towards the end of pregnancy it has attained a dark violet. A person unaccustomed to this examination, and especially if he has not previously ascertained the position of the cervix by means of the finger, may have considerable difficulty in engaging this part within the extremity of the instrument—this arising from the anteversion of the body throwing the vaginal extremity backwards.

“As the *toucher* would lead one to expect, the modifications presented to the eye by the vaginal portion of the cervix, are very different in primiparous and in multiparous women. In both, the cervix is of a deep violaceous, wine-lees colour: but in the primipary, this is pretty uniform throughout its whole extent. The external orifice, the lips of which are much softened, is in general more or less rounded; but although it is larger

than in the unimpregnated state, it admits of the penetration of the eye with difficulty, even when the valves of the speculum are considerably expanded. The circumference of the os, and the free portion of the cervix, rarely exhibit any traces of ulceration; but it is common enough to observe series of cherry-red granulations, true fleshy vegetations, varying in size from a pin's head to a large pea, which bleed on the slightest contact. In the woman who has borne a certain number of children, the cervix is in general much more voluminous, so that there is some difficulty in completely embracing it by the speculum. The lips of the os seem divided into several fragments, this segmentation, the result of lacerations that have occurred during former deliveries, rendering it very irregular. In consequence of these numerous solutions of continuity, the orifice is much larger and much more easily dilatable, so that the eye is enabled with ease to explore all the cavity of the cervix. The walls of this cavity are very unequal, and present irregular series of fungous projections, separated by more or less deep depressions. Some of these prominences are transparent, being probably due to hypertrophied follicles, but others resemble true flabby (*mollasses*) vegetations. Sometimes these are covered by a protective epithelium, but it is not unusual for them to be deprived of this, and then to bleed upon the slightest touch. It is especially within the furrows which separate them, that more or less deep linear ulcerations are often observed. These ulcerations sometimes so increase in size as to occupy a pretty considerable surface, and then they are easily seen; but generally they are hidden in the depths of the anfractuosités, and in order to perceive them, after well cleansing the surface, we must put the cervix on the stretch by opening the instrument widely. I have very often met with these ulcers in multiparous women, and I believe that I am within the truth when I say that I have observed them in seven-eighths of the cases, confining this statement to the last third of pregnancy. Supposing that a singular chance has not favoured my researches for a long time past, it is probable that what I describe here is the normal condition, and should not be considered as a pathological state, but simply as a consequence of the progress of gestation. Resembling in this respect the deep colour, the tumefaction, the ramollissement, and the almost fungous condition of the walls of the cervix, which are proper to pregnancy, and in nowise influence its progress, these ulcerations have the same origin, and should be considered as the result of excessive congestion. I believe that they are of no more importance. I am especially convinced of their innocence, and believe that all treatment of them is much more mischievous than useful. . . . If I am not mistaken, then, and if the peculiarities I have been describing belong to pregnancy, and are

only an exaggeration of the modifications of the structure and the vascularity of the parietes of the uterus, this condition should disappear with the cause that gave rise to it. Like vomiting, varices, hæmorrhoids, and all the sympathetic disturbances of pregnancy, it should cease with this. And that is precisely what takes place, and we may lay down as a rule, that no traces remain five or six weeks after delivery; the ulcerations which we sometimes meet with in women recently delivered, do not, in fact, present the same appearances, and generally are referable to another origin." (pp. 453—456.)

The statements made by Boys de Loury, Bennett, and others, as to the frequency with which abortion and various puerperal diseases are produced by ulcerations occurring at an early period of pregnancy, are so discordant with the observations the author himself has made, that he cannot but tax them with exaggeration. It is of importance to distinguish between ulcerations that have preceded pregnancy, and have persisted and increased since its occurrence, from those which have only become developed subsequently to the formation of the germ. The former, becoming irritated under the influence of exertion, and especially by excessive coition, may easily induce the contractility of the body of the uterus, and bring about premature expulsion. But the latter, in the author's opinion, rarely exercise a similar influence; so that however proper treatment may be in the one case, it does not seem called for in the other. He also doubts the justice of Bennett's statement, that these ulcers are a frequent cause of obstinate vomiting in pregnancy; and since he has been in the habit of treating this affection by the application of belladonna to the cervix, he has had the opportunity of examining four primiparæ, reduced by it to the last stage of marasmus, in whom the cervix remained perfectly healthy.

M. Laborie, in his report upon this paper, observes that M. Coffin, drawing his materials from the practice of M. Richet, describes precisely the same fungous ulcerations as those treated by M. Caseaux; but that he attaches much more importance to their presence, at the same time that he admits that no kind of treatment has been applied with success. Of seven women examined by M. Laborie himself in M. Cullerier's wards at the Lourcine, there was but one who did not exhibit ulcerations. She was a primipara, and had reached the fifth month. Two other primiparæ, exhibiting the ulcers markedly, were three months gone; and the four multiparæ had respectively attained the periods of five, seven and a half, and nine months. In these cases no special means of treatment were adopted, nor is it probable that the ulcerations would ever have been discovered without the use of the speculum.—[*British and For. Med. Chir. Review*, from *Mémoires de la Société de Chirurgie de Paris*.

A Severe Case of Hæmoptysis successfully treated with Tincture of Iron. By ISAAC REMINGTON, M. D., of Philadelphia.

J. W. C., aged about thirty-six years, married, of scrofulous habit and consumptive tendencies, having had occasional hemorrhage from the lungs during the past fifteen years of his life, was attacked with Hæmoptysis, on the 3rd of March, 1857. On applying for advice, I prescribed tannin, combined with ipecac. and opium, in form of pill, and directed one every two hours, recommending a state of rest and inaction, both of the lungs and body, by carefully abstaining from loud speaking and all bodily exercise. From over exertion in going up and down stairs, and continuing at his occupation of superintending a number of sewing machines, the hemorrhage rapidly increased, so that it became necessary to employ other remedies—to enjoin a state of absolute rest in a recumbent posture—rigidly to enforce a refrigerant regimen, with cooling drinks, potas. nit. v.s., &c.; and with a view to divert action from the affected organs, we directed a warm, stimulating foot-bath, with warm applications to the extremities.

Notwithstanding the observance of the above treatment, the returns of hemorrhage, which were of a bright arterial hue, became more frequent, abundant and alarming in their character. The ruptured vessels pouring out their contents into the air passages, would excite irritation and cough by the presence of the effused blood, which of course was expelled with force, causing a recurrence of the hemorrhage at irregular intervals of half an hour or one hour.

Homœopathy was now had recourse to, and after four or five days consumed in the unavailing employment of its *non entities*, I was again solicited to take charge of the case (the patient and his friends fully expecting it would terminate fatally), on condition that there was to be no further interference on the part of friends, and that my prescriptions and advice should be implicitly followed, I reluctantly resumed attendance.

March 10. Visit 9 o'clock, A.M. I ordered *tr. ferri mur.* gtt. x, every hour in sweetened water, and to suck a raw egg every two hours. At my visit at 6 o'clock, P.M., the hemorrhage recurring very profusely, I administered gtt. xl at one dose. No discharge took place till 5 o'clock next morning, at which time I was called up for advice.

11th.—At 12 o'clock, M., my friend Dr. Gilbert saw the case with me, in consultation. Our patient continued to experience occasional returns of hemorrhage during the day, although the dose of the iron was augmented to xx gtt. every two hours.

12th.—Visit 9 o'clock, A.M. Some improvement apparent. Had a return of hemorrhage at 11 A.M. Met Dr. G. at 12.

Agreed to continue tinct. ferri mur., suck raw eggs, to give the iron in gum water as a vehicle, to give ice-cream, and occasionally ice. At 4 P.M., there was a slight return of hemorrhage.

13th.—A slight return of hemorrhage at 4 A.M. Visit in consultation at 12 o'clock, M. Agreed to give gtt. xx tr. ferri mur., every hour. Visit 5 P.M., continues to improve; visit 10 P.M., no return of hemorrhage, pulse much improved. The longest interruption of the hemorrhage now occurred, affording an encouraging prognosis.

14th—Visit 9 o'clock, A. M. A slight return of hæmoptysis at 4 A.M., which is but once in 24 hours. Visit 5 P.M.; takes gtt. xxx. of the iron every two hours in gum water, takes raw eggs, oysters, ice-cream, farina, ice, etc., as diet. Improvement progressive—pulse fuller, slower and stronger, respiration easier and more profound. Patient is able now to lie on his right side, after maintaining a sitting, upright posture for ten days. Bowels moved once in 4 or 5 days by enemata.

16th.—No return of hemorrhage to report; and from this date forward he continued to convalesce rapidly and perfectly.

19th.—Pills of *ferri, ext. quas.* and *rhei* were substituted for tinct. ferri mur.

March 24th, our patient left his bed, and, in a few days, was able to walk out for the benefit of exercise in the open air.

The amount of blood discharged during this attack of hæmoptysis, lasting about ten days, could not have been estimated at less than one gallon.

So profuse a hemorrhage occurring in a constitution impaired by frequent previous attacks, associated with a strong and well-marked hereditary predisposition to phthisis, and to eventuate in recovery by the use of *tr. ferri mur.*, affords us a high degree of satisfaction; and with the hope that its details might prove not altogether devoid of interest, we submit it for publication.

[*Med. and Surgical Reporter.*

Abdominal Typhus.

FROM 100 dissections, from upwards of 1000 cases, Dr. Lebert, of Zurich, deduces the following results:

Intestinal affection is not always present, and bears no relation to the intensity of the disease—appearing rather to be a co-effect of the fever than sufficient for its explanation. In fatal cases, the intestinal affection has not only formed a slough or sore, but has even frequently ended in resolution; and it is not always easy to discover whether the intestinal affection has entirely failed, or whether it has only been completely resolved. The intestinal affection of typhus bears a very strong resemblance

to that of cholera, only in the latter there is usually more serous infiltration; it consists entirely in an increased formation of the normal cell-elements, and there is no such thing, as far as our author has seen, as a specific typhus exudation; while so many other diseases which have a typhoid condition, as pyæmia, severe icterus, meningitis cerebro-spinalis, and the grave cases of acute exanthemata, are accompanied by swelling of the intestinal glands and the spleen, that we are involuntarily led to the conclusion, that there is in many infectious diseases a peculiar connection between the pathological poisoning and those glands whose office it is to prepare the blood elements; and therefore the intestinal alterations in typhus have a much deeper and more general signification than is usually believed. From the eighth to the eleventh day, the cellular infiltration of the mesenteric glands, also that of the isolated and agminated glands, is very distinct; they are soft and swollen, as are also the glands of the large intestine. Very soon, erosions, ulcerations, and other anatomical alterations attendant on intestinal catarrh occur, which are most frequently observed from the eleventh to the fifteenth day; and in this very period, also the phenomena of resolution are often observed. But the intestinal alterations of typhus are very far from being bound down to typical phases; and there is even an occasional disproportion between the extent of the disease in the isolated and agminated glands, the latter being peculiarly its seat, while it is often entirely wanting in the former. In the course of the third week the intestinal alterations are at their height; in one case only, pus was found in the mesenteric glands, partly infiltrated, partly in the fluid state (as an abscess). In the fourth week the ulceration generally continues, the catarrh of the colon and ileum already retrogressive; the marrow-like infiltration of the mesenteric glands at its height, and partly retrograde. One man, however, dead on the twenty-fourth day, had only a few agminated glands slightly swollen, and the seat of superficial ulceration. Another case, dead after the twenty-eight day, showed undeniable symptoms of resolution without ulceration; the mesenteric glands were partly swollen, partly retrograde; Peyer's patches of a slaty hue, firm and granular, partly shrivelled, and only one small ulcer in the processus vermiformis. Tendency to cicatrization was only once observed on the twenty-fourth day. This stage occurs generally much later than authors have supposed. In the fifth week we have for the first time a greyish coloration of the edges of the ulcers, which now begin to fine down, but show only exceptionally a tendency to reparation. In this week the author observed three cases of resolution without ulceration, in only one of which was there trifling ulceration. In one case, dead after the thirtieth day, Peyer's patches were still slightly

swollen, grayish yellow, covered with a few small brown ecchymotic spots; the neighboring mucous membrane hyperæmic; the spleen large and soft; the mesenteric glands enlarged. Another case died on the thirty-fifth day; the spleen was still large and soft; most of Peyer's patches had a slaty-gray appearance; and only a few isolated glands showed traces of cicatrized ulcers. During this week the mesenteric glands are generally partly diminished in size, partly soft and swollen, and also of a slaty hue, particularly on the surface, whilst the interior is of a dull-yellow, cheesy aspect, as of shrivelled nuclei, already undergoing molecular disintegration; these disintegrated elements are probably subsequently absorbed, and the glands return to their normal state. During the sixth week, reparation proper commences; the edges of the ulcerations long retain their slaty hue, and the different portions of the intestinal canal are unequally advanced; the mesenteric glands are by this time restored to their normal state. In this week also the author found a case of undeniable resolution without trace of ulceration; Peyer's glands being slaty in hue, partly reticulated, partly granular and shrivelled. In the seventh week complete resolution is the normal condition; yet our author found three cases in which, although the edges of the ulcers were slate-coloured, their basis showed no trace of healing. Such are the cases in which tardy perforation occurs, and those also in which the patients sometimes die in the third month from sequelæ. Once in the eleventh week, and another time after three and a half months, our author found cicatrization uncommenced; in both cases a diphtheritic diarrhœa, accompanied by numerous ulcerations in the colon, was present; our author supposes that fatty degeneration of the textural elements of the ulceration is the cause of its not healing. He mentions as very remarkable two cases, one dead in the ninth week, the other in the eleventh, in both of which distinct villous granulations (Zotten) were produced on the surface of the sore, while in every other case the cicatrix had a striped fibroid appearance, with scattered gray pigment granules and corpuscles; such cicatrices were also distinctly vascular. As one-fifth of our author's recorded observations comprised cases in which the intestinal alteration failed entirely, were very trifling, or ended in resolution, bearing no relation to the severity of the disease, which severity bore also no relative connection to the typhoid diarrhœa, so he concludes that the distinction between abdominal typhus and exanthematic typhus without intestinal alteration cannot be strictly defined; much must still be left for future observers. With respect to the other textures and organs, our author found, 1st, an important relative frequency of peritonitis in ileo-typhus; nine cases of perforative, and seven of simple peritonitis, in 100 deaths; besides numerous

unmistakable recoveries from similar accidents, extending in time from the seventh day to the fourth month, being most frequent in the second month. The splenic enlargement, more or less constantly present, bore no relation to the intensity of the typhous process. Splenic softening, depending on hyperæmia and increased cell-formation, was a much more regular concomitant. The liver, in more than one-fifth of all cases observed, was more or less fatty; and in every case analyzed by Professor Stadeler, leucin and tyrosin were found, while, so far as known to our author, sugar has not been found in a typhous liver; so he considers it extremely probable that alterations of the liver not only exist during the typhous process, but probably have an intimate relation to it. The kidneys in the first two weeks were somewhat swollen and hyperæmic; later in the disease the kidneys were twelve times found to present more serious alteration; the size normal, or but slightly increased; the cortical substance decolourized, with here and there vascular points and stripes, the decolorization intruded partly on the pyramids; and here there was found, first, on the fourteenth day, generally about the fourth week, increased cell-formation in the convoluted ducts, mixed with a fine granular, albuminous infiltration, which subsequently seemed to undergo fatty degeneration; in most of these cases no albumen had been detected in the urine during life. A few cases of ileo-typhus complicated with Bright's disease recovered. The heart in the later stages of typhus becomes flabby, thin and pale, and frequently fatty, proving thus a probable source of death in protracted cases. Ulceration of the larynx, observed by Rokitsansky, Vogel, and Rheiner, were never seen at Zurich; pleurisy was present eight times; once the typhus commenced with pleurisy, which at death, on the forty-sixth day, was so far healed that only adhesions and increased injection remained. Occurring at an early period, it generally terminated favorably; and even as sequela, which it most frequently was, it was only then very serious when double, or the patient much reduced. The most frequent alteration of the lung was hyperæmia, with dark red, violet, or a more brownish colour, compact appearance, and a smooth cut surface, with distinct collapse of the lung-cells. This condition has been termed carnification or splenization when extensive, and atalektasis when more circumscribed. The author observed this condition twenty-one times diffuse and lobar, and six times scattered and lobular. The diffuse form is much more common, if to it we add those numerous cases in which hypostases showed a tendency to pass into carnification. The lobular atalektasis had a direct relation to the bronchitic affection, and was more frequent when that was severe.

Recent emphysema is also by no means an infrequent con-

comitant of typhus. Lebert observed it thirteen times, and connects it with intense capillary bronchitis. Pneumonia was a rare complication, occurring but five times—twice lobular, and three times general and lobar; apoplexy of the lung occurred eight times. Catarrh and bronchitis, with their sequelæ hypostasis and carnification, seem to belong to the typhous process; while laryngitis, pleurisy, pneumonia, etc., are only accidental complications or sequelæ, and tuberculosis and typhus seem to a certain extent to antagonize one another. The nervous centres afford no anatomical explanation of the serious cerebral symptoms so often occurring in ileo-typhus. Meningeal hyperæmia, and œdema under the arachnoid, are very frequent. Lebert found, however, only thrice increase of the ventricular fluid, and also three times effusion of blood in the membranes, and twice effusion of blood in the brain substance itself; once there was meningitis with sero-purulent exudation on the surface of the brain.—[*Edinburg Med. Jour.*, from *Prager Vierteljahrsschrift, f. d. Prak. Heilk.*

Communication from the Clinical Department for Syphilitic Patients at the Charité in Berlin. By Prof. V. BAERENSPRUNG, (*Annalen der Berliner Charité*, tom. vi. 1.) Translated for the *Lancet* and *Observer*. By W. KRAUSE, M.D., Cincinnati.

THE PRIMARY SYPHILITIC ULCER.

THE peculiarities ascribed to the primary syphilitic ulcer, its round form, sharp edge, lardaceous bottom, etc., are neither always well marked, nor sufficient at all to distinguish it from other similar affections. As a diagnostical means, however, inoculation as introduced by Ricord, has gained a wide reputation, so as to mark even an important epoch in the history of syphilitic diseases, by proving the specific and unique nature of the syphilitic virus as well as its actual difference from the gonorrhœic to a certainty, while it rendered the non-contagion of the secondary affection at least probable. The inoculation of the syphilitic virus, however, is by no means an insignificant operation. The pustule rising at the point of inoculation, shows nothing characteristic of its nature; this can be known only by the ulcer, developing itself from the pustule. It is, therefore, in order to obtain a positive result, necessary to leave the pustule alone for several days, before destroying. The longer, however, this is deferred, the greater is the danger of infection of the system. The destruction, to be successful, must be accomplished by means of an active cautery, such as the caustic potash or the Vienna paste, which operation is not at all insignificant to the patient. Finally, the inoculated chancre may assume, before or

after its destruction by the cauter, a gangrenous character, it may spread so as to require a much longer period for its cure, than the ulcers, from which the inoculating matter was taken. Apart, however, from these possible disadvantages of inoculation, some other circumstances, diminishing its diagnostical value, urge themselves upon our consideration. For, the chancre, secreting an inoculable matter only during its first stage, we are not justified in inferring the non-syphilitic nature of a doubtful ulcer from an unsuccessful attempt at inoculation. The inoculation of other pathological secretions, moreover, gives rise sometimes to products, more or less similar to an inoculated chancre.

In order to prove the latter assertion, Dr. V. Baerensprung made a series of experiments, by inoculating the chancrous matter and other morbid secretions, the results of which he condenses into the two following propositions :

1. Recent laudable pus, inoculated in the common manner, causes no reaction whatever. Stagnant pus, or other pathological secretions, in which decomposition has commenced produces a superficial inflammation of the skin, presenting itself under the form of an impetigo or ecthyma-like pustule at the point of inoculation, which dries up after a few days, without leaving any trace of itself, rarely it leads to superficial inflammation; ichorous matter, however, and other rotting animal substances, if inoculated, give rise to a pustule, tending from its beginning to ulceration, which spreading on the surface and eating slowly into the tissues, heals by leaving a radiated cicatrix. Very similar is the effect of the inoculated syphilitic pus, only with this difference; the primitive pustule is larger and the ulcer following it spreads with greater rapidity.

2. A pustule rising at the point of inoculation, is no proof whatever, for the syphilitic nature of the inoculating matter. Even when the pustule transforms into an ulcer, its syphilitic character still remains doubtful. Should, however, this ulcer spread rapidly, while putrid decomposition of the inoculating matter can be excluded, then, no sooner, a sufficiently certain criterion for the syphilitic nature of the ulcer has been found.

To obtain farther revelations, the author took pains to elucidate the process of syphilitic ulcerations by microscopical examination. On the first day after the inoculation a vesicle appears filled by a serous fluid, and under the vesicle, corresponding to the inoculated point, a little whitish core. The membrane of the vesicle is formed by the epidermis elevated from the cutis, while its contents are a serous matter exuded, in which corpuscles of pus of the ordinary form, and numerous swollen cells, from the rete Malpyghii, are to be found. Thus far, therefore, this vesicle does not differ from any other, caused by a superficial dermatitis. Peculiar, however, is that whitish core imbed-

ded in the corium. It contains cellular fibres, surrounded by a number of corpuscles of pus, so as to become distinctly visible only after an ablution by water. The object gets still clearer by an addition of acetic acid, which leaves the nuclei of the cells solely perceptible, cellular fibres disappear, and in their places bundles of numerous, sharply contoured elastic fibres are seen, exactly of the same qualities as normally found in the thick cellular substance of the corium. That little core, therefore, is nothing else but a portion of necrotic tissue, soaked by pus and surrounding the point of inoculation. This core is thrown out the next day. In its place a little funnel-shaped ulcer is found, increasing in size during the next days, and showing the same character as a chancre produced by natural contagion. It is always covered with that dirty white or yellowish layer, commonly called the lardaceous bottom of the chancre. It consists of a soft pulpy mass, which can not be pulled or wiped off, in the form of a membrane, which, however, admits of removal by abrasion, and shows the same microscopical properties as the above core, to-wit: cellular and elastic fibres, with a great many cells of pus. Presently under this layer lies the intact, but hyperdermic tissue of the cutis, bleeding after the slightest touch. The lardaceous bottom of the chancre is, accordingly, the most superficial portion of the corium, mortified and infiltrated with pus. As often as removed by scratching it re-forms, while the ulcer at the same time spreads in circumference and depth. Hence we infer, that the spreading of a chancre is owing to the mortification of tissue, progressing by layers. This process, beginning at the point of inoculation, it is, furthermore, apt to presume, that the ulceration is started by the immediate contact with the syphilitic virus, which, reproducing itself, like all contagia, exercises the same effect in circles, widening more and more. The formation of pus, accompanying the process of ulceration, appears as the product of inflammation, kept up by the adjacent tissues, which have yet escaped destruction.

The necrotic exfoliated elements mingle with the pus, thus forming the contagious matter of the chancre. When collected on a watch glass, in large quantities, it appears as a turbid fluid, in which whitish flakes are suspended. This fluid consists of serum and corpuscles of pus, while the flakes are the mortified fibrous elements of the skin with many cells of pus attached to them. Besides these and other accidentally admixed epidermic cells, molecular and fatty granules, no other elements are to be found. The vibrions found and described by Vonni, never came under observation.

The destroyed elements of tissue are found in the matter secreted by the ulcer as long as the progressive period of the chancre lasts, if this is brought to a close either by cauterization

or some other anti-syphilitic treatment, the properties of the ulcer and its secretion change. The ulcer cleans itself, the necrotic tissue, covering its bottom disappears. Sometimes, not always, however, its place is filled by another white layer, differing very materially from the former by allowing its removal, in form of a membrane. This latter membrane consists of fibrine exuded by the inflamed bottom of the ulcer. It sometimes forms again and again after being pulled off, until it gives room to the formation of vascular and cellular tissue, which goes on under it gradually filling the loss of substance, occasioned by the ulcer and finally consolidating itself into a solid cicatrix. In other cases such exudation of fibrine is not observed, the bottom of the ulcer begins to granulate directly. In this, its stage of reproduction the chancreous ulcer does not differ the least from any other granulating ulcer. Its pus becomes thicker, no other elements, but the common cells can be detected in it. If transferred by inoculation it manifests no more virulent qualities.

It is known that a series of chancres have been distinguished from the common one. Several of them after Ricord's example have been comprised under the generic term of phagedænic. Now, strictly speaking, every chancre possesses some of the phagedænic character. If, therefore, a certain kind is thus particularly denominated, no qualitative, but a merely quantitative difference can be meant by it. Let us look first at Ricord's chancre phagedénique diphthéritique ou pultacee. This owes its name to a pulpy layer, covering its bottom, which layer does not only bear external resemblance to the diphtheritic masses observed on mucous-membrane. Diphtheritic characterizes itself everywhere by the decay of the matter infiltrating the morbid tissue and the diphtheritic chancre with its pulpy bottom shows no marked difference from the lardaceous bottom of the common chancre. Both consists of mortified tissue with corpuscles of pus, with this difference only, that the latter forms a thicker layer, because its process of destruction goes on quicker. The diphtheritic chancre is observed mainly on persons whose system is in a debilitated or dyskratic condition, before contagion took place. The want of reactive power in such individuals is, therefore, to be assigned as a reason for the violent spreading of the ulcer. On the same ground the other characters peculiar to this chancre, explain themselves, for instance, its less regular form, the more cedematous, than inflammatory condition of the surrounding parts, the slight degree or utter want of sensitivness, which singularly contrasts with the extent of the ulceration. The doctrine, that all exulcerating chancres are not followed by constitutional syphilis is certainly false in its application to the diphtheritic chancre. The general infection here, as always, announces itself by the induration of the

bottom of the ulcer, corresponding in extent to the periphery and depth of the ulcer. This kind of hardly indurated diphtheritic chancres have been promoted by Ricord to the degree of a proper species under the name of chancre phagedenique par excès d'induration.

The same cause, which with invalid constitutions promotes the enlargement of the chancre, retards also its healing. The restitution of the destroyed tissue proceeds slowly, nor does it ever become complete. More or less extensive defects of the prepuce glands or labia remain forever, and the surrounding hardness does not disappear, until after a long time. If, moreover, neglect on the side of the patient makes its influence felt, such ulcers may be stationary for months, until they finally become incurable.

The direct contrast to this form is the inflammatory chancre. Ricord's chancre inflammatoire a tendance gangreneuse franche, to which must be ranked the chancre phagedenique gangreneux, for both differ only by this, that the latter has actually terminated in gangrene, which is to be dreaded with the former. The inflammatory chancre is usually met with on robust, plethoric individuals, characterizing itself by violent pain and a highly inflamed halo around the ulcer. If this inflammation is increased by the irritation from the clothes in active exercise, stimulating diet, spirituous liquors or pressure, caused by a narrow or swollen prepuce, the result is gangrene, spreading far beyond the original boundaries of the infection, mortifying with great rapidity the organic substance and leaving indelible defects. On microscopical examination of the bottom of and matter secreted by the inflamed chancre, nothing can be detected, which might distinguish it from the simple or diphtheritic ones, with the sole exception of a larger number of corpuscles of pus, closer enveloping the destroyed elements of tissue. The masses destroyed by the gangreneous chancre consists likewise of tissues, which, however, appear yet in their natural connection, having been thrown off together; the cutis with her papillary body, the meshy sub-mucous cellular tissue, composed of riddle bundles of fibres, the vessels even, and glandules of the skin are found almost in their natural form and aggregation, the whole object appearing the clearer, the less the number of interspersed corpuscles of pus. The substances, however, found on the bottom and in the matter secreted of chancres non-gangrenous, are always dissolved into their elementary parts, no complex structure is any more discernible. The essential difference between the two large classes of chancres consists, therefore, in this: In gangrene the parts mortify en masse, and far beyond the primary limits of infection; in the non-gangrenous chancre, only an exfoliation of tissue, progressing by layers, takes place. In this

circumstance another peculiarity of the gangrenous chancre finds its explanation, to-wit: the dark color originating from blood extravasated and metamorphosed, as also the putrid odor, which is developed by the decay of the mortified substances. Gangrene is accordingly a process entirely different from syphilitic ulceration, on which it may supervene as the result of much increased local inflammation. Advancing beyond the boundaries of the infection, it is attended by the most important loss of substance, which, however, prevents the absorption of the syphilitic virus in the same manner, as cauteries, artistically employed. It is peculiar only to the gangrenous chancre, never to be followed by secondary syphilis. The healing of the ulcer progresses with great rapidity after the demarkation and detachment of the destroyed masses, there is never left a specific induration nor a chronic intumescence of the corresponding lymphatic glands. Also the inflammatory chancre seldom has secondary syphilis in attendance, because the violent pain, by which it is accompanied, compels the patient to seek medical counsel in time, perhaps also for this reason, that a violent inflammatory reaction eliminates by supuration the infected part.

The Hunterian chancre, sufficiently known by its specific induration always supervenes at a later period, never before the fifth day of the appearance of the primitive chancre. It is always found accompanied by a moderate indolent swelling of the inguinal glands, and invariably followed by secondary syphilis, not unfrequently, even where a thorough anti-syphilitic treatment has been instituted. These facts, per se, seem to indicate that the indurated chancre is not solely a local affection. The induration on the contrary is the first manifestation of the general infection of the system, which has already taken place, and is soon to show itself on a more extensive scale. This theory is confirmed by the examination of the indurated bottom of the ulcer. An incision carried through the indurated part, shows a homogenous lard-like surface. On pressure a turbid and granular jelly protrudes, which, put under the microscope, appears to consist of drops of oil and a number of irregularly formed flakes and granules of very different size and transparency, in addition, a small number of nuclei and spindle-shaped cells. Ether, superadded, does not dissolve much, acetic acid, however, renders the whole object somewhat more transparent. A solution of iodine gives to a portion of the amorphous granular masses that red color, proving according to Meckel, the presence of lardaceous matter. Hence, it will follow, that the exudation, which forms the specific induration of the chancre, differs from matter exuded by common inflammation. The presence of nuclei and cells seems to favor the organization of the matter

exuded into cellular tissue, an assumption, proven to be correct by the observation, that every specific induration, if persisting during some time, is transformed into a fibrous cicatrix. There seems, however, to be a want of tendency to purulent metamorphosis, as we are taught by experience, that the appearance of the specific induration retards or arrests the process of ulceration. If these observations plead on the one side, for the specific nature of the induration, they render it probable on the other, that its anatomical character is identical to other exudations, formed under the influence of constitutional syphilis in various other organs. The author had repeatedly the opportunity of examining into the contents of gummata, which, as is generally known, sometimes develop themselves by syphilitic inflammation in the cellular tissue, more frequently under the periosteum. Their microscopical and chemical properties were always the same as those of the indurated chancre. We are led therefore, to the conclusion, that the specific induration is a manifestation of constitutional syphilis, that it is unjustifiable, to class the indurated chancre among the primary ulcers. Induration often supersedes the simple and diphtheritic chancre, rarely the inflammatory or gangrenous ones. It is not the messenger of Lues coming, but Lues herself present.

Ricord's chancres phagedeniques serpigineux and terebrant are not sufficiently marked to be classed as different forms. The former fell under observation only as a secondary affection, while the latter is nothing but a common serpiginous chancre, spreading more into depth, than circumference, in consequence of its accidental implantation on the lax and œdematous cellular tissue of the margin of the prepuce.

According to V. Baerensprung, the presence of mortified tissue in the matter secreted by the chancre during its progressive stage may be used as a valuable diagnostical means. For, though the separation of necrotic substance and the intermixture with the different secretions is no process peculiar to syphilis, yet it is not frequently met with in affections apt to be confounded with chancre. These are herpes vulvæ and preputic, the catarrhal erosions and inflammatory ulcers of the genitals.

Herpes does not seldom form on the male prepuce, most frequently, however on the female organs of generation. True on the external surface of the prepuce and labia majora it appears under the form of vesicles, grouped on a reddened ground, forming eschars after some days, and being speedily cured. On the inner surface of the prepuce, however, on the mucous lining of the inner labia and vestibule of the vagina no such vesicles are formed, because their tender epithelial covering is not resistant enough to be separated as an unbroken membrane from its corium. In these places, therefore, herpes shows itself as a group

of little round, whitish, aphthæ-like erosions, which sometimes becoming confluent, cover a large extent of surface, assume an irregular form so as to simulate the existence of a chancre, especially when the neighboring parts get inflamed and turgid. On minute examination, however, the corium is found entirely intact, being deprived only of its epidermic covering. The superficial white layer is composed exclusively of corpuscles of pus, which adhere to the denuded papillary body.

The large and quite irregular landscape-like erosions, so frequently attending blennorrhœic secretion and balanitis, present the same anatomical character. Those portions of the mucous membrane, stripped of their epithelial covering, become the source of a more or less abundant secretion of pus. The cells of pus, next to the corium, are supplanted again and again, by others, until epithelial cells at last begin to form in their place.

From these frequent affections of a catarrhal nature others are to be distinguished, being the product of plastic inflammation. Little ulcers of oval form on a highly inflamed base, their bottom covered by a closely adhering white membrane, which can be detached as a whole, fall not unfrequently under observation near the posterior commissure and on the caruncles at the entrance of the vagina. If left alone, these ulcers do not increase in size, but heal in a few days without leaving a specific induration. They arise from trifling mechanical injuries of the mucous membrane, rents, etc., if these get inflamed by irritating influences, such as blennorrhœic secretions or frequently repeated coition. That firmly adhering membrane consists of plastic matter exuded, which on microscopical examination shows that granular and fibrous structure, peculiar to coagulated fibrine, interspersed by many corpuscles of pus, without the presence, however, of necrotic elements of tissue.—[*Cincinnati Lancet*.

Employment of Sugar in the Diseases of Infants, and its utility in Intestinal Catarrh. By Drs. BEHREND and SIEBER, of Berlin.

IN the *Presse Medical Belge* is an interesting paper on the use of sugar in the diseases of infants, a portion of which we abstract. The authors refer to the writings of Sala, Pellatier, Hoffman, and many others, in support of the utility of the remedy.

The ordinary cane sugar is employed with our general dietetics in consequence of its agreeable taste. During the last century many of the older authors spoke in high terms of the therapeutic action of sugar, and recognized in it many properties of utility in the treatment of divers maladies. In later times and after the prosecution of many philosophical researches, and the presentation of their results, we are now taught that the opinions of the old physicians were well founded and rational.

We now know that, by the reactions of this agent with the liquids of the stomach and intestines, it is transformed into lactic and butyric acids direct. To the researches of Lehmann we are mainly indebted for the information we now possess, and are made cognizant of interesting and remarkable changes and effects on the animal economy from its agency and its mutative action on medicaments.

Without further prelude we will now cite two cases which came under our treatment some six years since, and which will serve to show what may rationally be expected from it as a therapeutic agent.

During the epidemic which prevailed in this country in 1851, and which manifested so much activity in the derangement of the intestinal functions, both in adult and in infant life—and attended with high febrile action—we had many opportunities for observing the salutary effects of the remedy.

A child three years of age, of a scrofulous habit, was seriously attacked with the prevailing disease. An intense fever declared itself at the outset, which was soon followed by copious diarrhoea, attended with violent colic pains, and soon afterwards by excessive abdominal tenderness. An acute inflammation was manifest, which was combated with an antiphlogistic course, to which it soon yielded. The diarrhoea persisted, with great irritability of the stomach, and the expulsion of a light flocculent matter; a nutrient treatment was adopted to support the sinking patient, but all ingesta was rejected instantly, and it was easy to foresee that all the usual remedies in such cases would be applied in vain. The efforts at vomiting continued; the stools were mixed with mucous filaments slightly colored with bile, and at times streaked with blood; their odour was acid, but not strong.

The child was now put upon sugar and water, which it ate with a ravenousness and voracity most remarkable. This peculiarity, and the apparent assurance it gave of adaptability in this case of intestinal catarrh, determined us, for the first time, to employ this method of treatment. To effect its exhibition in a convenient manner it was given in the form of pulv. blanc. sac., one half oz. slightly moistened with water, each hour. This treatment was continued four hours, and was tolerated. At night the same treatment was continued, the patient to have sweetened water whenever disposed to drink. No other medication was employed. On the fifth day the abdominal pains had ceased most completely; the diarrhoea still continued, but the stools were less copious and frequent, and contained fecal matters. The treatment was continued, with the addition of light nutrient fluids, which we now found feasible, and, as the patient recovered, beef tea was given. The treatment, for nine days,

consisted of sugar in a humid state, and to its effects we are disposed to consider the cure attributable, and not to other medication.

Soon following the above case, another child, aged four years, was presented with the same disease. It had become very emaciated by the wasting diarrhœa, and, when first presented, was writhing with the violent colic pains attendant on the disease. The patient was placed upon the same treatment in all respects as the former, and at the end of five days the stomach would tolerate other light nutriment, followed by beef tea, as in the first case. In three weeks the cure was perfect. During the last two weeks the quantity of sugar administered was diminished daily.

These two cases go far to establish the value of the remedy as a therapeutic agent, and when we regard the opinions of the older writers upon this subject, it seems evident that it has long been a useful but neglected adjunct in the treatment of peculiar diseased conditions.—[*Pacific Med. and Surg. Journal.*]

Secale Cornutum in Asthenopia.

Prof. Von. Willebrand states that he has employed "secale cornutum in several diseases of the eye in which I believe the evil to be removable by recalling a brisk contractility in the walls of the bloodvessels, or in other structures furnished with unstripped muscular fibres. This remedy has proven of the greatest advantage in disorders of the adjusting power of the eye . . .

"A woman, aged 28, of a fine, healthy appearance, who had always enjoyed good health, and who had gone through two favorable confinements, the last of them four years before, complained of great deterioration of sight, so that she could not occupy herself for longer than some five minutes at a time in sewing or reading, when the letters seemed to mix together and pain arose in the eyes, spreading to the brow and temples. Were they, on the contrary, wholly unemployed, she felt no pain in the eyes, and found her power of vision pretty much as it had always been. The patient thought she had remarked this irritability of the eyes to have come gradually on for two years, contemporaneous with diminished menstruation. No morbid change could be detected about the eyes. The pupils were somewhat contracted, but quite movable. The patient could distinguish near and distinct objects as formerly. Her visual distance was normal. The eyeballs felt something firmer than common. There was no doubt that the disease consisted in a disturbance of the adjusting power; it appeared to me certain also that a chronic congestive state of the eyes was present, and that this was probably the cause of the disturbance in the adjusting power

of the eye. The cause presented nothing further worthy of note, except that the bowels were slow.

"I ordered ten grains of *secale cornutum* with carbonate of magnesia, four times a day. I saw the patient again in four days; she was overjoyed at the improvement which had taken place. She could now read and sew with ease. This state lasted four months, after which the patient observed that the disease returned. The same means was again employed, and with equal benefit. Since then she has seldom required to have recourse to it, so long as she follows the advice given her, to use her eyes sparingly in reading and sewing.

"More recently, I have in cases of disturbance of the adjusting power, always used the same means, and with constant good effect. The complaint returns, indeed, readily in those cases, where the cause (for example, straining of the sight upon minute objects, especially in a bad light) cannot be avoided, yet it is removed by the same means. The young people of the ladies' school of this place, who, in consequence of strained occupation in a bent position, and of ill-arranged illumination, are exposed to the above-mentioned unfavorable circumstances for sight, have afforded me several examples of considerable derangement of the adjusting power, which all, at least for a time, have yielded to this means. I am thereby firmly convinced, that in disturbed power of adjustment the treatment by means of convex glasses is greatly aided by internal medicine. The dose of the *secale cornutum* is to be varied according to the age of the patient. Lately, I have ordered only five grains for a dose to an adult, mostly in combination with carbonate of magnesia, sometimes in chlorotic cases with iron."—[*Archiv. für Ophthalmologie*, and *Med. Times and Gaz.*

On the Treatment of Neuralgia by Electricity. By J. ALTHAUS, M. D.

FROM the time when Sarlandière and Magendie first made known their observations on the therapeutical use of electro-puncture, galvanism has been frequently and in various ways administered to relieve such neuralgic pains as defy other therapeutical proceedings. The practice of electro-puncture being connected with more or less annoying inconveniences, viz., in many instances very violent pain during the operation, and afterwards inflammation and supuration in those tissues into which the needles have been thrust, other modes of applying galvanism have been naturally resorted to. Duchenne recommended to produce a strong revulsion by practicing faradisation of the skin, by means of metallic brushes conveying a very powerful electro-magnetic current to the painful points;

but the pain produced by this proceeding is, according to Duchenne himself, atrocious, and in a certain number of cases the operation has not been accompanied with any success. Another, and in my opinion, the better way, is to send an induced current, of middling intensity, for a certain time through the affected nerve, by means of moistened conductors; one pole being placed at a point where the trunk of the nerve may be reached nearest to the nervous centres, the other one on any of the terminal branches of the nerve. This mode of electro-magnetic treatment, which is derived from the physiological fact that by such a proceeding any nerve in its normal state may be made more or less insensible, I have found the least inconvenient and the most efficacious for some forms of neuralgia. In fact, the pain produced by it is very insignificant, and hardly worth mentioning, when compared to the often excruciating neuralgic pain against which the proceeding is instituted. On the other hand, I have seen the method alluded to answering in cases where both electro-puncture and faradisation of the skin had been resorted to with little or no success.—[*Med. Times and Gaz.*

The Vital Point.

It is well known that M. Flourens has long since designated a particular point in the cerebral mass as the seat of that power which presides over the respiratory and circulatory systems. According to his statement, the destruction of this point invariably occasions an instantaneous suspension both of cardiac and pulmonary movement, and the immediate death of the animal without pain or convulsions. This has been esteemed by many as the most positive evidence of the truth of those doctrines, which, since the days of Hippocrates himself, have found a multitude of champions assuming the name of vitalists, and asserting the existence of a specific force essential to life,—presiding over the various component organs, and preserving the animal mechanism in its normal state of equilibrium. Believing that the arguments of their more material opponents, who made the scalpel the test of everything, were fully answered by the researches of Flourens, they exhumed the memories of Von Helmont, Hoffman and Stahl, honored them with orations, and proclaimed them the only lights which had illuminated the medical world. Though affecting for years a sovereign contempt for that system of vivisection, which has really accomplished so much of practical importance both for Physiology and Therapeutics, they became at once its warmest friends and most zealous advocates. Though bound only by a sort of traditional regard to the abstractions of an effete theory, one stroke of the knife awakened them to new life and energy; and though ridiculed as laggards

in the great march of professional improvement, they suddenly found themselves transformed, as they supposed, into pioneers and prophets.

More recent and accurate researches, however, are about to effect another revolution in Medicine, for Séquard, following the lead of the learned and laborious Bernard, has overturned the whole theory of Flourens, and demonstrated that the "Vital Point" is no vital point at all. The following are his conclusions, as first published in the *Journal de la Physiologie*.

1. Death is not always the immediate result of ablation of the vital point.

2. When death takes place suddenly after this ablation, it is due in a great measure to the sudden arrest of the movements of the heart resulting from irritation of the spinal marrow.

3. Irritation of the surrounding parts produces sometimes the arrest or enfeeblement of the heart's action, just as ablation of the point itself.

4. After dividing the pneumogastric nerve, the destruction of the vital point never occasions a sudden suspension of cardiac movement.

5. It is not because of the ablation of the vital point that respiration sometimes ceases, but rather on account of the irritation of the spinal marrow.

6. Irritation of the adjacent parts sometimes arrests respiration even when the "vital point" is not wounded.

7. Respiration and circulation can be performed with force and regularity for a number of days after ablation of the "vital point," from which it is evident that this part of the cerebral mass is neither the source of vital power, nor the main spring of the respiratory apparatus.

8. Voluntary movements, and the sensorial functions, are often uninterrupted, even after the destruction of the "vital point."

9. The "vital point" appears not to be essential to life.

[*Medical Journal of North Carolina.*]

On the Use of Soluble Glass.

SOLUBLE GLASS is prepared by fusing a mixture of 15 parts of quartz, ten of potash or 9 of soda, and 1 of charcoal. In its dry state it is clear, colorless, hard, and not easily fusible. Gradually added, in the form of fine powder, to boiling water, it is dissolved, after some time, in 5 or 6 times its weight of water, to a syrupy liquid. The same solution has been obtained by dissolving quartz directly in a strong solution of caustic soda under a pressure of 7 or 8 atmospheres.

Common chalk, previously soaked in water, and afterwards allowed to remain in the solution for a few days, has acquired such a hardness that it cannot be scratched with the finger nail, and may be readily polished. This increase of hardness penetrates into the interior of the piece in proportion with the time allowed for reaction, and a mass is thus obtained quite unsusceptible to the influence of either water or carbonic acid. This quality of the soluble glass will secure it a vast application for the hardening and preservation of porous and decaying building stones, and walls erected from such material. The great painter, Kaulbach, has the merit to have called forth a new period in fresco painting, by the use of the soluble glass for the fastening of his paintings upon the plaster walls. He paints with ordinary water colors, or mixes them with a weak solution of the glass, and the wall, after the finishing of the painting, is saturated with the glass solution by means of a fine syringe.

Soluble glass may be used for the painting and preservation of metals, stone, wood, paper, and a number of fabrics. Wooden floors are thus made not only very hard and durable, but their absorption of oil, ink, etc., is effectually prevented, and they are preserved against all attacks of the wood-worm. Wood, paper, etc., are rendered uninflammable, particularly if the glass solution has been mixed with chalk, in which case the glass coat is, externally, hardly altered, while underneath a kind of destructive distillation is going on; but if the coating has been of pure, soluble glass, this is apt to become fused by the heat and run off, thus exposing the wood or paper partly to the fire. Articles made of iron, clay, and many other metals and earth, may be painted and glossed; they are first painted with the glass, and after this coating has been allowed to dry, a second coating, consisting of the paint with a weak solution, is applied, and afterwards coatings of a concentrated warm solution are laid on, until the articles have attained the desired gloss.

For druggists, it is important to know that soluble glass with zinc, white or with *blanc fix* (precipitated sulphate of baryta), is very available for labelling glass bottles, and that such labels are indestructible, either by spirits, oils or acids. Varnished labels cannot be covered with this glass, as it renders them liable to crack. But paper boxes soaked in a warm solution of soluble glass, and after complete drying, painted with a suitable color ground in the solution, are admirably adapted for the preservation of herbs, roots, and most substances requiring to be kept excluded from the changes of the air.

A "glass paper" has also been proposed as a substitute for waxed paper, for the purpose of covering ointments and cerates and wrapping up plasters; it is more elegant and much cheaper than waxed paper. Professor Artus uses moderately heavy

writing paper, and puts the solution of soluble glass of 1.12 or 1.15 spec. grav. on with a brush, renewing the application after the first one has become perfectly dry. A stronger solution produces a more glass-like covering, but such paper cannot be rolled without cracking.

For domestic use, soluble glass has been recommended as a substitute for soap; and woolen, silk, cotton, linen and leather fabrics (kid gloves, &c.), are cleansed by it much better than by soap; it is cheaper and goes further than the latter. On washing with the glass, hard or soft water may be used, cold or lukewarm. Only very dirty and starched cotton or linen clothes must afterwards be rinsed in hot water. Soluble glass lessens the work and saves fuel, it preserves all colors, with probably the single exception of *bleu de France*, which is likewise destroyed by soap. For 100 lbs. of water, but 1 lb. of soluble glass is necessary in all cases, save for the washing of raw wool, which may sometimes require as much as 4 lbs. It has been introduced in a number of the largest factories in Europe.

[*Druggists' Circular.*

On the Value of Iodide of Iron.

THE iodide of iron is comparatively a new preparation, as it was only in 1834 that Dupasquier, of Lyons, distinguished no less as a chemist than as a physician, made some very interesting trials of this preparation in the treatment of pulmonary phthisis, and proposed a new method of preparing it. He then showed that he had performed several cures upon patients affected with crude pulmonary tubercles, and had considerably relieved others whose tubercles had begun to soften. In the hands of others, however, the use of iodine of iron has not been attended with uniformly good results probably in consequence of the uncertain nature of the preparation; sometimes too much of the iron was received into the stomach and besides this, there was occasionally an excess of iodine present, which was converted in the system into hydriodic acid. In recent times, M. Gille has proposed to administer the iodine in the form of sugar-plums, and in the formula recommended, it is said that the proportions of the iron and the iodine are preserved unaltered. M. Boinet records two cases of abscess of a very aggravated character cured by the internal use of iodide of iron, together with ioduretted injections into the sac of the abscess. The first case was that of a child, nine years old, in whom there was caries of the fourth, fifth, and sixth dorsal vertebræ; and there were two abscesses, one in the back, on a level with the diseased vertebræ, and the other, also on the right side, in the iliac region. The disease

had continued for several months without any amelioration, when, on the 8th of January, 1857, the abscess in the iliac fossa was punctured and injected with tincture of iodine; the patient was put upon good diet, and cod-liver oil was given internally, together with sugar-plums (*dragées*) of the iodide of iron. On the 17th of January both the abscesses were punctured and injected at the same time. This operation was subsequently repeated on several occasions, and under this treatment the fistulous openings caused by the punctures gradually dried up, and at last became completely cicatrized. The child improved in all respects, and under the use of the iodide of iron in sugar-plums, and the influence of strengthening food, became strong and well. The second case was that of a man aged sixty-three, under the care of M. Malgaigne, at the Hôpital St. Louis, who had a large abscess below the crural ligament. M. Boinet punctured this abscess, which discharged more than three pints of a grumous pus. The opening was then injected with tincture of iodine; the abscess remained fistulous for some time, and allowed a small quantity of pus to flow out every day, but it soon closed. The iodide of iron was administered internally, and the patient was put upon a strengthening diet; and six weeks after the operation and the internal use of the iodide, the patient left the hospital quite well.

In a lecture on chlorosis by M. Gendrin, the lecturer recommends iron and manganese as the best remedies in this disease, and passes in review the different preparations of iron which are employed in medicine. One of the most useful preparations in cases of chlorosis complicated with scrofula, or only with a lymphatic temperament, is the iodide of iron. But, unfortunately, this salt is very easily decomposed, and in order to employ the syrup with advantage, it should be prepared at the very time when it is to be taken. The invention of M. Gille fulfils the object of practitioners in recommending this medicine, for he envelops the iodide with a layer of sugar, which altogether prevents the access of air. These sugar-plums have been preserved more than two years without any alteration of the iodide. M. Gendrin speaks strongly in favour of this preparation, the value of which consists not only in the indefinite preservation of the ferruginous salt, but also because it renders its administration easy and agreeable. The iodide of iron has the advantage over other preparations, of being well borne by the patient, an advantage which it undoubtedly owes to its great solubility.

M. Rostan, in a lecture on chlorosis, says that the iodide of iron possesses, in the promptitude of its curative action, a very manifest advantage over the other ferruginous compounds; the syrup of the iodide has not been used in medicine so much as it would have been if it had more stability; but the preparation of

M. Gille renders the administration of this salt as easy as that of the oxide or the carbonate.

In phthisis, the iodide of iron has been found to act very beneficially, and its importance in this disease will be increased when it is preserved chemically pure, and given in suitable doses. Louis, Andral, and Bricheteau, have all used with success, the syrup of the iodide of iron in pulmonary tubercle; and more lately Dr. Belouino has published some cures of this disease effected by the administration of the sugar-plums of M. Gille. "Recent observations," says Dr. Belouino, "have assigned to iodide of iron an important place among therapeutic agents, and it may be boldly placed among the best medicines which we possess. Formerly it was unworthy of confidence, because it was badly preserved and was easily decomposed, and consequently did not give always identical results. Physicians, in consequence, decline to make use of it. At present the iodide of iron—thanks to the laborious researches of M. Gille—is preserved in a state of perfect purity. I have had occasion to employ very often the preparations of this gentleman, and I have attained experimentally the conviction that the iodide of iron is an excellent medicine in cases of anæmia, scrofula, rachitis, chlorosis, and often in certain cases of pulmonary phthisis in which the organism requires to be strongly fortified." Dr. Belouino records two cases of phthisis which were cured by the administration of iodide of iron; one was the case of a lady, aged twenty-four; the other that of a child, aged five; in both, the existence of tubercular disease was ascertained, but it disappeared under the use of the iodide.—[*Journal des Cliniques des Hôpitaux de Paris*, and *Brit. and Foreign Med. Chir. Rev.*

Different Formula adopted in the Practice of the Medical Profession in Lyons.

THE 'Gazette' of Lyons has published a series of preparations recommended by physicians of repute in that city, and which are said to have succeeded in certain well-marked cases. The following are some of these preparations:

Powder for the Convulsive Attacks of Hooping-Cough.—Bicarbonate of soda, seventy-five centigrammes; cochineal powder, seventy-five centigrammes; belladonna powder, fifteen centigrammes; and sugar in powder, eight grammes. Mix and divide into fifteen doses; two or three to be taken every day during the whole duration of the hooping-cough.

Doses for Intermittent or Remittent Spring Fevers.—Seignette salt, sixteen grammes; quina in powder, sixteen grammes; to be taken in a glass of warm water every morning, for three days

consecutively. It is remarkable that, in this formula, the purgative does not interfere with the antiperiodic effect.

Pills for Palpitation of the Heart, with Hypertrophy in an Early Stage.—Sugar of lead, two grammes; extract of digitalis, one gramme. Mix, and divide into twenty pills; one to be taken morning and evening, and the dose may be afterwards doubled.

Scalative Liniment for Eczema.—Oil of sweet almonds, ten grammes; glycerine, ten grammes; oxide of zinc, five grammes. To be employed in frictions when the acuteness of the eruption is over, or after the inflammation is calmed down, and the scales have been removed by meal poultices. In chronic eczema, two to four grammes of sublimed sulphur may be added to the preceding liniment. This formula is particularly adapted for the eczema of the anus and the chaps of the breast.

Remedy for Habitual Headache.—Dr. Teissier, of Lyons, recommends fifty centigrammes of menyanthes to be infused for half an hour in a cup of boiling water, adding a tablespoonful of syrup of valerian. This quantity to be taken two or three times a-day. Dr. Teissier has often ascertained the good effects of this very simple remedy, which had already been recommended by Tissot and Sainte-Marie, and which has improperly fallen completely into oblivion.

Pills for Acute Articular Rheumatism.—Dr. Bouchet gives the following pills, in conjunction with drinks containing nitre:—Extract of guaiacum, one gramme; extract of aconite, fifty centigrammes; sublimed calomel, ten centigrammes. Mix, and divide into ten pills, to be taken during the day, one every two hours. Dr. Bouchet has almost always seen the symptoms mend under this treatment from the fourth to the sixth day, movement becomes possible, and the disease is terminated from the twelfth to the fifteenth day.—[*Bul. Gen. de Ther.*, and *Ib.*

Experiments with Atropia and Epilepsy. By DR. MAX MARESCH.

THE great number of epileptic cases introduced, in complication with insanity, into lunatic asylums, has led to numerous experiments with various remedies, but hitherto without very favorable results. Dr. Maresch, who is the physician to the Imperial Lunatic Asylum in Vienna, has employed atropia in epilepsy in the case of some of the lunatic patients in that establishment. The preparation employed was pure atropia from Merk's laboratory in Darmstadt, dissolved in the proportion of 1 grain of atropia to 500 drops of spirit, and the dose was 5, 10, and 12 drops every day in the morning or evening, and continued for a month. The cases treated were very severe, and complicated with maniacal and suicidal insanity, and the results

therefore were not uniformly favorable. In fact, the writer states that out of eight cases which were treated by atropia, there were only three in which the epileptic convulsions disappeared. But he remarks, that in the asylum to which he is attached, only those cases of epilepsy are received which are complicated with mental derangement, and that he has been unable to extend his experiments to cases of pure epilepsy of recent origin.

We understand that Dr. Sieveking has recently tried the effects of a solution of sulphate of atropia upon an epileptic patient as well as upon himself. In his own case, a hundredth part of a grain produced brief vertigo, followed by dryness of the throat of several hours' duration; vision not being affected. On the following day he suffered from nervous depression, which was the main symptom very urgently complained of by the epileptic patient, who took one hundredth part of a grain on three successive days.—[*Zeitschrift der k. k. Gesellschaft. der Aertze zu Wien, and Ib.*

On the Treatment of Obstinate Intermittent Fevers by Cold Water, and by the adoption of the most Simple and Ready Means. By DR. DAUVERGNE, Physician of the Hospital of Manosque.

DR. DAUVERGNE, remarking that some writers believed in the possibility of curing obstinate intermittent fevers by sea-baths—namely by the specific chemical powers of this kind of water—advances his own opinion, that the action was due only to the impression of cold produced, and to the direction given to the organic movements. Twenty-seven cases have been collected by Dr. Dauvergne in proof of the efficacy of water in the cure of these fevers; 26 of them attacked with intermittent fevers of all kinds, but especially obstinate and chronic, were cured with surprising certainty and rapidity. The only case which failed was that of a soldier, who became puffy and cedematous after a douche; and as the weather was cold, the sulphate of quinine was given, and effected a cure. The cases of treatment by water are recorded by Dr. Dauvergne, who seems to have adopted a plan somewhat similar to those pursued in the hydropathic establishments. The strength of the patient was supported by generous diet.

[The bloated and cedematous condition of one of the patients thus treated, and his subsequent cure by sulphate of quinine, seems to prove that the water-treatment cannot be adopted without great risk; and although some of the other cases may have been improved, in a hot region like Africa, by the application of water to the surface, there is no proof whatever that

the same treatment can be safely adopted in other countries, or that it can supersede quinine in the management of intermittent fevers. The exhibition of sulphate of quinine is attended with no danger, and this cannot be said of the water-treatment.]

[*Bul. Gén. de Thérapeutique*, and *Ib.*

On Glycerine as a Local Application in Pseudo-Membranous Croup.

By D. MAYER.

DR. MAYER was induced to employ glycerine in pseudo-membranous croup, from observing the relief obtained by its being snuffed up or injected into the nostrils in some cases of ozæna, in which hard concretions form in the nasal fossæ. Glycerine is remarkable for its extraordinary power of adhesion, extension, and penetration, especially when applied to a mucous membrane, and therefore it is not necessary to apply it to the laryngeal surface by direct application, for its mere apposition in any quantity to the rima glottidis, or the parts nearly adjacent, is followed by immediate entrance into the cavity, without provoking to any extent the spasm and violent convulsive cough which are always caused by the forcible introduction of a probe or sponge into the orifice. In pseudo-membranous croup the larynx is lined by an excretion somewhat analogous to that thrown out in ozæna, and it seems probable that the introduction of the glycerine into the laryngeal cavity may loosen the membrane and facilitate its expulsion by coughing or vomiting. Dr. Mayer has employed the glycerine in severe cases in conjunction with other treatment, and indeed he does not propose this remedy as a substitute for, but as an addition to, other means; and he has found the application to be followed by a manifest improvement of the cough, and relief of the dyspnoea and general distress. The article employed was Price's Candle Company's glycerine, and it was applied by pressing down and drawing forward the tongue with the finger, and squeezing out the contents of a long and thick camel's-hair brush dipped in the liquid over the chink of the glottis, or as near it as possible, concluding the operation by swabbing the whole throat. Dr. Mayer thinks that this mode of treatment is applicable to several other diseased states of the respiratory passages.—[*American Jour. of the Med. Sciences.*

Caustic Glycerine for Lupus. (Bulletin Général de Thérapeutique.)—The formula proposed by Dr. Hébra, of Vienna, consists of iodine, iodide of potassium, and glycerine. This topical application is laid on every two days with a camel hair-brush; it causes pain for more than two hours, but it has the great advantage of curing the lupus without producing unsightly scars.—[*Am. Jr. Med. Sci.*

EDITORIAL AND MISCELLANEOUS.

THE FIFTEENTH VOLUME OF THE NEW SERIES OF THE SOUTHERN MEDICAL AND SURGICAL JOURNAL.—A distinguished explorer relates the story of a Greenlander, who was filled with pity and commiseration, for the “poor Europeans,” who were forced to drag out their existence without ever knowing the luxury of fish oil and blubber, as a prime article of food. “How do you live,” says he, “without the fat of seals, and a measure or two of oil every day?” Surrounded, as we are, by periodical medical literature, breathing the stimulating atmosphere of medical progress, living in the midst of our fifty or sixty highly prized exchanges, domestic and foreign, greeting their coming, devouring their contents, and imbibing, both improvement and pleasurable excitement from their well-filled pages, we too, rejoice in a feast which many would dislike, and feel inclined to pity any member of our profession, who does not know the pleasure and advantage, of even, a single medical journal. Dull and stationary must his life be, and feeble the impulses of that physician, who, in the present age, can content himself to live in profound ignorance of the progress and improvement, everywhere making rapid strides, in his profession. That which was, yesterday, the crowning foam on the very front wave of scientific advancement, is often, today, found far behind in the career of improvement—so rapidly do other and stronger waves rush on, to overwhelm, or to surpass it. There is but little that is stationary in the present epoch, and still less in the science of medicine. “Progress” and “change” seem stamped on every page of medical literature, and the books themselves, appear to us but the shifting scenes of an ever-changing, ever-deepening drama.

Let us take any one department of medical knowledge; let us buy the best, or perhaps all the books written upon it; devote months, or even years to its study in these books, and ere we have waded through the heavy volume, a new edition informs us—and most truly—that the advancement of the age demands a complete revision, or reconstruction of this entire branch of knowledge. We are bewildered, we are discouraged: we almost sacrilegiously wish we could clog the wheels of a progress, which thus mocks and disheartens, which depreciates the value of our hard-earned knowledge, and writes, “passing away” upon all our attainments, even when they have scarcely come fully into our possession.

Do we ask, where our author obtains all the additional matter for his new edition—from other books? This cannot be: none others have been published. Has he made farther investigations? No! he has not had time, by his own single-handed efforts, thus to double the size of

his records. Who, then, has done the work in so short a time, and through what channel has it come to him? A little reflection will soon satisfy us on both these points: the whole world may have been stimulated, at once, to engage in and complete the work, and the entire results of their united labors have found a place of record, and a medium of publication, in the *medical journals of the day*.

Books, then, can only give the *results* of scientific investigations, for they are of slow and laborious preparation, and tardy in coming into our hands; but the journals supply us immediately and constantly, and faithfully, with the *processes* by which these results have been accomplished. They are the archives in which all the treasures of medical lore are first laid up, and they are the storehouses whence this knowledge is transferred, to make up the more complete and systematic science recorded in books. Without medical journals, then, we can gain medical knowledge, only when it has become comparatively stale—its freshness has, in most cases, been there exhaled. Medical journals are to medical books, what newspapers are to works of human history, and to works of political economy—they, each, have their own necessary use and function in supplying the sum total of our knowledge. As the politician, or the man of business, who neglects the record of passing events, found in the current history supplied by daily journals, would necessarily fail to battle successfully in the arena of life—so, the practitioner of medicine, who neglects the information and instructive precepts of the medical journals, soon finds himself far in the rear, in many important departments, however diligently he may read, even the latest works.

Of the value of medical journals we are, at present, unwilling to say more; our wonder is, not that so many are supported, but that each member of the profession does not subscribe for and read, not only one, but at least two, viz., 1st, one monthly journal, to supply him with information for the daily exigencies and necessities of practice; and, 2ndly, one quarterly or bi-monthly review, to furnish information of a more general character, to direct his reading, and to save the necessity of much laborious book-reading, by the comprehensive synopses of medical works, which they present. Books now exist in such profusion, that the task is, not so much, to find something to read, but rather to know what works we can safely exclude. The Reviews supply this important information, and well deserve the attention of every one who would advantageously engage in the pursuit of medical knowledge. In our own country are to be found two of the best medical Reviews, which the world affords, viz., The American Journal of Medical Sciences, and the North American Medico-Chirurgical Review, both published in Philadelphia.

The present number initiates the fifteenth volume of the new series of the Southern Medical and Surgical Journal; during the past year, we have endeavoured to discharge, faithfully, the responsibility imposed upon us, as editors, by gathering into our *seventy-two monthly pages*, as much valuable information as they would contain, that the work might be useful and suggestive to the practitioner, as far as possible, keeping him posted up with the rapid advancement in our science; and we feel assured, that there is yet lying veiled before us, though near at hand, much golden treasure to gild the records of the coming year. We shall endeavor still, to keep the Southern Medical and Surgical Journal, the true exponent of Southern Medicine, and the medium of communication for sound medical doctrine, from every part of the scientific world. We again call on those who have so long and so well sustained it, by both pecuniary and scientific aid, to renew their good wishes, and to enter with us, heartily into the work. With an experienced and liberal publisher, a corps of able contributors, and editors, who are at least, devoted and in earnest, we may hope still to find the journal valuable and interesting to all who may become its readers.

HENRY F. CAMPBELL,
ROBERT CAMPBELL.

To SUBSCRIBERS.—With the very encouraging list of payments, on the cover, of the present number, we feel far more inclined to thank, than to dun—to continue the administration of “Honey” in preference to “Vinegar.” Let us then gratify our paying subscribers, by assuring them, that it is to their promptness that our faithful publisher owed his ability to meet his pecuniary engagements during the last year. On taking charge of the journal at the beginning of fourteenth volume, Mr. Morris did not purchase the accounts due the office; he, therefore, was cut off from the assistance which the payment of these “back debts,” (a great many of which have been paid,) would have afforded him, and had to depend entirely upon the subscription of the current year. We have made but a single appeal, and that a very good natured one, and we are satisfied with its results. The price of the journal is very moderate, but its payment is very important to the publisher. As there are still many in arrears, we now respectfully request that they transmit the amount before the distribution of our February issue.

As the journal has been sent, for some time, to the address of subscribers who have removed, and, in some instances, to the address of others who have died, thereby causing much loss to the publisher, he has concluded to send the present number to the entire list, as usual, but to

withhold the February number, from those who have not paid, until he has some response, either an intimation to continue, or the payment for the past year. This course has become necessary, on account of the large number of removals which have taken place among our subscribers. It will, doubtless, prove satisfactory to all concerned. We, again, thank those who have responded promptly, and can assure all, that the journal will improve in size, style, and value, in proportion to the encouragement which the publisher receives at the hand of the subscribers.

BINDING OF THE FOURTEENTH VOLUME.—We scarcely ever take up an old bound volume of a medical journal, but that we are loth to put it down, so filled do we find it with the most interesting and valuable matter. Indeed, medical journals when indexed carefully and *bound*, make the most valuable of medical books. They contain precepts upon every department of the science and practical instruction, which applies to every variety of case. It is proverbial, that systematic works on the practice of medicine, are often mere *compilations* from the hands of book-makers—men who are not engaged in practice themselves, and who are, therefore, liable to err in their precepts of treatment. Physicians actively engaged as practitioners, find little time to write systematic works, but when they are conscientious, they report their experience in the medical journals, and thus, these medical journals, become the most reliable sources of information ;—they are, at least, worthy of preservation.

We are requested by the publisher of the Southern Medical and Surgical Journal to say, that he will endeavor to supply subscribers with any deficient numbers, in case they desire to bind the volume for 1858.

For the information of subscribers, convenient to this place, we will state that the Bindery Establishments of the CHRONICLE & SENTINEL OFFICE, and of Messrs. THOS. RICHARDS & SON, will do the work neatly, promptly, and reasonably. We commend them to the attention of our readers.

Nature and Art in the Cure of Disease. By Sir JOHN FORBES, M.D., D.C.L. (Oxon.), F.R.S., Fellow of the Royal College of Physicians, Physician to the Queen's Household, etc., etc., from the 2nd London edition, pp. 261, 12mo. New York : Samuel S. & William Wood, publishers. 1858.

So great an evil, in the practice of medicine, is the aggressive medication to which the sick are subjected, and so abundant are the books which inculcate it, that when we find one which attempts to argue for the powers of nature, in the cure of disease, *we*, at least, are disposed to

listen to its counsels and to weigh, tolerantly, its opinions. It is the experience of almost every practitioner that, as he advances in life, he becomes less reliant upon indiscriminate drugging, and more willing to trust to nature, in maintaining and in restoring health.

In the work before us, the distinguished author urges most powerfully the recognition of the *powers of nature*, to arrest the processes of disease; and, if he is ultra in his views, we still do not condemn his book, but rather *commend it on that account*; at the present day, nothing less than the strongest argument, the most ultra earnestness, can arrest the tide which has so long set in for "strong physic and a plenty of it."

Every young practitioner and student of medicine should purchase and read this book—should early lend his ear, to one who offers to whisper a word for nature, a word which may in after-life save him much bitter self-reproach, and which may rescue from the jaws of death, many a patient whom he would give his right hand to save.

In addition to the above work, we have received from the Messrs. Wood, two others, which, in their way, may be regarded as perfect gems, viz., 1st, *Mind and Matter*, by Sir Benjamin Brodie; and 2nd, *Uræmic Convulsions*, by Carl R. Braun—both these last shall receive attention in our next issue.

Skoda of Vienna.—From a review of a work on Clinical Teaching in Germany, and especially in Vienna, by Dr. Gallarvardin, in the Edinburgh Medical Journal, we extract the following sketch, a pen and ink portrait of the celebrated Skoda—the very type "of the spirit and tendencies of the Vienna school."

"That which constitutes the originality of Skoda among all the clinical teachers of Germany, and which has made for him so universal a reputation, is his skepticism. In medicine there has been rarely seen, if ever, a *doubter* so absolute, so fervent; for his is no *theoretical* skepticism (which is a very common thing), but a *practical* skepticism, which he actively propagates both by his teaching and through the writings of his pupils, and by its application at the bed-sides of the sick. Thus from his name any physician who neither believes in, nor practices any form of therapeutics, is termed *Scodist*. *Scodism* among the Germans is pyrrhonism in medicine. We would lay long odds that our reader could never divine the remedy which Skoda applies at the bed-side. Every year during nine or ten months of clinical lessons, he employs on his twenty-eight sick—*patients* they may indeed be called—in *succession* all the most classical, most celebrated means of cure, and do you know with what intention? Simply to convince his pupils that all these medications are always and completely *inefficient*. If by chance—*chance* is indeed the term to use here—if on any treatment there supervenes a prompt and very marked amelioration, he attributes all the honor to the natural course of the disease.

Example.—A young man of nineteen, very robust, comes into the hospital on the 11th May, on account of a pneumonia of the right lung, of a highly inflammatory and severe form.

On the 13th and 14th, Skoda causes him to take infusion of fox-glove, which induces six stools a day.

On the 15th a pound of blood is drawn from the arm by his orders.

Next day, the 16th, pulse, which on the preceding evening was at 106, falls to 66.

To explain so notable and prompt a modification of the pulse, Skoda expresses himself in these terms: "Perhaps it is the effect of the bleeding, such things have been seen; perhaps, too, it may have been the effect of the fox-glove, that has been seen too; it may also be considered as connected with the natural evolution of the disease, that has been seen too." Skoda reasons habitually after this fashion, never denying in a very decided manner. In this way, little by little, he *insinuates* doubt into the minds of his disciples, all the more surely that he does not insist on its reception; so that finally these come insensibly to lose all practical faith—to raze from their medical vocabulary the word *causality*, just as their master does.

Skoda is of the *young school*. Thus we have never heard him quote a single physician who flourished before the first years of the present century, and of course *a fortiori*, he never cites any physician of antiquity. He thinks it perfectly useless to know how the problems of philosophical and practical medicine, always the same, at all times, and in all places, having always for their subject 'man sick,'—how these problems, we say, have been agitated, and resolved by Hippocrates, Galen, Baglivi, Stahl, Boerhaave,—nay, even by the men who shed lustre on the school of Vienna, Van Swieten, Stoll, Hildenbrand, J. P. and Joseph Franck."

American Med. Monthly.

Constipation of Infants.—It cannot too often be stated, that there is nothing more dangerous to children than repeated laxatives. They operate once, but only to leave the bowels more subject to constipation than ever. Prof. Clar (*Jahrbuch für Kinderheilkunde und physische Erziehung*, 1858, iv., p. 230) gives two indications, which are to be fulfilled by stimulation—1st of the intestinal mucous membrane; 2d, of the action of the intestinal muscular fibres. The first is effected by injections of soap, sulph. magn. sulph. sod. chlor. sodii, dissolved in water; where any contra-indication forbids the injection of salts, injections of sugar and water will be found useful. In order to stimulate the muscular fibres of the intest. crassum, he recommends dec. tarax., dec. gramin., with an addition of tinct. colocyeth, tinct. rhei aq., tinct. rhei vin., tinct. aloes, or a mild inf. rad. jalap. or inf. fol. senn.

[Wherever, for the last few years, I have met with obstinate constipation in infants, I generally succeed in giving speedy and full relief, by ordering some sweet sugar water to be taken every day, besides the breast. I am satisfied, that the chief cause of constipation in nurslings is the insufficiency of sugar in the breast milk, the proportions of which are, naturally, not the same with every mother. Wherever caseine exceeds the proportion of the other parts of the milk, it becomes indigesti-

ble by a relative want of lactic acid in the contents of the stomach and intestines.—[*New York Jour. of Medicine.*]

Bi-Sulphuret of Carbon.—Mr. James Schiell, of St. Louis, describes the mode of application, and some of the therapeutical uses of this substance. He directs that, of a mixture composed of equal parts of the bi-sulphuret and alcohol, a little shall be poured on a tuft of cotton, which is to be rubbed "pitilessly over the affected part four, five, or six seconds. A strong, burning sensation follows, lasting only a few seconds, with the cessation of which ceases also the suffering of the patient. Sometimes a second or even a third application, at intervals of two or three minutes, is necessary, and the pains will disappear as if the suffering part had been touched by a magic rod." In two cases of bilious colic, after a strong dose of calomel had been given, friction over the abdomen, with the mixture as above, (bi-sulphuret of carbon and alcohol) removes the pain in a few seconds. In addition to the treatment just mentioned, an injection, containing half a teacupful of glycerine, was administered.—[*St. Louis Med. and Surg. Journal.* and *North Amer. Med. Chir. Review.*]

Treatment of Gonorrhœa by the Yellow Jessamine. (Charleston Med. Journal and Review, July, 1857.)—Dr. John Douglas describes a case of gonorrhœa which was successfully treated by the yellow jessamine (*Gelseminum sempervirens*). The patient had been suffering for some months from improperly-treated gonorrhœa. A small handful of the root of the plant was put into a bottle of whiskey, and the patient was ordered to take a tablespoonful of this tincture night and morning. The immediate effect was rather alarming, as the vision was impaired; but every symptom of gonorrhœa had ceased, and the cure was permanent. It appears that the flowers, roots, and the whole plant are narcotic, and that in South Carolina a saturated alcoholic tincture has long been used with marked success in rheumatism.—[*Brit. and For. Medico-Chir. Review.*]

Pine Sap in Phthisis.—The pine sap, recommended by Dr. Desmarteas as a remedy for consumption, we suppose is simply the juice of the pine-tree—any pine tree—as it flows from the incisions in the bark, before it thickens by exposure to the air. It is obvious that it can differ but little, if it differs at all, from the turpentine of commerce. It is by no means a new idea to use the products of the turpentine tree in affections of the lungs, and sometimes, we have no doubt, with decided advantage. Everybody knows something of tar water, and the vapors of rosin, and many persons have great confidence in their virtues. We have known turpentine pills—we don't mean the oil of turpentine, but the inspissated juice—to play the part of a specific remedy in the hands of a quack doctor, who placarded the country with his wonderful cures of consumption. A decoction of larch has been recently recommended in England and Ireland by professional authority, for the like and other purposes. The larch yields turpentine, and therefore it can hardly be questioned that whatever remedial power it possesses is derived from the terebinthinate quality of the decoction. Because it cannot be called a new remedy, is no reason for refusing it a trial.—[*Druggists' Circular.*]

Scarlatina and Measles.—Mr. Witt, member of the Royal College of Surgeons, has published a pamphlet in which he states that carbonate of ammonia is a specific for the cure of scarlet fever and measles. He cites Dr. Pearl, of Liverpool, and other practitioners, who have never lost a case out of hundreds since adopting this remedy. Two drachms of the bicarbonate of ammonia are dissolved in five ounces of water, and two tablespoons of the solution given every two, three or four hours, according to the urgency of the symptoms. No acid drink must be taken, but only water, or toast and water. The system is to be moved by a dose of calomel if necessary. The room must be well ventilated, but the patient protected from the slightest cold or draft. Gargles should also be employed for clearing the throat. The ammonia, it is said, counteracts the poison which causes scarlatina, and also acts on the system, by diminishing the frequency, and, at the same time, increasing the strength of the pulse. As so many children die from these diseases in this country, this remedy ought to receive a fair trial from the profession.—[*Newspaper*.]

Lupus Exedens cured by Cod-liver Oil.—Mr. Hunt exhibited a patient who, under a protracted course of cod-liver oil in small doses, had been cured of lupus exedens, of the strumous character. The patient was a woman 22 years of age, and had suffered from the disease for 12 years, the ulceration having involved a portion of the nose and face. The oil was administered in drachm doses, three times a day, and continued for some months.—[*Dublin Med. Press*.]

Uva Ursi, as an Obstetrical Agent.—Dr. Beauvais strongly recommends the substitution of this for the secale cornutum, being as efficacious, and far more innocent in its operation. In ordinary delayed labor he gives grs. xv, in infusion every hour; but when rapid effects are desired, as in metrorrhagia, a decoction of 4 drachms to a quart of water should be employed, in divided and frequent doses. In hæmaturia, incontinence of urine, menorrhagia, etc., he has found a syrup, made of 90 parts of the leaves to 1000 parts of sugar, and 9.8 of boiling water, a good preparation.—[*Virginia Med. Journal*.]

Vaccination in Germany.—About twenty petitions, complaining of the obligations imposed on all of the inhabitants of Wurtemberg to have themselves vaccinated, were lately presented to the Chamber of Deputies of that kingdom. The chamber referred them to a committee, and the committee, at a late sitting, presented a report, recommending that a special commission should be charged to make a searching investigation into the grievance in question. But the Chamber passed to the order of the day.—[*London Lancet*.]

Of the Preparation of Pastiles of Pepsin.—In order to render pepsin an agreeable medicine for children, M. Corvisart had recommended a preparation of syrup of cherries with pepsin. But it was found by M. Berthé, that by the action of sugar upon pepsin, the latter was modified and transformed into glucose and lactic acid. The presence of water

being the principal cause of the alteration, M. Berthé has adopted the form of pastiles. They are composed of gum arabic paste, with a few drops of essence of lemon, and when the mass is quite homogeneous, twenty-five centigrammes of pepsin are added to each pastile, which is very agreeable to the taste.—[*Bulletin Général de Thérapeutique*, from *American Jour. of the Med. Sciences*.]

Pepsine Wine.—We find in *L'Union Médicale* that the following pepsine wine is extremely agreeable and efficacious:—Take of starchy pepsine, prepared according to Messrs. Corvisart and Bourdault's formula, one drachm and a half; distilled water, six drachms; white wine (of Lunel), fifteen drachms; white sugar, one ounce; spirit of wine, three drachms. Mix until the sugar is quite dissolved, and filter. One tablespoonful of this wine contains about fifteen grains of pepsine, and may be given after every meal.—[*Pacific Med. Journal*.]

New Vienna Caustic.—M. Dujardin, of Lille, having observed the inconveniences attending the use of the Vienna caustic, owing to the chemical reactions set up between the potash and the lime, which is never pure, and the composition of which is very various, has proposed to combine the potash with calcined magnesia, with clay dried at the fire, with fine dry sand, with inappalable powder of pumice stone; of these, he prefers the combination of caustic potash with clay. The preparation should be preserved in well stopped bottles.—[*Ibid*.]

New Caustic Paste with Chloride of Zinc and Gluten.—M. Sommé has been led to the employment of gluten instead of flour in the formation of caustic paste, by observing that the paste was more adhesive and easy to preserve in proportion as the flour which he employed was more rich in gluten. The gluten is obtained from the best wheaten flour, and the chloride of zinc and the gluten are mixed in the following manner. The chloride is placed in a porcelain capsule, and dissolved in alcohol with a gentle heat; then the gluten in powder is spread uniformly over the liquid mass and triturated, so as to incorporate the two substances completely together. This paste is very plastic, and may remain for a long time exposed to the air without liquefying, and it may be handled with impunity, if there are no excoriations on the skin. It may be used in mass, in plates, and in cylinders, the latter form being applicable in the case of deep fistulæ.—[*Ibid*.]

Employment of Nitrate of Silver as an Abortive in Paronychia.—Dr. Guinier, of Montpellier, proposes to employ the nitrate of silver in the treatment of whitlows, at a period when the disease is in a very early stage. He moistens lightly all the red and painful surface, and then passes over it slowly the extremity of a stick of nitrate of silver, and the operation is continued sufficiently long to be sure of the penetration of the caustic through the epidermis, which is indicated by the brownish colour of the latter. The skin is at first made brown, and after some hours takes a beautiful black tint, and from this moment the cure is complete. After some days the caustic epidermis peels off.—[*Ibid*.]

On the Preparation of Valerianate of Ammonia of definite composition.—This salt could never be obtained, up to a recent period, in a pure state and solid. In fact, in treatises on chemistry, the valerianate of ammonia is described as liquid and amorphous, and the persons who prepare chemical products have never been able to present it in a solid and crystalline state, pure, and of a constant composition. MM. Labourneur and Fontaine have attempted to supply the deficiency. Their proceeding consists in preparing, in a pure state, valerianic acid and ammoniacal gas, and then uniting these bodies. In proportion as the combination proceeds, the salt crystallizes in a form apparently confused; but under the microscope prisms may be very well distinguished, having four terminal planes. The formula for preparing this salt is the following:—Take mono-hydrated and pure valerianic acid, dispose it in thin layers in a flat capsule, covered with a bell-glass completely closed. Pass into the bell-glass anhydrous ammoniacal gas to saturation of the valerianic acid, and preserve the valerianate of ammonia in small portions in well-stopped bottles.—[*Ibid.*]

Extemporaneous Preparation of Chlorine as a Disinfectant.—The chloride of lime, usually employed as a means of disengaging chlorine, has, besides its price, the inconvenience of being rather rapidly exhausted. M. Lambosy substitutes for it a cheap and simple preparation, consisting of common salt, red-lead, sulphuric acid, and cold water. The red-lead is mixed with the salt, and introduced into a bottle full of water. The sulphuric acid is added afterwards gradually, and shaken at intervals. By this process, sulphate of lead is formed and precipitated, and sulphate of soda and chlorine remain dissolved in the water. The chlorine, which gives the liquid a yellow colour, is disengaged as soon as the bottle is opened. To produce a more rapid disengagement, the liquid is poured into flat plates, so as to offer a large surface for evaporation.—[*Ibid.*]

On the Injection of a Solution of Chlorate of Soda into the Bronchi of Children affected with Croup.—In consequence of the troublesome cough which often supervenes after the operation of tracheotomy in croup (notwithstanding the great care recommended and practised by M. Trousseau), M. Barthéz has injected into the bronchi of the little patients a few drops of the chlorate of soda. He prefers the soda to the potash-salt in consequence of the great solubility of the false membranes in a solution of the former. Some cases have been thus treated in the wards of the Hospital of Ste. Eugénie, and it is stated that their condition was improved by these injections. The instillation of water and nitrate of silver is not a new practice, having been already adopted by M. Trousseau; but the question remains, whether the employment of the chlorate of soda adds to the efficacy of the operation.—[*Ibid.*]

Professorial.—Dr. Jas. B. McCaw, who has long and ably edited the Virginia Medical Journal, has been elected to the chair of Chemistry, in the Medical College of Virginia, lately held by Dr. Martin P. Scott.