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ARTICLE XII.

An Essay on the Adaptation of Climate to the Consumptive, for a permanent residence; embracing an Examination of the climate of certain localities of frequent resort; and also, an Investigation of the degree of adaptedness of the Pacific Climates of the United States. Presented to the Medical Society of the State of Georgia, at its annual meeting, held at Atlanta, April 13th, 1859. By WILLIAM HENRY DOUGHTY, M. D., of Augusta, Ga. (Ordered to be printed.)

“As ‘the possible is immense,’ so the human mind, if the legitimate object of all science, (which is to observe facts and to trace their relations and sequences) is kept steadily in view, will be continually verging towards Truth in the investigation of physical causes.”—FORRY.

GENERAL CONSIDERATIONS.

THOSE diseases, which, in a pathological point of view, seem to be the developing manifestations of an inherent constitutional diathesis (hereditary or acquired) have, as they eminently merit, received considerable attention at the hands of our noble profession. If it is necessary to adduce the proof of this, we have but to refer the sceptic to the history of pulmonary consumption. From the earliest and oldest records, we observe the great mind of the profession, as it is to-day, drawn out in the endeavor to comprehend its mysterious phenomena, to correctly appreciate its etiological relationship to things external and internal; and to diminish its uniform tendency to death.

It is perhaps impossible to form an adequate conception of the real merits of the subject, for the mind almost instinctively recoils, at the magnitude of the effort, which is necessary to enable it to grasp at once all of its historical representation—the frequency of its occurrence,* its uniform fatality, the rapidity of its progress, the obscurity of its causes, its universality, and its defiance of medical skill. So universal is it, that scarcely any region of the globe is totally exempt, whilst in those, where it is oftenest met with, all ages and sexes fall ready victims to it. The young and the gay; the beautiful and the lovely; the strong and the brave, yea, the exalted of the earth, are the common subjects of its savages, and are daily transferred from this terrestrial sphere to enter upon the realizations of the untried future. What may be said of tuberculosis, which is properly defined, a tendency to the deposition of tubercular matter, is perhaps true of all the other diatheses, for when examined, they too have afforded ample and enlarged data to the theorist upon which to speculate, and have called forth the deepest powers of research, the closest reasoning, and the strictest analyses of facts. It may be further stated, that if the tubercular diathesis, as we are referring to this more particularly, has afforded these enlarged facilities to the speculative pathologist and been subjected to the most rigid scrutiny by the philosophic, in neither case, have the results proved flattering, since it is, to day, a stumbling block to the former, and has shown itself the profoundest subtlety to the latter.

To unravel this mysterious agency, presupposes our ability to determine its cause or causes, and this indeed would seem almost superhuman, since it requires us to give not only the histology of the *predispositions* of individuals—the developing relation of centric and excentric circumstances to those predispositions—but also imposes upon us the impracticable duty of accounting for the morbid qualities or nature of organic cells: for foetuses themselves are found to be invaded by this disease, and it is probable, if the means existed for demonstration, that the evidences of this disposition are more or less manifest in the primitive cells. The foundation is weak, consequently, the superstruc-

* It is calculated, that one-fourth the deaths which occur in Great Britain and Ireland, are produced by consumption. We presume that the proportion is about one-seventh in the United States.

ture must be tottering and insecure, while the compensation is mere fortuitousness.

Having premised this much, we bring our remarks a little nearer the object of this essay, which is to investigate the *adaptation of climate, for a permanent residence, to the wants of the tuberculous invalid*. We are aware, that it is an old and hackneyed theme, indeed almost obsolete, but yet hope by the arrangement which we have adopted, to elicit much to excite interest, and to throw some light upon a field, confessedly dark and difficult.

The treatment of consumption has been properly divided into hygienic and therapeutic, more stress latterly, being laid upon the former. Just here, it may be said, that if the prevention of the ordinary accidental diseases of climates, requires so careful adjustment of all the healthful functions, which are sought to be carried out by hygienic measures, how much more careful should we be, to avoid, not only the ordinary exciting causes of disease, which the elements around afford, and the neglect of certain duties impose, but to regulate and dispose to healthful action, those hidden but vital functions, which in the hands of this perverting agent, prove so powerful for destructive physical results. Prominent among the hygienic and prophylactic measures which have been adopted, stands the subject of climate. The greater frequency of the disease in certain geographical localities over others, seems to have attracted the attention of the profession at an early date, and accordingly we find, that different places at different times, have received their sanction and commendation. Indeed, the suitability of climate to the consumptive, a subject very naturally pre-eminent in the mind of the sufferer himself, has received a very large share of professional attention.

Numerous and various attempts have been made to ascertain some place or other, where the declining consumptive might breathe a restorative and invigorating atmosphere, but the number of failures, has only equalled those attempts, for it must be apparent to every intelligent mind, that no chemical condition of the atmosphere in particular places, is capable of producing the desired results, because, "the constituents of the atmosphere whether it be analyzed at the equator or at the poles, are the same." A determining cause of these oft-repeated failures is

found in the fact, that professional men, with some exceptions, in their endeavor to search out a suitable climate, have apparently ignored every *physical* condition of the atmosphere, other than that of its temperature. That this is so, will not be doubted, if we will closely scan the remarks of authors and writers generally upon the subject. They express their ideas of the requisition of proper climatic relations by the words, "equable climate", and if we study the true intent and meaning of this phrase, by their subsequent remarks, it will be almost invariably found, that an equable climate is one possessing uniformity of temperature.

Before progressing farther, we desire to make one remark, concerning the respiratory apparatus and its relation to climatic conditions. It is proper, that we should separate as distinctly as possible, the strictly physical part of the respiratory act from that of its vital functions. This is necessary, in order to enable us to distinguish the action of certain agents upon the apparatus, both physically and vitally, and the mutual reaction of their results upon each other. The respiratory mucous surface offers no obstacle to the action of certain physical forces; on the contrary, it presents many requisites for the successful and perfect action of the process of evaporation, and that which regulates the law of "the diffusion of gases."

The absorption of atmospheric air by the pulmonary tissue is represented by physiologists, as being an act strictly physical in its nature, since, "all that is requisite for it, is the exposure of the blood to the influence of the atmospheric air, or in aquatic animals, of air dissolved in water, through the medium of a membrane, that shall permit the diffusion of gases; an interchange, there taking place, between the gaseous matters on both sides".* To illustrate: suppose a moving mass of fluid, carbonized blood, be maintained through a homogeneous membranous tube, in contact with, or surrounded by atmospheric air, would not absorption of oxygen, sufficient to decarbonize the mass in some degree, take place? And would not the contained carbon manifest a reciprocal tendency to escape into the surrounding atmosphere? The proper view to be taken of this absorption of atmospheric air by the lungs, we believe to be, that, whilst its absorption is under the control of physical forces, and

* See Carpenter's Physiology, page 559.

therefore physical in its own nature, yet, it is subsidiary to the accomplishment of results essentially vital in their nature, e. g., the proper aëration of the blood, the maintenance of animal heat, etc. In the language of a writer in a literary journal,* "it is the *physical fact* upon which the vital force depends, but it is not the *vital function* itself."

The fallacy of the idea of simple uniformity of temperature, being all that is necessary for the climate of the consumptive, has been abundantly proved by those who have availed themselves of this delusion—for many have died in those regions to which they have emigrated, whilst perhaps the majority, at longer or shorter intervals, have returned without material benefit, if not injury. We do not desire to be understood, as asserting, that no allusion to other conditions of the air, has been made literally, for authors do mention as peculiarly pernicious, the union of cold and moisture. Yet, when these very men urge their patients to retreat to warmer climates, little or nothing is said about the presence or absence of moisture. It readily appears, that not only the temperature of the atmosphere of a locality must be considered, but its varying conditions of dryness and humidity; rarity and density; its climatic seasons in all of their features; its prevailing winds—whether warm or cold, moist or dry—the class of diseases, that coincides with their prevalence, and finally, the degree of circulation of the atmosphere. These various conditions require a close attention, and should in no case, be disregarded, for no benefit can accrue to the invalid from the temperature of a clime, if its humidity be such as to impede the natural exhalation of aqueous vapor from the lungs and skin; or if its dryness be such, as to preserve a preter-natural dryness of the mucous tract and tegumentary surface, from increased evaporation; or if its density be such, as to excite too great exertion in the act of respiration; or if its rarity be such, as to operate unfavorably by quickening it, and producing a state of breathing somewhat akin to that of the asthmatic. For these and other reasons, it is necessary for us in the selection of a climate, to search out one where the degree of heat will act, neither as an over-stimulant nor as a debilitant, but preserve the vital activities at a moderate, normal standard; where the natu-

* See Eclectic Magazine of Foreign Literature, Nov. 1858, page 347, copied originally from Blackwood's Magazine.

ral exhalation from the skin and lungs, may neither be too much increased nor diminished; and where the respiratory organs themselves may not be enfeebled by too great exertion. In short, a happy medium must be struck between these varied barometrical, hygrometrical, and thermometrical conditions, or at least, where a majority of these several conditions are favorable, a due regard being also paid to the incidental conditions mentioned above. We regret to acknowledge the exceeding great difficulty of finding such a climate, but although this desideratum should never be realized, yet an enlightened theory must suggest a proper relationship between these sensible conditions of the atmosphere and the invalid, before a simple change of climate can prove remedial in its effects.

Again: perhaps a cursory notice of the effects of these various conditions upon the human system in health, is required of us, before entering upon the farther prosecution of the subject. To enter into a discussion about the effects of temperature alone upon the system, would be altogether foreign to the present subject, since it is necessarily modified in its effects, by some other associated condition, as humidity, dryness, rarity, density—and the degree of circulation of the atmosphere; or two or more may be combined with it. According to the associated condition or conditions, will be the difference of effects manifested upon that system. Heat of atmosphere with moisture will produce effects radically different from heat and dryness. So also cold and moisture will secure effects widely different from cold and dryness. Moreover the degree of those effects, in either case, will be more or less regulated by its barometric pressure and its state of circulation.

Heat and moisture exercise an enervating, enfeebling, relaxing influence upon the human system; when excessive, and with a stagnant condition of atmosphere, they produce a feeling of oppression or suffocation, and create a predisposition in that system to such diseases, as are manifested by symptoms of debility. They also impede the natural transpiration from the skin and lungs, by enfeebling the capillary system, and causing the accumulation and deposition of the aqueous secretions upon those surfaces. This latter phenomenon is especially seen, when the air is quiet. The rate of exhalation of carbonic acid from the system, is also increased with the degree of moisture of the

atmosphere. Lehmann,* in certain experiments, with this express object in view, "found, that while 1000 grammes weight of pigeons, yielded in dry air 6.055 grammes carbonic acid per hour, at the temperature of 75°, and 4.69 grammes at 100°; the same animals, in moist air, yielded 6.769 grammes at 75°, and 7.76 grammes at 100°, and while 1000 grammes weight of rabbits exhaled, in dry air, 0.450 grammes per hour at a temperature of 100°, they exhaled as much as 0.677 grammes in a moist atmosphere at the same temperature."

Heat and dryness exercise an irritating influence, allied to feverishness, upon the animal frame—favor the exhaustion of its nervous energies—occasion the too rapid escape of its juices by transpiration, thereby producing an unnatural dryness of the various evaporating surfaces, and the diminution of the watery element of the various secretions: the quietness of the atmosphere regulates to some extent the degree of these effects. Persons subjected to such a condition of atmosphere feel the skin excited and burning,—in fact, as if it was congested in its efforts to supply with moisture the greedy atmosphere about it. This peripheral determination of the blood, withdrawing the usual quantity from the central organs, deranges their action from a deficient nutrient stimulus, and produces a want of co-ordination of the ordinary nervous actions. Accordingly, such suffer with headache, derangement of the biliary and other secretions; are irritable, breathe irregularly, and are more or less tremulous. The desert air is a striking and familiar example of this state. Intolerant thirst points at once to the cause and to the means of temporary relief. This condition is the one experienced along the shores of the Mediterranean sea, during the prevalence of the famous sirocco, the effect of which has been well described by Dr. James Johnson.† "During," says he, "the continuance of this wind, all nature appears to languish; vegetation withers and dies; the beasts of the field droop; while those who are strongly susceptible to electrical changes in the air, such as precede and attend a thunder storm, will easily understand the effects of the sirocco on the human frame, as an increased degree of the sensation which they then experience. The animal spirits seem too much exhausted to admit of the least bodily

* See Carpenter's *Physiology*, page 305—last edition.

† See Johnson on *Tropical Climates*.

exertion, and the spring and elasticity of the air appears to be lost."

The effects of low temperature was definitely ascertained by Vierordt, in experiments upon himself.* He ascertained, that with the decrease of the temperature, the pulse and number of respirations became increased in frequency, per minute, and that the volume of an expiration in cubic inches, the carbonic acid in the expired air, and the barometric pressure were also increased. "The action of cold," says Dr. Lee,† "under these circumstances, not only represses the exhalent functions and tends to occasion a congestive state of the thoracic and abdominal viscera—and, as a consequence, acute and chronic inflammation of these organs, or of their serous or mucous membranes—but also, by depressing the vital energies, favors the supervention of cachectic states of the system." Cold, therefore, exercises a contrary effect to heat, by constringing the capillaries of the different surfaces and causing a central determination of the vital fluid, and when its impression is carried, either by its degree, suddenness, or prolonged contact, to an injurious extent, we find these central organs taking on diseased action. A union of cold and moisture is universally found more productive of disease, than that of cold and dryness, as is abundantly testified by catarrhal, bronchitic, and pneumonic affections. The dryness of the atmosphere, by its physical action in promoting aqueous transpiration, when associated with cold, exerts an influence, which tends to the preservation of the integrity of the evaporating surfaces, the purity of the blood, and the healthful action of the various organic processes. The highest order of health, we believe to be consonant with these two relative conditions of the atmosphere, as shown by the ruddy complexion, and glowing cheek; the vigorous intellect; muscularity of frame; and the sthenic nature of the diseases to which such persons are subject. Barometric pressure was found by Vierordt to increase the pulsations, the respirations, and the cubic inches of expired air per minute.

The climatic seasons are found to influence materially many of the functions of the system. In the winter, greater elimination from the internal secreting organs, diminished cutaneous

* His experiments extended from 37°4 to 75°2 Fahr.

† See Prize Essay on Consumption, page 33.

transpiration, and an increase in the exhalation of carbonic acid, occur, and also a reduction in the animal temperature, unless compensated for by proper clothing. Summer presents almost the opposite of these various phenomena, and is so familiar, as not to require even mention of its influence. Concerning spring and autumn, we may remark, that their characteristic feature, changeableness of atmospheric condition, renders them peculiarly noticeable, rather for a contrariety of effects, than any strict uniformity, being uniform in but one, namely their greater production of disease.

The *prevailing winds* of a locality deserve notice, because they are more or less productive of the various meteorological conditions above noticed, and will exert an effect upon the human system, in strict accordance with that particular condition of the atmosphere, which they induce. The influence of certain winds in the production and prevalence of certain diseases was noted in the early history of etiology, and the study of their effects is sometimes painfully realized in the exciting of endemic agencies, and in the propagation and extension of those which are epidemic in their tendency. The winds frequently prove the instrument for the conveyance of pestilential materials from one locality to another, and occasionally this is so distinctly seen, that the path of the pestilence is the course of the wind. It is even said, that, in the occupants of the same house, those occupying opposite parts, as its northern and southern exposures, will acquire a predisposition to and manifest disease of a totally different character, each from the other. Of the two, however, a southern and western exposure is, we believe, considered the most salubrious. If then, the injurious influence of the winds is reduced to so small a compass, as to assist in begetting a difference of predisposition to, and disease in the occupants of the same dwelling, how carefully should we select localities for the consumptive.

The foregoing is a meagre portrayal of the effects of such meteorological states of the atmosphere upon the healthy economy, what then must be the degree of these effects, upon the enfeebled system of the consumptive? With the blood, altered in quality; his nervous energies impaired; the position of the respiratory membrane altered; its extent diminished, and its circulation retarded; in short, the very foundations of health and life sapped, it is not wonderful that we are rather anxious to admit its incurability.

West Indies.—Resuming our former connexion, the pulmonary invalid is instructed to repair to an equable clime. Now, having seen that the most approved definition of this phrase is uniformity of temperature, we conceive that the public has been misled by the profession; for persons have oftentimes by professional advice, migrated to localities, where, not only the humidity, dryness, density or other condition of the atmosphere, were injurious, but the climatic seasons themselves have contributed to prevent restoration. Is it not true, that a large number of physicians in order to recommend this or that locality, merely furnish themselves with, or enquire into the mean annual temperature, apparently regardless of the inclemency of the winter months, the relaxing and enervating effects of the prolonged summer heat, or the changeableness of the other seasons? Our observation teaches us, that it is true, in a large number of cases, that professional men, disregarding or rather overlooking the various extremes alluded to, have recklessly advised change of air, which to say the least, has been of no avail whatever. For instance, it is common for the consumptive to resort to a residence in the West Indies, allured thither by the uniformity of temperature, which is said to characterize those islands; for some of them, present a mean annual temperature of 79°. We have no statistics, by which to become acquainted with their barometrical and hygrometrical conditions, nor indeed with their monthly and daily ranges of the thermometer, but from their geographical position, their relation to certain currents of the ocean, and the fact of their falling within the region of the north-east trade wind, we question very much their applicability, if not disbelieve it. Situated between the southern portion of the North Atlantic ocean, the Caribbean sea, and the Gulf of Mexico, and being within the trade-wind region, itself a field of moisture, they afford ample facilities for the generation and presence of moisture. A high dew-point, prolonged high heat, with perhaps a dense atmosphere, characterize their climatic features; therefore the very nature of their atmospherical conditions go far to substantiate the observation and experience of Dr. John Hunter,* “that those, who come from England are not benefited by the warmth of the island; on the contrary, the disease is precipitated and proves fatal sooner, than it would

* Bell and Stokes' Practice, page 250.

have done in a more temperate air. Of this we have repeated examples among the soldiers, several of whom arrived on the island with beginning consumptions, and were quickly carried off by that disease." We think, that the hastening of the disease to a fatal termination, does not depend solely, as intimated, upon the warmth of the island, but to a great extent upon the associated and illy-adapted conditions of humidity and prolonged high heat. We may safely remark, that theory now shows, that which required experience and observation to prove, namely, that benefit may not be confidently expected for the consumptive, from a change of residence to these islands. Their dampness of climate, perhaps increased by the character of the soil, as indicated by their products, is such as to prevent a due elimination of the various secretions from the evaporating surfaces; and from its association with a high temperature, produces labored breathing, relaxation of the general system, languor and debility, thus favoring the progress of the deposit of tubercles, and the maturation of those already deposited. The influence upon the animal system, of the association of great warmth and humidity is effectively described by Lieut. Maury, U. S. N.,* when speaking of the warm, saturated air, which blows sometimes from the region of the Gulf streams—he says, "when the east winds blow along the Atlantic coast for a little while, they bring us air, saturated with moisture from the Gulf stream, and we complain of the *sultry, oppressive, heavy atmosphere*; the invalid grows worse, and the well-man feels ill, because, when he takes this atmosphere into his lungs, it is already so charged with moisture, that it cannot take up and carry off, that which encumbers his lungs and which nature has caused his blood to bring and leave there, that respiration may take up and carry off."

Florida.—Again, let us consider the climate of the State of Florida.

The inclination to travel south, in hope of benefit, doubtless suggested by the less proportion of deaths from consumption here, than in more northerly regions, and by its reputation for equability of winter temperature especially, has shown itself remarkably in the case of this State. A distinguished writer (Dr. Forry) upon Climate, says: "Compared with the other re-

* Physical Geography of the Sea, page 95.

regions of the United States, the peninsula of Florida has a climate wholly peculiar. The lime, the orange and the fig, find there a genial temperature; the course of vegetation is unceasing; culinary vegetables are cultivated and wild flowers spring up and flourish in the month of January; and so little is the temperature of the lakes and rivers diminished during the winter months, that one may almost, at any time, bathe in their waters. The climate is so exceedingly mild and uniform, that, besides the vegetable productions of the Southern States, generally, many of a tropical character are produced." Further on, he says, "in this system of climate, the rigors of winter are unknown and smiling verdure never ceases to reign." The mean annual temperature of its most equable and uniform locality, Key West, is $76^{\circ}09$ —the difference of the mean summer and winter temperatures is $11^{\circ}34$. With these evidences of its apparent appropriateness, it has been said of it, that "here the pulmonary invalid may exchange for the inclement season of the north, or the deteriorated atmosphere of a room to which he may be confined, the mild and equable temperature, the soft and balmy breezes of an evergreen land." Without denying the assumption of benefit, in toto, we propose to examine its legitimate claims to our confidence and support, by a study of its meteorological conditions. But before proceeding farther, we would remark, that the claims which it presents to professional confidence are as great, if not greater, than those of the West Indies, south of Europe, &c.

Geographically, Florida is a peninsula, bounded on the south and east, by the Gulf of Mexico and Atlantic ocean, respectively; its northern and western boundaries connect it with the states of Georgia and Alabama. Topographically, it is described as follows: "belonging entirely to the Atlantic plain, no part of the surface rises more than two hundred feet above the level of the ocean; south of lat. 28° , it consists chiefly of a vast morass, called the Everglades; north of this, to the Georgia line, the surface is mostly a dead level, with scarcely an undulation. The ridge, dividing the waters east and west, is not more than one hundred and fifty feet high, and disappears at Lake Tohopkalika. This northern portion is an extensive pine forest, interspersed with ponds, swamps, low savannahs, and hammocks, which last are rich bottoms, overgrown with trees and a redund-

ant undergrowth. The barrens are covered with forests of pine, with little undergrowth. The soil consists mostly of sand, but the hammocks, which are numerous, have a fertile soil, composed of clay and sand. The savannas, which are covered with a tall grass, are inundated during the wet season. The river swamps are mostly overgrown with cypress and cypress-knees." Its products, besides fruit, are cotton, rice, sugar-cane, indigo, maize, tobacco, etc.

Hygrometrically, its condition is alone to be inferred from collateral circumstances, since no statistics of this character have ever fallen under our inspection. It is said*—"that the air is much more humid, than in our more northern regions;" that "the dews, even in winter, are generally very heavy;" that metals, "as surgical instruments," are kept from rusting with extreme difficulty. "During the summer, books become covered with mould and keys rust in one's pockets;" "fungi flourish luxuriantly." The following summary of the quantity of rain, that falls at particular places in this State, will not be without interest at this place. There fell at Key West, in 1851, 59·57 inches; in 1852, 54·31 inches; and in 1854, 47·91 inches. The average annual quantity is 47·65 inches. At Fort Brooke, Tampa Bay, in 1840, there fell 89·86 inches, in 1843, 56·28 inches; in 1846, 54·20 inches; in 1852, 69·26 inches; and in 1854, 77·44 inches. The average annual quantity is 55·47 inches. The lowest measurement recorded in eleven years is 44·77 inches in 1853. At Fort Barracas, Pensacola, Florida, in 1843, there fell 62·16 inches; in 1844, 59·53 inches; and in 1854, 50·82 inches. The average annual quantity is 56·98 inches. At Fort Marion, St. Augustine, in 1844, there fell, 29·91 inches. The average annual quantity is 31·80 inches.

Again, a slight allusion has been made to its climatic seasons, the difference at Key West, between the mean summer and winter temperatures, being only 11°34. But the extremes of the climatic seasons are not always indicated by a reference to the various mean temperatures, for the mean annual, summer, winter or other season, may show a moderate average, and yet, the thermometer may fluctuate between great extremes in the year or in the respective seasons. A writer, (Dr. Kitchen of Indiana)

* Ferry—Climate of the United States.

in the Nashville Journal of Medicine and Surgery* says, "in regard to uniformity of temperature, I find that during a period of ninety-two consecutive days, there were thirty-seven mornings, that the thermometer exhibited a change of over ten degrees in twenty-four hours, on twenty-six of these mornings, the changes amounted to from ten to twenty degrees, and on eleven of them, to from twenty to thirty degrees. On one occasion, the mercury fell *forty-six degrees* within a period of twelve hours, and on another *thirty-eight degrees* in the same length of time". The same writer† previously says, that, "the weather for the largest portion of December, 1855, was mild and pleasant, indeed, such was the case almost throughout the entire United States. On only one morning during the month, was the mercury found below the freezing point; on Christmas day, however, there was a sudden severe change of temperature *amounting to twenty degrees in one hour.*"

Again,‡ "in the year 1765, John Bartran, states, that on the 3d of January, being on the St. John's river, north of Lake George, the thermometer was at 26°, wind north-west, the ground was frozen an inch thick, on the banks; this was the fatal night that destroyed the lemon, citron and banana trees in St. Augustine." Williams says, in 1774, there was a snow storm, which extended over most of the territory. In February, 1822, the cold was so intense in West Florida, that all the fruit trees were killed to the ground; but this season was comparatively mild in East Florida. On the contrary, East Florida, suffered exceedingly from a violent frost, on the 6th April, 1828; on this bitter night, crops of cotton, corn, and fruits were all destroyed. The thermometer at Six-mile creek, on the St. John's, stood at 27°, and the ice made an inch thick. The crops of corn and cotton were cut off, as far south as Tomoka. During the month of February 1835, East Florida was visited by a frost, much more severe than any before experienced. A severe north-west wind blew ten days in succession, but more violently for about three days; during this period the mercury sank *seven degrees below zero.* The St. John's river was frozen several rods from the shore, and all kinds of fruit trees were killed to the ground; many of them never started again, even from the

See Vol. x. June, 1856.

† See same Volume. The Italics are his.

‡ See DeBow's Review, vol. i., page 341.

roots. Frost is felt at some seasons, in every part of Florida; though not usually below latitude 27°. Vignoles says, "the nipping of the white frost is occasionally felt so far south as the extreme capes of Florida, though not an annual visitant".* In the year 1800, Jan. 10th, "snow and hail fell the whole day" at St. Mary's river, Florida; and on the 11th the snow was five inches deep. The lowest observed temperatures were 10th, 37°; 11th, 28°; 12th, 34°. (Forbes".†

We have never seen a statement of the barometric pressure of the atmosphere of this State, but presume that of the northern portion is somewhat heavier than that of the southern, inasmuch as it is represented as being dryer. Its sandy soil may partially account for the same observation. But no part of the peninsula being higher than two hundred feet above the sea, a mere nominal difference must exist between the degree of pressure over the two.

Dr. Charles A. Lee, in a letter to Dr. Forry, remarks—"I have no doubt, whatever, that the state of the dew-point, exerts a far greater influence upon animal bodies, especially in the production of disease, than temperature itself. This arises chiefly from the circumstance, that a high state of the dew-point, interrupts to a greater or less extent, the healthy function of the skin and lungs, two of the most important organs in the body. I maintain, that perfect decarbonization of the blood cannot take place in the lungs with a high dew-point, and consequently that the vital fluid cannot receive a sufficient quantity of oxygen, to fit it for those various offices, which it is designed to perform in the animal economy. Evaporation from the surface of the body is either checked, or the 53 ounces of fluid given off from the skin every 24 hours, in a moderate dew-point, is disposed

* It has been suggested, that perhaps these dates are not reliable, especially, that which dates the temperature on the St. John's river, to have been below zero. The following quotation from Lorin Blodget's late work, fully corroborates it. In speaking of the extremes of temperature, experienced every where in the year 1835, he says, "nearly all the surface of the United States as then observed, or all that east of the great plains, was below zero on February 8th, Natchez at the south-west, and Savannah on the Atlantic coast, being the limits. though a large inland area of the north of Florida was also below zero, its limits being about the 29th parallel." (Blodget's Climatology of the U. States, p. 150.)

During the month of February (8) of this year, the thermometer stood at -4° , 5 A. M., at Augusta Arsenal. Geo.

† See Blodget's Climatology of the United States, page 147.

of through some different channel, constituting a material derangement of the animal economy." The State of Florida must possess a high dew-point, for the prevalence of paroxysmal fevers, often epidemic, which always go, hand in hand, with "a high temperature and a high dew-point," point unerringly to the fact. But let us examine more closely the why and the wherefore of this great relative humidity.

Being situated between the warm waters of the Gulf, and those, still warmer, of the Gulf-stream, it is impossible that it can be insensible to the vast quantity of water evaporated from their surfaces; and when the south-east and south-west winds blow, coming in the first instance from the Gulf-stream and the broad Atlantic beyond; in the second, from the Gulf of Mexico and perhaps the Caribbean sea, still farther south, what a densely humid atmosphere, one would suppose, it must have. These sea-winds prevail a great part of the year. With no mountain ranges to interrupt or obstruct the free entrance of the winds; and being also reduced almost to a level with the sea, the immense volumes of aqueous vapor, with which they are loaded, cover the earth and saturate its atmosphere. * "The whole country being a dead level, the super-abundant moisture remains until evaporated by the sun's rays; and the winds traversing the grounds thus saturated, it is supposed, possess considerable agency in the causation of fevers." In addition to this, consider the vast and copiously evaporating surface which it contains within itself. Its extensive morass covering the southern portion, known as the Everglades, its ponds, swamps, low savannahs, hammocks, and rich bottoms, covered with trees and shrubbery; notice also the fact, that rain falls at particular seasons†—that during six months, an average of from 32 to 34 inches of water falls throughout the State, and its loss by evaporation, with some exception, during the remaining portion. All of these circumstances conspire to deprive it of much, that might otherwise

* This is especially true of the wet season.

† According to Mr. Blodget, this state falls, neither in an area of constant precipitation, nor in one of strictly periodical rain. He assigns it an intermediate position, under the title of *sub-tropical*. Although he again says: that, "It appears to be a climate ordinarily of a division into two principal seasons, in regard to the rains, the wet summer and the dry winter, yet either may be interrupted by extremes of an opposite character, much greater than those occurring in any other known district."

recommend it. Temperature alone, the variableness of which we have exhibited above, will not suffice to answer our present demands, but the degree of humidity is a paramount consideration in the investigation, influencing, as it does, not only the physical part of respiration, but its vital results. It may be incidentally stated that, perhaps, when the north or continental winds prevail, as they frequently do in the winter season, that the moisture over the various low places on its surface, and along the rivers and coast, is made to assume a more sensible condition—that of mists, fogs, etc. Dr. Kitchen, from whom we have already quoted, had spent the winter in Florida, being a consumptive, though without material benefit. He says, that “there is an impression entertained by some, that Florida air possesses curative properties,” and that “nothing but disappointment can result to the invalid who entertains such an idea, for the most that can be said of a winter spent there, is, that it places persons in delicate health under more favorable circumstances for recovery, than can be had in more northern latitudes.” For those in the early stage of phthisis, the most rigid hygienic measures must be adopted and carried out to secure benefit; but for those farther advanced in the disease, he considers that they “will do better to remain at home.” So potent is the evidence of its unadaptedness to the consumptive for a permanent residence, that we think, with some foundation in truth and observation, we might essay to disturb its quiet, as a winter resort.* The vicissitudes which may characterize its winter season, as we have given them from the records of the past, would prove nearly all that is requisite, but we do not present them for that purpose, for however marked those occasional vicissitudes may be, yet, when compared with those constant changes farther north, they must be preferred.

As some intimation in regard to the temperature of the waters in and about this State in the winter, has been made, we present the following quotation from the Army Meteorological Register, and with which we will conclude our remarks upon its climate. “The Gulf coasts are not modified by its high temperature in

* This part of the subject will be thoroughly canvassed in our comparison of the Pacific climates, with this State. In view of this, we have omitted much that might have been given in this connexion.

winter, so much as would seem inevitable under ordinary circumstances, and the only apparent reason is the great relative refrigeration of the continent generally, and the consequent prevalence of land winds instead of winds towards the continent. These winds are violent also, in proportion to the contrast of temperature, and as no general atmospheric circulation aids to drive the sea-air inland, as is the case in the west winds of the European coast, and to some extent in the summer winds of the Gulf, the natural reversion from the land prevails, and little modification of the climate of winter is due to the presence of warm waters in the Gulf."

Hypothetically, it may be asserted, that a uniformly moist atmosphere, with a prolonged high temperature, when under the regulating influence of large bodies of water, is less apt to produce catarrhal, bronchitic, and pneumonic affections, than where it is ever varying in regard to dryness and humidity, cold and heat, etc. Indeed, even the almost constant co-existence of a prolonged low temperature with humidity is less productive of the same diseases. To substantiate these positions, we may point to the universally greater frequency and proportion of catarrhal diseases in the interior of our country, especially where the interior is remote from large bodies of water. Diseases of the respiratory organs of this character, contrary to the common opinion, are less frequent along the Atlantic coast of the northern portion of the United States, and in the neighborhood of the great chain of inland seas or lakes along its northern boundary, where a uniformly low temperature coincides with great dampness; and also, in its southern portion, where a high temperature and a high dew-point co-exist, than in the inland portion of it, where summer follows winter so closely, that spring almost escapes observation, and the change, from summer to winter, is equally abrupt, possessing at the same time an atmosphere constantly and rapidly changing from moist to dry and the reverse. It is also worthy of observation, that in these regions, the thermometer has the greatest annual range—having at some of them, a range from 110° to 130° Fahr. According to Dr. Forry, there were fewer cases of pulmonary disease among the soldiers of the army, stationed along the sea-coast, north and south, and in the forts, along the great lakes, than among those stationed in the interior, and distant from the latter. Being acquainted with the

atmospherical vicissitudes of these regions, the fact is readily accounted for. Nature has endowed man with the happy faculty of adapting himself to the various physical and sensible conditions around him, where anything like uniformity in respect to these states is observed; but where no uniformity exists, and where everything is change and variableness, it were indeed impossible for him, with all his genius, to properly adapt himself thereto. He may clothe himself against the frigid aspects of an arctic winter, or temper his frame to the fiery heat of the torrid zone, but when subjected to both in quick succession, and at uncertain intervals, with their variations as to dryness and humidity, the system, wounded on every side, falls an easy prey to such influences. One day, the excretory functions of the skin diminished, and the renal and respiratory apparatuses active in compensation, by an increased elimination from their surfaces: the next, every pore of the skin open, and its functions increased, while the respiratory mucous surface is greeted with an atmosphere so dry, as to keep it in a state of unnatural dryness; or so humid, as to favor the accumulation and non-elimination of a sufficiency of aqueous substance by both surfaces from the blood—thus affecting injuriously both the physical and vital relations of the phenomena of respiration, and the organic processes of the system generally. It would seem indeed impossible not to contract colds. Dr. Kitchen states, that he “met with numerous cases of bronchitis and pneumonia,” during the winter that he spent in Florida; but as the period of observation by Dr. Forry was much longer (10 years) and at a time (during the Seminole war) when a large body of troops had been collected in this State, we prefer to adopt his statement—that of their comparatively rare occurrence.

It should be borne in mind, that in speaking of the climate of the West Indies, and Florida, we are not arguing their favorableness for the production of tubercular disease in the native inhabitants; for the predisposition which it begets in them is to a totally different class of diseases, but we do mean to say, that an analysis of their meteorological and topographical conditions forbids the anticipation of permanent benefit to the consumptive, transported from other climes, and annuls the propriety of their recommendation, as places of resort for a permanent residence—yea, apparently, this exotic can only find the elements of swift-er decay.

South of Europe.—Other countries farther northward, have from time to time, been recommended with the hope of amelioration to the consumptive. With English and European writers generally, the south of Europe has enjoyed an extended reputation; indeed it is not uncommon for those of this Continent, who are able, to resort to this region. However, the reputation which it has enjoyed, does not so fully obtain at present. Now it appears to be recommended, simply in the absence of a better, and not from any real adaptedness. The city of Bordeaux, upon the south-western border of France, has a mean annual temperature of $57.^{\circ}1$; the mean temperature of the summer is $71.^{\circ}1$; that of the winter 43° ; and the mean temperature of the coldest winter month is $41.^{\circ}00$. Madrid, in Spain, has a mean annual temperature of $57.^{\circ}4$; the mean temperature of summer is $74.^{\circ}1$; that of the winter $42.^{\circ}1$; and the difference of the mean temperatures of summer and winter is $32.^{\circ}$.

The frequent condensation of moisture into mists and fogs, along the south-western part of the Continent, is doubtless attributable, to the contact of the warm vapor which saturates the air brought thither from the wide-spread Gulf-stream—the great and beneficent moderator of the climate of western Europe, with the cooler air over the land, especially when the continental winds prevail. It is said by a distinguished writer,* that, without the moderating influence of this stream, the “soft climates of both France and England would be as that of Labrador, severe in the extreme and ice-bound.” But, whilst it serves to mollify and soften the climate of these countries, by depriving them of a frigidity, natural to them in its absence, rendering them habitable, and making them the special seat of commerce and civilization, yet, when that influence is analysed in connexion with our present object, the abundance of moisture transported thence by the south-west winds to the south-western and western portions of the entire Continent, renders it totally unadapted to those laboring under pulmonary disease. Now, we are taught, that the south-western winds are the prevailing and rain-giving winds of Europe, and if we bear in mind the region (south-east trade-wind region, according to Lieut. Maury) whence they emanate and those over which they pass, together with the peculiar exposure of those countries on its south-west to the same,

* Lieut. Maury—Physical Geography of the Sea.

before they can have possibly been deprived of their moisture by precipitation, we possess satisfactory reason to believe, that too great humidity must exist not to render a permanent residence injurious to the consumptive patient. To forge this chain of evidence, still stronger, we invite attention to a consideration of the iso-chimenal and iso-thermal lines of these localities.* If we examine a chart with these lines mapped out, it will be observed, that the iso-chimenal line, which, in crossing the Continent of Europe, passes through the south of France, enters about midway of Ireland, latitude $52^{\circ}\frac{1}{2}$; then descends abruptly about 5° latitude, entering France about Bordeaux, and passing a little above Marseilles and Montpellier; thence it passes to Bologna, "the coldest of the Italian cities," and here commences a gradual descent, cutting across the Black Sea, just above Constantinople, about latitude 43° N. All of the places on this line, have the same mean winter temperature, yet who thinks of sending the consumptive to Constantinople for a winter residence?

The iso-thermal line, which passes through the south of France, starting just above Bordeaux, takes a north-eastwardly direction over Strasburg, towards Cracow, and leaves the European Continent to the north of the Caspian Sea. The sufferings of the allied army in the late war with Russia, during the winter campaign in Crimea, farther south than any place along this line in its course through the Russian territory, teach practically a condition of climate, too rigorous for the consumptive to endure. This region, thus presenting a mean winter temperature about that of Dublin, Bologna, and Constantinople; and a mean summer temperature about that of Strasburg, Cracow, and the south of Russia, would seem, from these circumstances alone, very unpromising, but when associated with that meteorological element before discussed, is stamped with an unmistakable want of real adaptedness to the ends in view.

In the consideration of their thermometrical conditions, it should be remembered, that "the mean temperature of the hottest and coldest months, (nor of the various seasons, we may add,†) by no means, indicate the limits between which the thermometer may fluctuate between one and the same spot. It thus

* Our remarks are intended to bear more particularly upon the south of France and its neighborhood, as these are the points most generally recommended.

† The Parenthetic sentence is our own.

happens, that, even in districts enjoying a warm climate and a mild winter, an extraordinary degree of cold is felt—thus, for instance, in the year, 1507, the harbor of Marseilles was frozen over its whole extent, for which a cold of at least — 0.4° was requisite. In 1709, the Gulf of Venice, and the harbors of Marseilles, Geneva and Cette were frozen over; and in 1789, the thermometer fell at Marseilles to — 16° .* The occasional severity of these localities is worthy of notice, as it shows, that uniformity of temperature does not always characterize them. Whatever of benefit, therefore, can be had by a residence here, is to be attributed to a rigid observance of all the numerous hygienic measures, by those who sojourn there, and is to a very limited degree, ascribable to any natural climatic condition.

Again, we present the following remarks of Dr. Johnson,† as illustrative of the real character of that portion of Europe, which borders the Mediterranean Sea. “Placed,” says he, “between the burning sand of Africa on the one side, and the Alps and Pyrennees on the other, the Mediterranean skies are alternately parched by the south-east—chilled by the north-west, or stilled by the Sirrocco winds. Thus, from Barcelona to Geneva, the iron-bound coast presents a succession of dreary mountains and craggy rocks, the tops of the former being frequently covered with snow, from the beginning of March till the end of May. From these, the frigid Euroclydons descend in whirlwinds upon the contiguous ocean; while at other times, the Sirocco breathes fire from the deserts of Sahara and Lybia.” After giving the effects of this latter wind upon the animal and vegetable world along its coast, he continues thus: “After this description, the Mediterranean climate could hardly be set down, as one that was favorable to the lungs of a northern invalid, seeking refuge from the atmospherical vicissitudes of England. Yet numerous writers describe this portion of the globe as enjoying a happy medium between intertropical heat and hyperborean cold. But, we must not calculate on heat, cold or evenness of temperature, by the parallel of latitude; on the contrary, as a modern author has justly observed, ‘storms most tremendous occasionally burst from the mountains, with the most piercing coldness, on many of the boasted retreats along the northern shores of the Mediterranean.’” Finally, we find the following allusion to the climate

* See Müller's *Physics and Meteorology*.

† *Tropical Climates*, page 238.

of these localities, taken from one of the standard authorities of the present day. "The climate of the Mediterranean and of southern Europe generally, does not merit the reputation, which it has hitherto, or until recently enjoyed for the cure of consumption. On the contrary, it excites with singular and alarming rapidity the tubercular diathesis into actual disease, by promoting the development and softening of tubercle."^{*}

We might subject other localities, highly recommended, to a like examination, but it would involve too great sameness to awaken interest, and lengthen this article unnecessarily. Suffice it to say, that the result of a farther prosecution of the investigation would not be less unsatisfactory, for it is a melancholy and painful fact, that no place has yet been proposed, that fully complies with all of the necessary circumstances.

Having thus passed in review, the various conditions requisite for the adaptation of natural climate to the consumptive; and given a brief recital of the influence of certain meteorological conditions upon the system in health, and their probable effects upon the diseased; and having tested the applicability and adaptedness of the West Indies, Florida, and Southern Europe, by those meteorological conditions deemed necessary to be complied with; and having further shown their unadaptedness or want of suitability to the requirements of the consumptive, we propose to examine the climate of certain other regions, hitherto obscure and without repute; at the same time, indulging the hope, that the search may not prove entirely fruitless. Even if we do not succeed in demonstrating a strict compliance with every necessary, still we think, that we shall be able to present such a record, as will claim a far higher recommendation, than those we have passed in review.

Before, however, we enter upon this field of investigation, we desire to make a correction of certain statements, which seem likely to pass unnoticed. In the attempt, by certain writers, to show that the combination of heat and moisture is equally productive of phthisis pulmonalis, with that of an association of cold and moisture, comparisons have been made between places in the south of Europe; numerous islands in its vicinity; and the warmer regions of the southern portion of North America, as the West India Islands, and the Southern States of this Con-

^{*} See Bell and Stokes' Practice, page 248.

federacy. When fairly contrasted with each other, the less proportion of deaths from consumption in warm climates, is a fact, which remains yet uncontroverted. We may instance, its less frequency in the southern portion of the United States; and contrasts made between the West Indies, farther south, and England, show a relatively less proportion in the former. Dr. Edwin Lee,* in the Prize Essay, upon Phthisis Pulmonalis, states, upon the authority of Dr. Forry, that the proportion of phthisical patients in the southern region of the United States, is even greater than that of the northern. He remarks: "Dr. Forry, in his statistical researches in the medical department of the American army, remarks, that in the whole southern region of the United States, the proportion of soldiers annually attacked by consumption amounted to $10\frac{3}{16}$ per 1000; the total amount of deaths from consumption and hæmoptysis amounts to 108; whereas, in the northern region, the proportion of consumptive soldiers is but 7 (each year) per 1000, that of the deaths, being 47; and, moreover, in that part of the northern region, where the climate is the most severe, the proportion of phthisical patients is not more than 5 per 1000." By an examination of the author referred to, it will be found, that the number of deaths from consumption and hæmoptysis is 101, instead of 108, as reported for the southern region. It is true, that the statistical table given by Dr. Forry, at the conclusion of his "General Deductions (Pulmonary Diseases)," does show a much greater frequency of this disease in the southern region, than in the northern; but this is readily accounted for, by the fact, that in this table, for convenience of arrangement, the middle and southern divisions were consolidated under the head of the "Southern Region." He divided the United States into three great divisions, the Northern, Middle, and Southern—the Middle, embracing the most of the north-western states, a few of the middle states, and those of the southern, most northwardly; the Southern, embracing the posts on the lower Mississippi and Florida. This author himself, as if to prevent any unjust conclusions, in regard to the Southern Division, says, that, "it is in the middle districts of the United States, however, that pneumonitis, pleuritis, and phthisis pulmonalis, are most prevalent, the

* See Prize Essay on the Effects of Climate on Tuberculous Disease, by Edwin Lee, M.R.C.S. June 6, 1855.

peninsula of Florida having a lower average, than any other region." Moreover, by the table* referred to, it will be seen, that the proportion of cases (phthisis) in the Northern Region was 23 per 1000—deaths, 46 per 1000. The ratio of cases in the Southern Region, separate from the Middle, was 18 per 1000—deaths, 19 per 1000. The addition to the latter of the ratio of cases and deaths in the Middle Division, will explain the great preponderance, in the Southern Region, as stated by Dr. Lee. Ratio of cases in the Middle Division, per 1000, of phthisis pulmonalis, 24—deaths, 80 per 1000. Consolidating the Southern and Middle Divisions, we have 42 cases per 1000—deaths, 99 per 1000. The comparison of the Northern and Southern, under these circumstances, stands, ratio of cases per 1000, as 23 to 18—deaths, per 1000, as 46 to 19, which shows both greater frequency and higher mortality in the former. In that part of the Northern Division, where the climate is most severe, but most dry, the ratio of cases, per 1000, was 5—deaths, 22 per 1000. Comparing this with the Southern Division, we observe, that whilst the proportion of cases in the former is less, the number of deaths is greater. Dr. Forry states, that "the high mortality of the Southern region is caused by the Middle Division of the United States, the average on our southern coast, being comparatively low. Taking the statistics of the coasts in East Florida and those on the lower Mississippi, the ratio of phthisis pulmonalis is found to be only $1\frac{7}{16}$, and that of the remaining lesions of this class to be no more than $\frac{7}{16}$, per 1000 of mean strength." Further on, he says, that the ratio of cases and deaths is greater in the Middle region, than at either extreme. In thus remarking upon the statements of Dr. Lee, we do not desire to cast any reflection, but simply to rectify an error, into which perhaps unwittingly, he had fallen, and also to rescue the Southern portion of this Union, from the erroneous and unjust conclusion, which might have been drawn from this allusion to its salubrity.

[TO BE CONTINUED.]

* See Forry—Climate of the U. States, p. 242.

ARTICLE XIII.

Case of Uterine Polypus. By Z. P. LANDRUM, M.D., of Lexington, Georgia.

THE suffering, distress, loss of health, and sometimes of life, that follow in the train of these morbid growths, are incentives to physicians to attain to that knowledge of their existence, and of the means of their relief, which will, in most cases, lead to their early detection and removal. Instances have occurred in which the physician in charge has administered *drugs*, for years, to cure uterine polypi; and permitted the slow march of their repeated bleedings to sap the powers of a vigorous constitution, and scatter the mildews of sorrow and death over the hopes and affections of those of his case. How criminally guilty must the physician be, who, from ignorance and avarice, permits a woman to drink his drugs for years and finally die, whilst her confidence in his skill was the only barrier to that relief and health, which might have been proffered by the superior attainments of others. Such men do not deserve to be called physicians, but rather death pedlars, upon whom should rest the execrations of all good people.

Certain peculiarities connected with an unfortunate case of uterine polypus that recently came under my observation, is my apology for penning this article. We do not expect to record anything new to those who are familiar with the annals of medicine, but rather to refresh the minds of the readers of this journal, with a very interesting case of disease and suffering, and with comments on some of its peculiarities.

Mrs. B., aged forty years, experienced the first symptoms of a polypus, in the year 1855—her youngest child being five years old. Her last labor was without unusual difficulty, and her health afterwards was good, until the first attack of alarming hemorrhage, in 1855. The attending physician expressed the opinion, that her womb was threatened with mortification, from which it was saved *only by his timely efforts*. (He was one of the “knowing doctors.”) Since then, her “bleedings and faintings” have been *doctored* by several physicians, none of whom examined her condition in such way as to know the cause of her ailments. She applied to me for treatment last June which

I could not consistently grant, because she was unwilling to submit to vaginal examination. I suspected that a polypus was doing the mischief, and acquainted her with my suspicions, with the assurance that if they were well founded, medicines would be of no permanent benefit. I saw her no more, until the 27th of January last, when I was requested to visit her by her family physician. Her condition at this time was one of extreme peril. Her sallow complexion, shrunken features, dry, red and pointed tongue; small, irritable and frequent pulse—told but too plainly that her constitutional vigor had been blighted, and the resisting forces of life were rapidly succumbing. She consented to a vaginal examination, but stated that her case was not a polypus as I had suspicioned, but an inverted womb, as revealed in a similar examination made by a highly respectable practitioner the day before. Familiar with the difficulties that beset a correct diagnosis in some cases of uterine polypi, I insisted on making the examination for myself. The history recited of her sufferings, during this last attack, which at this time was of two weeks' duration, was painful in the extreme. The contractile throes of agony were worse, she said, than all the labor pains she had ever suffered.

After emptying her bladder (for she was unable to void her urine), I examined the tumour, which lay in the vagina, its lower part resting between the external labia. This lower part was oval in shape, and slightly lobulated on its surface. About midway the tumour there was an hour-glass constriction, caused, as I afterwards ascertained, by its decomposition and sloughing at this point. Its size, both below and above the constriction, was greater than a hen's egg. Its neck was but very little smaller than its body, and was connected by a cartilaginous formation with the interior part of the uterine fundus, which was partially inverted and drawn down, in a conical form, to the mouth of the womb. The neck of the womb was obliterated, and its mouth in the circular shape it assumes at the latter part of the first stage of labour. After passing my finger between the lips of the os uteri and the tumour, and examining its connection with the inverted fundus, I traced the body of the womb from the mouth, which was turned up behind the os pubis, downwards and backwards into the hollow of the sacrum. This reverted condition of the womb was made more evident

afterwards by a rectal examination. The womb, therefore, was reverted, partially inverted, and had a polypus attached to its inverted portion. The polypus sprouted from the anterior part of the fundus, or from the superior and anterior part of the body. This connection imparted to its weight, and to the uterine contractions for its expulsion, such a direction, as to cause its retroversion at the time of its inversion,—this we suppose.

The constriction in the middle of the tumour, caused by ulcerative softening and sloughing, impressed such peculiarity in shape, as to be a subject of some difficulty at my first examination. Three days afterwards, however, the sloughing at this point had progressed to such an extent, that the two portions of the polypus were held together only by a narrow band of cellular tissue. What caused the rapid death at this point? We are of opinion that the polypus was not expelled from the uterine cavity in its entire length at one time, but was arrested in the uterine lips at the point of sloughing, and injured here in its circulation and life, which hastened its death beyond that of other parts when the whole tumour was expelled. The cartilaginous connection of the tumour and womb is also anomalous. They (polypi) are supposed by Dr. Meigs to “consist merely in hypertrophy of some superficial layer of the womb, or else in a hypertrophy of some area of its tubular mucous membrane only, and that the tumour is, in this sense, a part, and a real part of the womb itself, a fibroid growth, partaking of the true nature of the uterine tissue; or if it consists of mucous lamina it will be soft and cellular,” &c. Though this may be a correct view of the primary development and early formation of these tumours, it cannot be supposed that they continue long in structure as simple hypertrophied uterine tissue, but become heterologue by certain changes which take place in their inner growth, modifying their organization variously, and producing in this instance the cartilaginous union of the tumour and womb.

The large size of the neck, which existed in this case, is very unusual with polypous tumours. Doctor Bedford says, “a polypus is a *pediculated* tumour,” &c. Doctor Meigs defines polypus to be “a tumour growing by a *narrow neck*,” &c. Churchill says, they are “attached to the womb by a *neck* or *pedicle*,” &c. Murphy says, “you will have little difficulty in recognizing a polypus when it descends into the vagina so low as to interfere

with labour. Besides the firm fleshy feel of the tumour, it is extremely moveable, and when the head is pressed back in the intervals of pains, its pyriform shape and *long, narrow stem* will be obvious." Such is the description almost uniformly given by medical writers of these "sarcomatous swellings."

Baillie, however, in his *Morbid Anatomy*, says he has seen a polypus, less than his fist, adhering by a neck as large as his wrist. Doctor Samuel Cooper refers to this subject as follows: "Nor will any certainty (in diagnosis) be gained by adverting to the ordinary form of polypus, its enlarged base, and narrow pedicle—since the records of the profession furnish abundant evidence, that the neck of such a tumour is often as large, and sometimes larger than the inferior extremity." A neck as large, or nearly as large, as the body of a polypus, might render difficult an otherwise easy diagnosis, unless we are prepared for such anomalous developments.

The vaginal discharges were profuse, irritating, and of a most offensive character. Dr. Samuel Cooper says, "uterine polypi have sometimes been got rid of by the spontaneous efforts of nature; this has happened when they have been expelled from the uterus, and had their pedicles so strangulated by the cervix of this organ as to make them slough away. This mode of cure, however, is to be considered uncommon, not to be expected, and perhaps not desired." This polypus was disintegrating and dying, as described, and if there had remained any vigour of constitution to resist its morbid irritations, it might possibly "have been got rid of by the spontaneous efforts of nature." But the strength of our patient was well nigh exhausted; and the peculiar excitement engrafted on a constitution, enfeebled and depraved, by the local contact and absorption of the foul and offensive effusions of a sloughing polypus, was too evidently tending to death, to have justified the faintest hope of a successful result in this way. Her condition was a lasting picture of that particular combination of prostration with excitement denominated irritative fever. It seems that the life of the patient, or the accidental death of the tumour, is the only limit to growths of this character. They are parasites, whose vitality, though supplied by the life forces of the human body, is unrestrained by the organic laws which guard the size and growth of natural tissues. The case seen by Dupuytren weighed twenty-

five pounds; and the one described by De Claubry weighed thirty-nine pounds, and was nearly three feet in its vertical diameter. Churchill instances one, excised at the Meath Hospital, which was more than fourteen inches long, and four or five in diameter at the widest part. These enormous developments are necessarily very rare, as their precarious supply of nerve force and blood furnishes occasions for their death, or the death of the patient, long before so great a size is attained.

The difficulties of diagnosis presented by some cases of uterine polypi, are very considerable. Mr. Newnham thinks "it is always difficult, and sometimes impossible, to distinguish partial and chronic inversion of the womb from polypus."

The points of diagnosis in our case are, first, its history:—Mrs. B—— stated that her last labour was easy, and unattended by any unusual occurrence, either in the birth of the child, or the passage of the placenta; that five years from this date, she had the first attack of exhausting hemorrhage, the repetition of which, at intervals, had reduced her to her then pitiable condition; that contractions of the womb were experienced during several of the last attacks, and that the excruciating severity of the last "pains" abated only with the appearance of a tumour in the vagina, between the labia; that leucorrhœa was a constant disease with her in the intervals between "bleedings."

Secondly, the indication from the tumour:—It had but little, if any sensibility; was in a state of partial gangrene; could be traced to its connection with the partially inverted fundus; and had but recently made its appearance.

Lastly, the indications from the uterus:—The conical apex of the partially inverted fundus could be felt immediately within the uterine lips; the os was circular, dilated, and permitted the finger to be passed between it and the neck of the tumour, in its entire circumference; a silver probe could be passed for some distance within the uterine cavity at its lower side; the posterior part of the body rested in the hollow of the sacrum, and the mouth of the womb behind the pubis.

So soon as such arrangements as were necessary could be made, I ligated the tumour; using for this purpose, a wire, passed through a double silver canula. I was careful in the performance of this operation, not to carry the wire within less than three-quarters of an inch of the uterine lips, and to note

that there was no pain when the ligature was tightened. Doctors Willis, Willingham, James S. Sims, and William T. Landrum, were present, and confirmed my diagnosis, as well as the propriety of the operation. There was no fresh disturbance in the case during the balance of the day and night, except some pain in the parotid gland, which had commenced swelling before the operation was performed.

This parotid inflammation I regard as a sequence of the irritative fever, engrafted on a vitiated habit of constitution. It is not an unfrequent attendant of the same condition of constitution in low states of typhoid fever.

I visited the case the day after the operation, and whilst tightening the cord the entire tumour came away. It came away, not at the point constricted by the wire cord, but three-quarters of an inch above the cord, at its point of connection with the womb. Denman speaks of this, as the uniform result of the application of a ligature. Says he, "there is not occasion to fix it (the ligature) upon any precise part of the root or stem, because the part beyond the ligature decays and comes away with the rest, leaving the uterus clear." This is exactly what took place in my case. Its point of separation presented the cartilaginous formation to which we have referred, and had the appearance of having been implanted into the womb, rather than to have grown from its once healthy tissue. I now used an injection of chlorate of potash, combined with warm water and sweet milk, which I directed to be repeated twice a day. Mrs. B. expressed feelings of great local relief, which continued from this time until her death, near two weeks afterwards. She was now given over to the care of my cousin, Doctor William T. Landrum, with confident hopes of an ultimate recovery. But, alas! in this, we were but too sadly disappointed. The irritative fever which might have abated, under sustaining treatment, after the removal of the offensive mass and its irritating emissions from the vagina, received fresh fuel from the progressive inflammation of the parotid gland, developed a short time before the performance of the operation. This continued to increase with fearful rapidity for four or five days, attended at intervals with severe rigors, the intensity of some of which seemed, as if they would cut short the work. The gland suppurated, was lanced, and continued to discharge profusely for eight days, when death closed the scene.

The vagina and womb were examined with a speculum, five days after the removal of the tumour; and as far as could be observed, were rapidly returning to a healthy condition. The discharges lost their offensive character, had become slight in quantity, and did not colour the daily injections. Beside, all local complaint in that region had subsided from the day after the operation, and the patient's attention was entirely engrossed with her distress in the parotid gland. I think, from a review of the whole case, I may safely say, that the operation was successful, and that the patient's death was attributable to the incidental inflammation of the parotid gland and its consequences.

ARTICLE XIV.

Vienna Paste, the best Treatment for Varicose Ulcers and Varicose Veins. By WILLIAM ALEXANDER GREENE, M. D., of Starkville, Georgia.

NOT having recently seen the mode of treating varicose ulcers and varicose veins with *Vienna paste* published in any of our journals, I thought it would not be out of place to call the attention of the profession to this mode of treatment as being not only most efficacious, but least dangerous. The treatment of varicose veins is a practical, every-day subject, but inferior to none in interest for the practising physician or surgeon. In the language of another, "allied as this affection is, externally, to questions of practical surgery, on the one hand, and depending for its causes on relations of the general venous system and general external health, on the other, a wide field of speculation is afforded as to treatment." Various modes of treatment are proposed; the most objectionable is the ligature of the veins. A good deal of the danger of ligature of the veins is found to originate in the fact that the vein is enlarged; and the ligature, when it should go deeper than the vein, will be found to have wounded or transfixed the vein, and caused phlebitis. My short experience assures me of the superior value of the treatment of varicose veins by the caustic issue, or the extemporized mixture of lime and potash. There is no mode of treatment yet discovered, says Mr. Paget, which is entirely free from risk; but he is inclined to the impression that the treatment is most safely

and most effectually conducted by means of the local applications of caustic issues on the surface, which thicken the course of the venous trunk.

I have just treated, successfully, a case of varicose ulcer of the leg, of nine years standing, which utterly incapacitated the negro for labor: he was otherwise apparently active and healthy; aged twenty-eight. His history of the case is, that the veins were varicosed for some time before the ulcer appeared—since which time he has been under every conceivable mode of treatment, by physicians, and in the shape of ointments, lotions, salves, etc., each, in its turn, recommended to him as the most specific thing in the world, but still only making the thing worse. The form of caustic used upon this case (as upon four others I have treated with equal success,) consisted of potassa fusa ℥ij, quick lime ℥i, separately, in powders in small phials, and subsequently mixed with a glass or asbestos rod, at the bed-side with spirits of wine when used. A dozen or two of small pieces of common adhesive plaster are next obtained, each of the size of a penny, a small circular hole cut in each, of the size of a pea. One of these perforated pieces of plaster is placed over each projection or varicose enlargement of the vein, a very small quantity of the caustic paste is next applied with a bone spatula, to the skin over the vein in the circular hole left in the plaster; ten, twelve or fifteen minutes will be sufficient time for the issue to produce its effect, at the expiration of which period the whole limb is carefully sponged with warm water, and all the plasters and caustic washed away. Little else was necessary in this case, as in the general class of these cases, issue merely requiring simple dressing, while the ulcers on the leg went on healing *pari passu*.

As a local application to the ulcer during the action on the varicose vein of the issue, any simple ointment, or black wash is all that is required.

This treatment I have found, in a limited experience, uniformly successful. I do not claim or publish it, *of course*, as original, but merely wish to call the attention of practising physicians to the utility of this mode of treatment. In my section of country, where there are a great number of negroes, whose work is laborious, there frequently occur such cases, and as the case I have mentioned, go uncured, useless to their owners, and

whose existence are a burthen. They can and ought to be cured, unless there is some peculiar constitutional obstruction.

Lectures on Asthma. Delivered at Hotel Dieu, by Prof. TROUSSEAU. Translated from the Gazette des Hopitaux of September 16th, 1858, (for the Boston Med. and Surg Journal).

LECTURE III.—EXAMINATION OF THE OPINIONS OF THE PROFESSION ON THIS DISEASE.

HAVING rapidly pointed out to you some of the causes under the influence of which the attacks of asthma are produced, I proceed to examine with you the opinions which have had, and still hold a place in science as to the nature of this complaint. I shall speak of the opinions of Rostan, Louis and Beau, that I may discuss them and give you my way of considering them, my method of interpreting the facts in the case.

If my honorable colleague, Prof. Rostan, admits to-day the existence of purely nervous asthma, he has not always admitted it. There was a time when he did not believe in this peculiar neurosis of the respiratory organs, and he regarded it as being symptomatic of affections of the heart. Influenced by the recollection of the laborious investigations which he had made on this subject in the case of the asthma of old men, while he was a physician of the Salpêtrière, M. Rostan recognized no difference between asthma and dyspnoea. To him, these two words were synonymous; to me, this is far from being the case. Asthma is, in my eyes, a special, complete malady; it is a manifestation, a particular form of a general condition, having very different local expressions, manifesting itself sometimes by attacks of dyspnoea, of oppressed breathing, constituting asthma, but able, also, to exhibit itself in attacks of articular gout, or gout in a more diffused form, in attacks of gravel, or rheumatism.

It is not the difficulty of breathing which constitutes asthma; for it would be necessary in this case to call by this name the dyspnoea which is symptomatic of diseases of the heart, or great vessels, the violent distress which goes to the verge of suffocation in patients suffering from oedema of the glottis, or children taken with croup. Now there is no one who would not shun such a confusion. Between dyspnoea and asthma the difference is immense. If asthma be a dyspnoea of special form and character, every attack of dyspnoea is not asthma.

Have you ever seen, in an individual affected with disease of the heart, the attack of dyspnoea, which this occasions, to be diminished by exercise? Do you not every day witness the contrary? At will, so to speak, you may bring on an attack of dyspnoea in any person affected with a disease of the heart of

moderate severity. Walking a little more rapidly than usual, the act of going up stairs, are sufficient to bring on an oppression more or less considerable, sometimes bordering on suffocation. These attacks of symptomatic asthma may always come on independently of this cause; they may occur in some persons under the influence of moral emotion, in others without appreciable cause.

But if symptomatic dyspnœa may occur, as well as essentially nervous asthma, without organic cause, it is important, in order to distinguish one from the other, to consider what is their usual course.

The attack of asthma behaves in a similar way to an attack of fever: that is to say, it comes on with a certain amount of delay—sometimes, it is true, abruptly enough; it arrives by degrees at its climax, like all nervous affections, then decreases in the same way, gradually, leaving the person who has suffered from it in a state of perfect health, for a longer or shorter period, until the return of a new attack.

Is this the course, is this character of a dyspnœa symptomatic of diseases of the heart? Assuredly not; in that case the attack is always abrupt, never does the oppression yield so completely; always threatening, it never leaves, after the crisis, the individual in the state of perfect health which falls to the lot of the asthmatic.

The last, his attack over, is no longer exposed to its return under the influence of the slightest emotion, or exercise a little more violent than usual; up to the commencement of an attack, he will follow his usual manner of life without fear of being checked. An individual affected with disease of the heart is always in danger of an attack, which the smallest cause may bring on.

Without doubt, and it is necessary to be on our guard, true attacks of asthma may complicate affections of the heart and lungs. This is indisputable, neither of these classes of disease exclude it.

Let us inquire what takes place here, and return to the more general considerations of which I have often spoken to you.

A woman has a carcinomatous disease of the uterus; she has pains in the loins, pains in the lower abdomen, which increase as it progresses, which are greater during menstruation, during digestion, or in the act of defæcation, and which are exasperated by digital examination: another will have no pain, while a third will have uterine neuralgia, returning every day, rigorously at the same hour, with a periodicity so regular that the patient can foretell its return almost to a minute. In two patients whom I have seen, one with Récamier, the other with my excellent friend, Dr. Lasségen, these attacks lasted five or six hours; in the last patient they had continued for many years. The agony

was atrocious. During the paroxysm, the patient rolled and writhed on her chamber floor. In the interval between the attacks, she only felt a sensation of heat in the organ affected.

In these different cases, whether the pain be permanent or intermittent, the lesion is the same. But in the latter case, there is grafted on it a neuralgic affection; to the cancer is added the painful nervous affection, which it does not exclude.

In the same way, if an individual is affected with a disease of the heart, this does not exclude, in his case, the possibility of asthma. If some patients support the most serious affections of the heart without experiencing symptoms of proportional severity, others suffer most terribly with lesions much less pronounced than the first; in others, still, a nervous disorder may be engrafted on the organic affection; in a word, each individual has, so to speak, his own way of carrying his disease; he may experience paroxysms of a peculiar character, according to his temperament, and it is essential to be acquainted with his paroxysms to be able to separate the nervous element from the organic one which complicates it.

The patient whose autopsy we made on Sunday last, had presented the most marked symptoms of angina of the chest. What is this *angina pectoris*? In a great number, in the greatest number of cases, it is a neuralgia symptomatic of an affection of the heart and great bloodvessels; but in some cases it is perfectly independent of all organic affection of the central organs of the circulation, independent even of all appreciable organic change. It is a true epileptiform neuralgia, it is a form of manifestation of this fearful malady. It has its abruptness of attack, its rapid course, its sudden cessation; it is a kind of epileptic vertigo, and some of those who have at other times had attacks of angina pectoris, have later true attacks of epilepsy.

Nervous disorders, then, may be engrafted on organic diseases, but they are independent of them, and these last are only the occasion of their development. They are independent of them, in the sense that the organic lesion is not ordinarily accompanied by them; and if, to return to asthma, we see it come on in persons affected with diseases of the heart or lungs, it is the evidence of their disease that they had, by nature, the asthmatic diathesis. In them the lesion of the heart, the pulmonary disease, has been the occasion of the development of a malady which has been lying dormant, and which, perhaps, was only waiting for this occasion to manifest itself. S. L. A.

Impermeable Stricture.

M. CHARLES PHILIPS terminates a series of papers upon this subject with the following conclusions: 1. The transformation of tissues produced by urethritis may completely obliterate the canal. 2. Complete obliteration takes place more frequently

after traumatic action than after simple inflammation. 3. It is always complicated with urinary fistulæ. 4. Complete obliteration is perfectly distinct from stricture termed impermeable. 5. This latter always allows a certain portion of urine to pass, either at more or less close intervals, or continuously drop by drop. 6. Wherever urine can pass, a bougie may be always introduced, on condition of our proceeding slowly, patiently, and with full confidence in the power of the instrument. 7. Perforation is the basis of the treatment of complete obliteration. 8. If the obstacle is situated in the straight portion of the urethra, it should be attacked by a trocar, the finger being able to follow and guide this through the tissues. When the obstacle is situated in the curved portion, we should first introduce a grooved canula into the perineal fistula, which may serve as a guide to the trocar passed by the meatus. 9. If retention of the urine is produced by stricture, catheterism should never be performed by means of a metallic instrument. Filiform bougies should be employed, which should be introduced slowly, and after a few minutes withdrawn. Each time a little urine is discharged, with relief to the patient; and when his suffering becomes abated, we may fix the bougie, and the whole of the urine will be discharged over it. 10. If the introduction of the bougie is for the time impossible, and the retention becomes insupportable, supra-pubic puncture of the bladder should be resorted to. 11. If retention is complicated with infiltration of urine, and the introduction of the bougie cannot at once be accomplished, the supra-pubic puncture should be made, as should be large incisions into the perineum. After a few days the tissues will have become sufficiently disorged to admit of new attempts at catheterism. Not being now pressed by the patient's sufferings from retention, we may proceed slowly and cautiously, and we shall traverse the stricture erroneously believed to be impermeable.

[*Brit. and For. Med. Chir. Rev.*, from *Bul. de Thérap.*

On Acupuncture. By Dr. T. OGIER WARD, Kensington.

I HAVE read in the 'Journal' with much interest the lectures of Dr. Brown-Sequard, especially the fifth, which seems to be the most practical, inasmuch as the experiments detailed, proved that irritation, &c., of one part, may be transmitted by reflex action to another more distant part, in the following manner. The irritation is conveyed by an afferent nerve to the nervous centres, and thence is reflected to the more distant part through the sympathetic which, by producing a contraction of the vessels, reduces the hyperæmia of the affected part. In this way Dr. Brown-Sequard explains the benefit derived from the actual cautery in facial neuralgia and affections of the eyes, when ap-

plied to the ear of the same side, or even between the shoulders. A completely opposed explanation of the action of the actual cautery has been recently given by Dr. Inman, in a paper read to the Lancashire and Cheshire Branch; and certainly Dr. Brown-Sequard's experiments, though they establish the facts in some cases, do not afford any explanation why this action of the sympathetic nerves is confined to a part in a morbid condition, and does not extend, at least, so far as can be ascertained, to the whole system. But whether Dr. Brown-Sequard or Dr. Inman be right, *non est meum tantas componere lites*; the object of the present communication is to offer an explanation, deduced from Dr. Brown-Sequard's experiments, of the benefit derived from two operations much less severe than the actual cautery, which, from its formidable appearance, is never likely to be used extensively in this country, at least, in private practice.

The operations I allude to are, the injection of opiates beneath the skin over the nerve affected in tic douloureux, and acupuncture; in both of which, the great and immediate benefit by the cessation of the pain, is to be attributed to the punctures, and not to the opiate injected. I do not deny that the opiate may be absorbed, and produce a certain amount of direct effect on the nerve where this is situated superficially; and the profound sleep produced in some instances must be attributed to the opiate; but in cases where the injection has been successful in deeply-seated pains, I believe we may reasonably ascribe the cure to the simple puncture, especially as we meet with the same results from acupuncture. Hitherto the *modus operandi* of acupuncture has been involved in mystery, but now Dr. Brown-Sequard's discovery of the reflex action induced by counter-irritation, appears to afford at least a plausible explanation of it.

Acupuncture is a remedy that seems to have its floods and ebbs in public estimation; for we see it much belauded in medical writings every ten years or so, even to its recommendation in neuralgia of the heart; and then it again sinks into neglect or oblivion; and it is not unlikely that its disuse may be occasioned partly by fear of the pain, and partly by the difficulty the patient finds to believe so trifling an operation can produce such powerful effects. Another reason for its neglect may be, that, like every other remedy, it fails occasionally, and the practitioner, disgusted at having persuaded his patient to submit to a pain, which, though slight, has been attended with no benefit, will not again undergo such a disappointment. However this may be, its use is not as frequent as it deserves; and now that we know the *rationale* of its operation, I venture to bring forward a few cases in illustration of its remedial powers, in order that others may be induced to give it a more extensive trial, and thus ascertain its true value in the treatment of neuralgic or rheumatic pains.

Case 1.—A middle aged labourer came to me with a chronic rheumatism of the parts about the right shoulder, particularly in the deltoid, which was so painful that he could not raise his arm horizontally. I inserted two needles into the muscle, one just below the head of the humerus, and the other near the insertion of the muscle and in about a quarter of an hour he could lay his hand on his head, and in a few days was quite well, without a second operation.

Case. 2.—An elderly laborer, suffering from rheumatic pain and stiffness of the rectus and other muscles in front of the right thigh, so that he dragged the limb in walking, was enabled to walk without much limping, after the insertion of three needles down the front of the thigh for a period of twenty minutes; and he required no further treatment.

Case 3.—An old clergyman, very liable to sciatica, having been advised to try acupuncture, was in the habit of using daily, previous to dressing himself, two or three needles inserted along the course of the nerve, to enable him to walk down stairs with comfort.

Case 4.—A lady of middle age, suffering so much from lumbago and sciatica, that she could not rise from her chair without assistance, after trying hip baths and mustard poultices in vain, was induced to apply the needles to the most painful parts, when, to her astonishment, the pain was much relieved, and after three applications, was entirely removed.

Case 5.—A lady advanced in pregnancy, similarly affected to the last case, and who had failed in obtaining relief from baths and mustard plasters, used a single needle with complete success, but not without considerable disappointment from the extreme pain produced by the operation. This is the only instance of a complaint of the kind I have met with, as, after the immediate pricking sensation during the passage of the needle through the skin, the feeling is usually like that produced by the strong pressure of the point of the finger on the part.

In none of the above cases was there any constitutional affection, each patient stating that his health was perfect; nor was there any appearance of local inflammation. Indeed my use of acupuncture has always been confined to such cases as the above, and I should not expect that acute rheumatism or neuralgia would be benefited by such means.

In conclusion, I would remark that, though the benefit of acupuncture has been attributed by some writers to a quivering of the affected muscles, which is indicated by a vibratory motion of the needle whilst inverted, such an appearance has never presented itself in any of my experiments upon myself or others.

[*British Med. Jour.*, and *Braithwaite's Retrospect*.

Various Formulæ for the Gelatinization of Cod-Liver Oil.

M. STANISLAS MARTIN'S JELLY MODIFIED.

R.	Cod-liver oil,	-	-	-	-	-	-	3 ij.
	Fresh spermaceti,	-	-	-	-	-	-	3 ijss.
	Simple syrup,	-	-	-	-	-	-	3 vj.
	Jamaica rum,	-	-	-	-	-	-	3 vj.

Beat the ingredients together with the aid of heat, and when the mixture has acquired some consistence, pour it into a wide-mouthed bottle.

COD-LIVER OIL, SOLIDIFIED WITH GELATINE.

R.	Pure gelatine,	-	-	-	-	-	-	3 ss.
	Water,	-	-	-	-	-	-	3 iv.
	Simple syrup,	-	-	-	-	-	-	3 iv.
	Cod-liver oil,	-	-	-	-	-	-	3 viij.
	Aromatic essence.	-	-	-	-	-	-	q. s.

Dissolve the gelatine in the boiling water, and add successively the syrup, the oil, and the aromatic essence; place the vessel containing the entire in a bath of cold water; whip the jelly for five minutes at most, and then pour it, while still fluid, into a wide mouthed glass bottle, furnished with a cork, or with a pewter cap, or if a bottle be not at hand, into a porcelain or earthenware pot, which should be carefully closed.

COD-LIVER OIL GELATINIZED WITH CARRAGEEN OR IRISH MOSS.

R.	Fucus crispus,	-	-	-	-	-	-	3 ss.
	Water,	-	-	-	-	-	-	3 xvij.
	Simple syrup,	-	-	-	-	-	-	3 viij.
	Cod-liver oil,	-	-	-	-	-	-	3 viij.
	Aromatic,	-	-	-	-	-	-	q. v.

Boil the carrageen in the water for twenty minutes; pass the decoction through flannel; concentrate it until it is reduced to four ounces by weight; add the syrup, the oil, and the aromatic; whip the mixture briskly, having first placed it in a cold bath, and pour it, while still a little warm, into the vessel intended to receive it. The syrup may be replaced by an equal quantity of Garus' elixir, mint or vanilla cream or rum, &c.

M. Sauvan proposes to combine cod-liver oil with Iceland moss.

LICHEN AND COD-LIVER OIL.

R.	Iceland moss jelly,	-	-	-	-	-	-	3 iv.
	Gelatine,	-	-	-	-	-	-	3 iv.
	Hydrocyanated cod-liver oil (to which two drops of essence of bitter almonds have been added)	-	-	-	-	-	-	3 vj.

Prepare the Iceland moss jelly in the usual manner; melt the gelatine and pass it into the vessel which is to hold it; then

add the cod-liver oil; stir the entire with a spatula, until the mixture be homogeneous and the jelly begins to congeal. Dose, two or three spoonfuls daily.—[*Bull. Gen. de Thérap.*, and *Dublin Hospital Gazette*.]

Practical Observations on the Use of the Ecraseur in Polypi of the Uterus. By Dr. ROBERT JOHNS, Member of the Council of the Surgical Society of Ireland, &c.

[A lady, ten years married, but never pregnant, consulted the author last year, stating that during the last two years she had been subject to severe menorrhagia, often passing large clots; and also suffering from severe uterine pain, diarrhoea, sickness, and other symptoms arising from loss of blood. She had a very anæmic, even malignant aspect.]

On making a vaginal digital examination, I found a fibrous polypus, about the size of a chestnut, projecting from the os uteri, which, by very slight traction, was brought down into the vagina; it was attached to the inner and anterior surface of the cervix, about an inch from the os, by a pedicle of about two inches long, and half an inch thick; the os was patulous, flaccid, and dilatable. Having determined to remove the tumour by "ecrasement lineaire," I explained to my patient what I proposed doing, to which she willingly consented, at the same time saying that she would submit to any treatment to be again restored to health. As she expected to be unwell on the day or so following, I deferred any interference until after the period had passed over, but I ordered a tonic mixture, containing the ammonio-tartrate of iron, &c.

September 20th.—The catamenia have ceased for three days. Ordered to have the bowels well freed, and to repeat the tonic iron mixture.

23rd.—This morning I found my patient in a state of great excitement, and very hysterical. Not deeming her a fit subject for chloroform, I gave her some wine, which had the desired effect. Having then placed her in the position for lithotomy—which I considered preferable to any other in such cases, when operating on virgins, on females like Mrs. D., whose vagina is not much dilated nor very dilatable without inflicting much unnecessary pain, or on those whose os uteri is very high up—I then proceeded thus. Having gradually and gently introduced the first two fingers of my right hand into the vagina, and having found the polypus in the position before described, I passed a finger on each side of its pedicle, a little above its insertion into the tumour, and drew it down as near as possible to the perineum; having now replaced my fingers by the chain of the *écraseur* (which then surrounded the tumour,) I shortened it

until constriction was produced, and removed the polypus *very slowly* and steadily. There was not a drop of blood shed either during or subsequent to the écrasement, nor did my patient experience the least pain. A very trifling vaginal, discolored discharge, caused by the debris of the pedicle, set in that evening, and continued for three days. Cold water vaginal injections having been daily employed, on the fifth day she was up and about her house, and not a vestige of the pedicle could be discovered by the "toucher," but as the os was still very patulous, and felt rough, an examination with the speculum was instituted, when an ulcer was seen extending about two-thirds around the os uteri, which yielded very quickly to a few applications of solid nitrate of silver, when the os closed up to its normal state. This lady called to visit me on the 3rd of December, when in appearance she was greatly changed for the better, as she had regained her natural healthy colour, and had lost the malignant aspect. She stated that her periods had become perfectly regular and painless; she had no vaginal discharge of any description; and, in fact, that she was in better health than she had enjoyed for years.

The following facts, I think, are fairly deducible:—

1. That vaginal hemorrhage, continuing for any length of time, being accompanied by clots of blood, assuming particular shapes, and having been preceded by an increase of flow at the catamenial periods, is strong presumptive evidence of the existence of polypus of the uterus.
2. That the situation of the tumour, whether in the uterus or descended into the vagina, does not seem to exercise any effect in increasing or decreasing the hemorrhage.
3. That the amount of blood lost in this disease is not in proportion to the magnitude of the tumour.
4. That ulceration of the os or cervix uteri is a very fruitful source of hemorrhage in polypial disease.
5. That it is not by any means necessary to draw the tumour externally to the vagina, in order to remove it by linear écrasement.
6. That there is no advantage derivable from écrasing the pedicle high up.
7. That the écraseur is a valuable instrument if properly employed; that is *very SLOWLY* and *steadily*; but, if not, its use is very doubtful, if not hazardous.—[*Dublin Quarterly Journal*.

New Modes of Administering Iodine.

EFFORTS have lately been made in France to administer iodine in a more efficacious manner than had hitherto been done. M. Leriche, of Lyons, has published valuable articles in *L'Union*

Médicale, wherein he endeavors to show that iodine, combined with vegetable substances, advantageously replaces cod-liver oil. He proposes a syrup made of the juice of water-cress and iodine, and also an iodine wine. The syrup has the advantage of not fermenting, and contains exactly one grain of iodine per ounce. The wine is composed thus: Bordeaux wine eight ounces; concentrated infusion of red roses about thirteen drachms; tincture of iodine one drachm and a half. Each ounce contains one grain of iodine. From one to six tablespoonfuls may be given daily, according to the indications and the age of patients. In the space of three years M. Leriche treated 38 scrofulous patients with the wine; 21 were perfectly cured after a treatment steadily pursued for some time; 8 did not improve at all; and 9 improved but slightly, either because the treatment was carried on imperfectly, or because it was left off too soon.

M. Boinet, on the other hand, well known by long-continued investigations respecting the use of iodine, read on the 28th of September last, before the Academy of Medicine of Paris, a paper, in which he proposes to use iodine as an article of food. The author administers iodine as found in nature, viz., combined with those plants which contain the greatest quantity of the alkaloid. The latter being thus given in minute doses, in a continuous and almost imperceptible manner, yields most advantageous results. M. Boinet uses fuci, marine plants, cruciferae, salts containing iodine, and some mineral waters holding iodine in solution. His excipients are ordinary bread, ginger-bread, cakes, biscuits, chocolate, wine, beer, syrup, &c., some being especially calculated for children. Trials were begun by M. Boinet as far back as 1849, upon subjects suffering very severely from the various well-known scrofulous symptoms, and most of them were cured after continuing the iodized food for several months. The author has not found that iodine administered for a long time produced a loss of flesh and atrophy of certain organs. Far from having these effects, the iodine, in his hands, has invigorated patients, and favored the development of organs, Messrs. Chatin and Trousseau are to report upon the paper.

[*American Jour. of Med. Sciences.*

On the Internal Treatment of Ulcers of the Leg by Iodide of Potassium. By M. TRASTOUR.

WITHOUT reviewing the theory of an "ulcerative diathesis," advanced by Phil. Boyer, M. Trastour is of the opinion that ulcers of the leg are owing as often to a general disposition of the economy, as to local causes, and this opinion seems to him justified by the success which he has obtained from iodide of potassium in the treatment of these ulcers. Repeated observations permit him to draw up the following propositions:—1.

Iodide of potassium, administered in a dose of two to six grammes a day, cures the most obstinate ulcers of the leg in one or two months, rarely more, no matter whether they are of syphilitic nature or not. The ulcers, and even the varicose congestion, yield rapidly to this medication, which may be assisted by regulated compression and a simple dressing. 2. The patients can continue their occupation during the treatment; they do not require rest. 3. The cure by this simple method is easier, more complete and reliable, than by any other known method.

There are however a certain kind of ulcers which require a special and more complex treatment; these are the scorbutic, herpetic, and scrofulous ulcers. Of ulcers which did not present one of these peculiar characters, M. Trastour reports several cases which speak highly in favor of his mode of treatment. The modification which takes place in the ulcers by the use of iodide of potassium may perhaps be explained by supposing that this salt, which passes rapidly into all the secretions, passes also into the ulcerous secretion. Brought in contact with the ulcers from within to without, it modifies them, molecule after molecule, that is to say, as completely as possible; at the same time, it acts upon the surrounding congestion, and upon the whole constitution.—[*Journal de la Société Académique de la Loire-Inférieure*, and *North American Med. Chir. Review*.

Intestines of a Pig, which, for six weeks before death, had been fed with "Typhoid Dejections."

DR. MURCHISON exhibited these to the Pathological Society of London, and observed that although it was generally admitted that the true typhus fever is eminently contagious, many still entertained doubts as to the contagious nature of the so-called "typhoid fever;" yet it was difficult to explain in any other way, the facts which had been adduced by Bretonneau, Gendron, Piedvache, and others. Some observers and more particularly Dr Budd, of Bristol, and the late Dr. Snow, had thought that typhoid fever was propagated by the dejections from the bowels. Without questioning the validity of this supposition, Dr. Murchison expressed his belief that many of the facts which had been urged in its support might be explained on the hypothesis of a spontaneous origin of the fever from the putrid emanations from the drains, which had been thought merely to convey the poison. All those who had considered that the fever might be communicated by the dejections had been strong opponents of the possibility of its spontaneous origin. It was obviously of great importance, both in a medical and a sanitary point of view, to determine whether fever might be communicated in the manner just alluded to. The experiment had been

undertaken in order to throw some light upon this question; and its results were offered simply for what the results of one experiment might be worth. A pig had been selected for the experiment for the following reasons: 1. Because in its diet it approached most nearly to man; and it was thought that less difficulty would be encountered in making it submit to the experiment than with other animals. 2. There were few or no animals in which the structures that became specially diseased in typhoid fever, viz. Peyer's patches, were so well developed. 3. Because there was evidence that the pig was liable to typhoid fever. Cases of the disease, in this animal, in which the characteristic lesions had been found after death, have been described by Falke and other writers on veterinary medicine. The pig selected was between three and four months old. Care was taken that the dejections were obtained from typhoid patients in whom they presented the light ochrey colour peculiar to the disease in the most marked degree; they were mixed up with barley-meal and other articles of food. The first was given on Sept. 9th, 1858. For the first three weeks one was given every day, or every second or third day. During the next fortnight, two or three were given every day; and, during the last week, one every second day. They were eaten greedily. On two different occasions, during the first fortnight, the animal had slight diarrhœa, lasting for twelve hours, and its ears felt rather hot; but these symptoms speedily subsided. With these exceptions, the animal exhibited no abnormal symptoms; its stools were of normal consistence, and it increased greatly in weight and size, as was shown by measurements taken at the commencement and at the termination of the experiment. On Oct. 23d it was killed, and its body opened. There was abundance of subcutaneous fat, and the muscular tissue appeared healthy in every respect. The intestines throughout were healthy. There was not the slightest trace of any recent or old ulceration anywhere, nor of any thickening or alteration of Peyer's patches, or of the solitary glands. The mesenteric glands were not enlarged.—[*London Lancet*.

On the Use of Ergot in Certain Diseases of the Eye. By Dr. V. WILLEBRAND.

The known effect of ergot upon the unstriped muscular fibres of the uterus, and upon the analogous tissues of the walls of the blood-vessels, induced Dr. V. Willebrand to try this remedy in several forms of diseases of the eye, in which he supposed that the evil could be cured by exciting a greater contractility in the walls of the blood-vessels, or in other tissues containing unstriped muscular fibres. The greatest benefit from the adminis-

tration of ergot, the author derived in those disturbances of the function of accommodation, described as *hebetudo visus*, (asthenopia), in which the eye can accommodate itself only for a short time sufficiently to occupations near to the face, (reading, writing, sewing, etc). Dr. V. Willebrand met serious cases of this kind, particularly among the pupils of young ladies' seminaries, who are generally exposed to unfavorable conditions of ocular hygiene, such as writing with the body bent forward, and with insufficient light. The author cured all these cases, at least for some time, by the exhibition of ergot; at the same time he ordered the eyes to be spared, and spectacles dampening the light to be used. The author used the remedy successfully also in a case of epophthalmus with hypertrophy of the heart and of the thyroid gland, (a peculiar combination which has been lately much discussed), and in blepharitis, and pustular syndermitis of children. As the usual dose for adults, he prescribes five grains of ergot, generally combined with magnes, carbon., sometimes, if chlorosis is present, with iron, to be given three or four times daily.—[*Archives für Ophthalmologie*, and *North American Med. Chir. Review*.

On the Treatment of Syphilis in Pregnant Women. By. M. E. BERTIN.

AMONG the facts which have contributed the most to make the employment of mercury during pregnancy objectionable, and to diffuse the opinion that this medicine easily produces abortus or death of the foetus, those which M. Colson has recorded in his memoir, "*De l'influence du traitement mercuriel sur les fonctions de l'uterus*," (*Archives Générales*, tome xviii. p. 24,) deserves especial notice. M. Bertin has subjected these not very numerous observations to a critical analysis, which shows peremptorily that not one of them has the demonstrative character which has been so readily attributed to them. He mentions then a remarkable case of Moriceau, which shows that mercury not only does not cause abortus, but that it may even prevent it, (*Des maladies des femmes grosses*, etc., 2d edit., p. 179), and reports the history of eleven pregnant women who were treated in the *Maison de Secours* of Nancy. This is the complete series of all the cases which have presented themselves during the first four months of the year 1857.

All these patients, in whom pregnancy was more or less advanced, suffered from secondary symptoms, and were treated with pills of protiodide of mercury, or with the liquor of Van Swieten. Out of these eleven women, eight were delivered at term of living children, and their pregnancy had followed its natural course during their sojourn in the hospital; one of them

was subjected to two mercurial treatments while she was pregnant, and did not experience any bad consequences. In the three other patients the pregnancy did not reach its term; but it is more than probable that the mercury had nothing to do with this result. In fact, one of these women was delivered of a dead child in a state of putrefaction, the movements of which had ceased to be felt before the mother entered the hospital. The second had miscarried already twice before she contracted the venereal disease, and it is possible the third abortus took place under the same influence as the two others. The last patient was delivered of a living child of seven months, upon which, consequently, the mercurial treatment could not have acted in a fatal manner.

M. Bertin concludes, from these facts, that mercury does not exert a fatal influence upon the human foetus, (contrary to the opinion of Professor Trousseau), and admits, with Ricord, "that the period of pregnancy, far from opposing the employment of energetic measures, demands still more attention and judicious promptitude."—[*Compte Rendu des Travaux de la Société de Médecine de Nancy*, and *Ibid.*

Inutility of Depletion in Syphilitic Iritis.

MR. J. HAMILTON, Surgeon to the Richmond Hospital, states (*Dublin Hospital Gazette*, May 15, 1857) his belief "that in the treatment of syphilitic iritis, even the most acute cases, all that is necessary to be done is to administer mercury properly, suited to the constitution of the patient, and the nature of the case, and till full salivation; and the application of the extract of belladonna round the eye, or of the solution of atropine in the eye. I totally disagree with those authors—Mr. Tyrrell, for instance—who recommend, in cases where the patient is broken down, to administer tonics, &c., till he is able to bear the mercurial course, the real fact being, that the best tonic is the mercury, combined with opium, which by expelling a depressing poison from the system, invigorates it, at the same time that it arrests the ravages of a destructive specific disease; whereas, while waiting for the effects of tonics and diet, the eye may be lost. There could not be, apparently, more feeble or depressed subjects than No. 3, Mary Byrne, or No. 4, John Callaghan, particularly the latter, who was literally nothing but skin and bone, with a pale sallow face, contrasting with the large red tubercles with which it was studded, and so weak he could scarcely stand; yet, under the beneficial action of the mercury, while the eye was saved, his flesh, strength, and complexion, all became rapidly restored, so that in his last letter to me, he describes himself, in language more remarkable for strength than orthography, 'as strong as a boss, and as fat as a wheal!'

"Many surgeons do not deplete, but the large majority still do, by leeching and cupping; rarely, I believe, in this country, by venesection, as recommended by Mr. Mackenzie. During fourteen years, a very large number of cases of syphilitic iritis have been under my care in the Richmond Hospital, and I have only cupped in one case; and with my present experience, I am sure if that case presented itself now, I should not do so."

As this is one of those practical questions best decided by facts, Mr. Hamilton quotes five cases from his case-book in support of his views. One of these cases we quote:—

"John Callaghan, æt. 24, transmitted into No. 4 ward of the Richmond, from the Whitworth Hospital, February 26th, 1857. He is one of the city police, and was once a stout powerful man, but is now sickly-looking, sallow, and emaciated. A thickly scattered eruption of tubercles over the face, on the eyebrows, sides of the nose and chin. He became infected with syphilis about ten months ago, and has since suffered from pains in his bones, sore throat, and eruptions, with rapid decline of health and strength. He has taken mercury irregularly. Ten days ago the right eye became tender and inflamed, and quickly got very bad. His only treatment has been one leech and a blister to the temple, and bark mixture; but he had taken no mercury for a month.

"The right eye is affected with acute iritis; the sclerotic of a deep dull red, most marked round the cornea; the conjunctiva also is traversed by many large red vessels; the iris of a dull yellowish-gray, contrasting with the clear bluish-gray of the other eye; the pupil hazy and irregular, adhesion existing at the lower and outer rim, where the iris is of a dull reddish-brown, as if a tubercle was about to form there; the pupil is nearly as large as the other, perhaps slightly affected by the extract of belladonna which was applied last night; sight very much injured—though he can see me in a bright line at three feet, he cannot discern a feature of my face; intolerance of light, and some lachrymation; pain in the brow, extending to the eyeball and temple, begins at ten o'clock at night, and lasts till one o'clock, A.M. Submur. hydrarg. ʒj, opii gr. ij, in pilulas x.

"Third day. Eye somewhat clearer; the deposition of rusty-colored lymph appears less; not so much pain last night. He has taken eight pills, but no perceptible effect on the mouth, nor any griping. The belladonna has had no influence on the pupil.

"Fifth day. The mouth is sore, and there is some griping. The eye is better, and he can distinguish my features, and the studs on my shirt. To take a pill night and morning.

"Seventh day. Mouth fully sore; a very decided improvement in his vision, and the appearance of the eye; the iris clearing, and the rusty lymph absorbing; pupil clear and black, and

the redness much less. He bears light better; no nocturnal pain of the brow the last two nights; the eruption of tubercles on his face and body are fast disappearing.

"On the twelfth day the eye was not so well, more vascular and uneasy—evidently an attempt at a relapse. By increasing the quantity of mercury for two days, he got better; all traces of the iritis afterwards entirely disappeared.

"On the twenty-second day, having been quite well for several days, he requested his dismissal, wishing to go to the country. I had a letter from him a few days since, saying that he had regained strength and flesh, that the sight of the eye was as good as ever, and no traces of the eruption existed. He had continued to take the mercury so as to keep up the mercurial action in the system, altogether for about ten weeks."

[*American Jour. of the Med. Sciences.*

Obstinate Hemorrhage following a division of the Frænum Linguae.

By A. REEVES JACKSON, M.D., of Stroudsburg, Monroe Co., Pennsylvania.

HAVING occasionally seen reported in the medical journals, cases of fatal hemorrhage from the division of the frænum linguae in children, I am induced to relate the following case, in which a very simple contrivance was entirely successful in checking the bleeding, after an operation of this kind.

Some years ago I was called to see an infant, aged eight months, son of Mr. S—, near White Haven, Pa., in consultation with Dr. H., under the following circumstances. Thirty-six hours previous to my arrival, Dr. H. had divided the frænum linguae, and the wound had been bleeding ever since, all the efforts that had been made to check it having been unavailing. Dr. H. was not present when I reached the place, but in a note which he had left for me, he desired me to do what I could for the little patient, and stated that he had already used, unsuccessfully, cold applications, a variety of styptics, lunar caustic, the ligature, and the actual cautery.

The child was already very greatly reduced, from loss of blood, which was continuing to ooze out from the cut edges of the wound.

I procured from the father of the child (who was a deer-hunter), a few buckshot, and flattened two of them out into disks, or round plates, by means of a hammer, using the side of an axe as an anvil. I then pierced each of these through the centre, with a common sewing needle. Then taking a piece of annealed silver wire from a double canula in my pocket-case, I tied a knot on the end of it; and having split, with a pocket-knife, half way through another shot, placed the wire in the bot-

of the slit, the sides of which were then firmly pressed together with a pair of tonsil-forceps, care being taken at the same time to draw the knot, on the end of the wire, close to the shot. The free end of the wire was then passed through the hole in one of the plates, which was drawn close against the shot. The other plate was now passed up to within a quarter of an inch of the first, and a second shot, previously split like the first, placed against it, but not pressed so tightly upon the wire, but that it could be moved with a moderate force.

My instrument, which, it will be perceived, formed a clamp, was now ready to be applied, which was done in the following manner:

The father, having taken the child in his lap, and held its mouth forcibly open, I applied the instrument in such a way, that the whole of the cut frænum was brought between the flat surfaces of the two plates. The second shot was now pressed strongly against the outer side of its corresponding plate by means of forceps, and by pulling, at the same time, upon the free end of the wire. The plates were in this manner brought closely together, and were kept in their position by pressing together firmly, the split in the second shot. The bleeding was immediately controlled, and nothing remained but to cut off the end of the wire, close to the shot.

The child was then allowed small portions of wine-whey, every two or three hours; and, at the end of about twenty-four hours, when the clamp was removed, there was no return of the hemorrhage.

I think, in case of emergency, the wire might be replaced with a piece of stout linen thread, although the former is certainly preferable.—[*Am. Jour. Med. Sciences.*

Hysterie Condition of Joints. Mr. BARWELL read before the Medical Society of London (November 15, 1858) a paper on this subject.

THESE affections, the author observed, are not rare, especially amongst the more luxurious classes, and they have often been mistaken for actual joint diseases, when blisters and issues, increasing the evil, have been applied, or even more heroic and disastrous treatment adopted. It must be confessed that the literature of the subject, and the cases collected, are meagre and unsatisfactory, and, therefore, this paper is intended to present a concise, yet detailed sketch of the disease, and of some new points in its treatment.

Although in a malady so Protean as hysteria, no short description of invariable symptoms can be given, yet two peculiarities may be fixed upon as especially characteristic; and these

are, the absence of the ordinary signs of inflammation, and "anomaly." One may be inclined to add to these symptoms, the hysteric condition; yet, though such condition is present in many cases, it is in others quite absent, or so slightly marked as hardly to exceed the ordinary mobility of the feminine character. When hysteria breaks out in the paroxysm, it is usually sated by that manifestation, and produces no such serious effects as a pseudo malady; indeed, the imitative tendency of hysteria is often checked by a regular fit, and a simulated disease may occasionally thus end; but, in other cases, the imitation may continue uninterrupted by any other hysteric symptom, and we are then thrown for our diagnosis upon a purely local investigation. Let us first take the knee, as the more frequently affected joint. The pain is, in some cases, so severe as to make the patient hold her leg constantly semi-flexed and immovable; in other cases, it is so slight that the patient, though complaining, walks about. The pain is not in direct, but rather in inverse, ratio with any other hysterical symptom. It may be increased at the menstrual period. It is generally referred to a spot on either side of the ligamentum patellæ, and is increased on the slightest touch at this spot, but especially if a piece of the subcutaneous fat here situated be pinched. In other cases, the tenderness is spread over a larger space, but is always superficial. The articulating surfaces are not tender; they may be forced together, by pressing the foot upward, without producing pain. In the severer cases, when the knee is kept fixed, the surgeon, if he attempt to change its position, will feel the muscles of the limb thrown into strong action. A striking characteristic is the absence of heat about the affected joint—it feels quite as cool, and sometimes, the author is inclined to think, even cooler than the other. Swelling, in any marked degree, is absent in cases of knee-joint disease; if measurements be taken, the swelling will be found greater than is ordinarily supposed; but the hysteric knee, when not inflamed by irritant treatment, is seldom swollen, and never more than about three quarters of an inch. The swelling is tegumentary merely; the healthy parts may be felt beneath.

When the disease affects the hip, it is, by a skilful eye, even more easily detected. When the patient is lying down, the limb is drawn up, the knee bent, and there is great superficial tenderness over the whole haunch, hip, and thigh, but no pain on pressing the articular surfaces together from the heel upwards; if the joint be not moved, there is no greater heat on that side than on the other. If the surgeon, by perseverance, get his patient to stand he will observe a marked twisting of the pelvis, in part an imitation, in part exaggeration, of the position assumed in hip disease. The glutei may be felt in strong action and the nates, instead of being flat, on that side are protuberant. Swell-

ing is hardly to be measured at the hip, because it is surrounded by muscles whose greater or less action must alter the dimensions of the part. That creaking of certain joints which sometimes comes on with puberty may gradually become more fixed, till it settle down into hysteric joint disease; therefore, there sometimes accompanies this malady, a parchment-like crepitation, which is easily distinguished from the crepitus of rheumatic arthritis. Besides these signs, it must be remarked that an hysteric patient has not the worn aspect of one whose cartilages are ulcerating.

Now, the peculiarities of hysteric disease impress upon the local complaint a quality of unreality which requires some examination. It is not to be supposed that these patients willingly deceive their medical attendant, nor that the pain complained of has no real existence; but it is not produced by a local condition—the malady is centric, not eccentric. Hysteria has, perhaps, been too much regarded as the *bête noire* of medicine, connected with an obscure and sometimes undiscoverable menstrual disorder, and therefore, to be treated with iron and emmenagogues, and such like medicines. Yet, in truth, though the disease may be originally produced by the circumstances and conditions of woman's life, it soon becomes independent of uterine action or inaction; it becomes a neuropathy which can be called forth by the feelings and imaginings of the patient, who is more or less aware of the power she exercises over her condition, and believing her sufferings real, is yet delighted to direct them by such mental acts. Thus the malady must be treated on other principles than such as would follow a mere uterine pathology. Great harm is done by the indiscriminate use of steel, ethers, aloes, &c., which are often given when a lower diet and more exercise would much better cure the disease. If, however, the above view be correct, the treatment must rather be directed to the cerebral condition which produces the neuralgia-like pain, and which has the faculty of swaying the disease by its own emotional state; for it must be evident, from that view, that if this emotional state can itself be dominated, the disease will be governed with it; if the patient's faith can be so far mastered as that she shall fully expect to be cured by any given proceeding at a certain time, she *will* be cured by that method at the time specified. The author has tried several means whereby, the patients' confidence having been sufficiently gained, he could call away their attention from the part affected *to some distant spot*, in which a disorder working its own cure had been artificially produced. Of all such means, a seton seems in most instances the best; this is to be made of a single ligature (silk) set in at a distance from the affected joint, and embracing only a small portion of skin. The placing of a seton is sufficiently painful and like a surgical operation to attract

strongly the patient's attention, and yet not so much so as to be cruel or greatly repugnant to her feelings. Another advantage is that, besides a distinct beginning, it has a certain end which the patient is to watch; and if she believes, as can well be managed, that as the seton works through the skin she will get better, and when it comes quite away she will be well, the result is certain to follow her belief. Mr. Barwell read several cases which he had thus treated, and quoted in support a case in which Mr. Hancock, by giving a patient thus affected chloroform, and performed a mock operation, had produced a cure. He observed, in conclusion, that the most essential points were—to be quite certain in the diagnosis, to master the confidence of the patient, and to place the seton or other agent at a sufficient distance from the part affected.—[*London Lancet*.

Ophthalmia of New-born Children Treated by Chloride of Zinc and Glycerine. By Dr. MACMILLAN, Hull, Eng.

CASE.—A child seven days old. On examination eyelids very much swollen and glued together; on opening thick white fluid escaped from both eyes. Inside of the eyelids of the right eye very vascular and considerably swollen, so much so as to render the examination of the cornea very difficult, at lower margin of which a small white spot as if pus were effused between the lamellæ of the cornea was observed. General haziness of surface of cornea also present.

The left eye presents cornea clear, conjunctiva vascular, purulent discharge thick and very copious.

The chance of recovery of right eye was held out to the parent as extremely doubtful. The following drops to be applied three times a-day by the aid of a camel-hair brush:—Five grains of chloride of zinc to be well triturated in a glass mortar, with half an ounce of glycerine. During the day frequent ablutions of the eyes and application of pure glycerine.

On the following day the mother states that the child had rested better during the night; the discharge of matter was much less, the swollen condition of the eyelids had decreased considerably, and the right cornea was easily exposed to view; onyx still present as also haziness of cornea.

Next day much improved; child opens her eyes and looks about; still some purulent discharge; onyx of right cornea considerably less; surface of cornea much clearer; inner surface of eyelids less vascular; continue the application and sulph. quinine $\frac{1}{4}$ maneque nocteque.

Seen two days after; eyes all but well; onyx in right cornea completely gone; little or no discharge; general appearance and health of child much improved. Discontinues the application

of the chloride of zinc, but apply occasionally during the day a little glycerine by the aid of a brush.

Many cases attended with a similar result might be brought forward, but the above will be sufficient to direct attention to the employment of chloride of zinc.

It cannot be denied that the strong solution or nitrate of silver is generally quite sufficient to cure this disease when had recourse to, even in the more advanced stages; but its employment is attended with two or three disadvantages.

In public and private practice it is too frequently found that this disease is neglected or treated with some useless remedy, as a little of the mother's milk, simple cerate, &c.; and that the little patient is brought to the medical attendant after the lapse of two or three weeks, at which period, to use the words of that eminent surgeon, Dr. Mackenzie,—“I open the lids of the infant with the fearful presentiment that the vision is lost, and but too often I find one or both of the cornea gone, and the iris and humours protruding. In this case it is our painful duty to say there is no hope of sight.”

Let us suppose that the case is not quite so bad, that the symptoms and conditions of the parts are similar to the case narrated, that an onyx is formed on the eve of bursting, a little delay and loss of vision is inevitable; you order the nitrate of silver to be applied to the eyes every six hours; you urge upon the parent the necessity of washing the purulent discharge from the eyes, and request her to bring the child on the following day. She does so. On examining the eyes you find little or no improvement, in the majority of cases decidedly worse; you are surprised. On cross-questioning the parent or nurse, you will find that the drops have not been applied; that the child cried so much, appeared in such agony; that a few drops were spilt on the child's cap, or other portion of its dress; that the characteristic stain of the nitrate was observed; that some busy neighbor, not unfrequently the one who treated the child's eyes before it was brought to the medical attendant and glad to supplant him in the confidence of the parent, says it is “caustic,” the “Doctor is going to burn the eyes out,” &c., &c. The poor mother, ignorant of the true state of matters, and moved by maternal affection, hesitates, and ultimately resolves not to repeat them, the consequences of which may be easily conceived, the little time for a chance of cure has passed, the sight, perchance, of both eyes is gone, and the one application has sufficed to establish the medical attendant's reputation for “burning eyes out.”

Go to any dispensary, ask the parent of that child with staphylococci how the child lost its sight, the answer in nine cases out of ten will be the following: “A blast of cold shortly after birth, and the doctor burnt the eyes out with caustic.”

Now, in the chloride of zinc with glycerine, we have a remedy as effective as the arg. nit., and not attended with such disadvantages. It would appear that the use of glycerine alone has a beneficial effect as a lubricant, and at the same time diluting the purulent discharge, and consequently diminishing its irritating effects on the adjacent parts. Not a few cases observed at the first day or so have been cured by the use of glycerine alone. I hope at a future period to be able to give some results of its use in the treatment of gleet, for which I have no doubt it will be of service, seeing that the disease and the parts implicated are very much alike in both cases.—[*Med. Times and Gaz.*

Changes produced in the amount of Blood-Corpuscles by the administration of Cod-liver Oil. Dr. THEOPHILUS THOMPSON read (Nov'r 18th, 1858) a paper on this subject before the Royal Society.

THE author had presented to this Society, on the 27th of April, 1854, a communication descriptive of the chemical changes produced in the blood by the administration of cod-liver oil and of cocoa-nut oil, and advanced the conclusion, deduced from chemical analysis, that any favorable result derived from the use of these oils is associated with an increase in the proportion of red corpuscles. The present communication was an extension of the inquiry, but was confined to experiments on the influence of cod-liver oil on the blood. It comprehended the principal details regarding fourteen patients affected with pulmonary consumption in various stages of progress, and the result of analyses of their blood. In two instances no oil had been given; in the remaining twelve that medicine had been, more or less, freely administered, and an obvious contrast was noted in the condition of the blood, the proportion of red corpuscles to a thousand parts of blood in the two cases where no oil had been given being respectively 98.20 and 119.64, and in ten of the other patients varying from 142.32 to 174.76. In these ten cases the use of the oil had been attended with marked gain in weight and other evidences of amelioration. In another instance, in which the disease advanced, and a loss of seven pounds in weight occurred, notwithstanding four months' administration of oil, the proportion was 114.39. In one example only was a favorable effect of the oil accompanied with a low proportion of corpuscles, viz. 84.83; but in this patient, hæmoptysis, so profuse as to endanger life by increasing the poverty of the blood, had apparently modified to some extent the ordinary influence of the remedy. The analyses was conducted by Mr. Dugald Campbell in the following manner: The whole quantity of blood abstracted having been weighed, the coagulum was drained on bibu-

lous paper for four or five hours, weighed, and divided into two portions. One portion was weighed, and then dried in a water oven to determine the water. The other was macerated in cold water and it became colourless, then moderately dried, and digested with ether and alcohol to remove fat, and finally dried completely and weighed as fibrin. From the respective weights of the fibrin and the dry clot that of the corpuscles was calculated.

Dr. Copland observed that consumption is a disease which tends to produce a continual waste of blood-corpuscles, and that whatever promotes nutrition and excites the vital forces must have a beneficial tendency in such a disease; for with improved assimilation, there must evidently be a renovation of blood-corpuscles. On this principle, cod-liver oil, he believed, would be found efficacious in anæmia and rickets as well as in consumption, although he was not sure that it had any particular advantage over iron as a remedy.

Dr. Garrod thought that any future researches on this subject would be still more valuable if the analyses were rendered more specific, by ascertaining the proportions not only of the red corpuscles generally, but also of the constituent parts of the corpuscles. Without such information, it was difficult to explain the fact that cod-liver oil is so far more useful in consumption than in anæmia; and it would be desirable to determine the amount of change produced by such a remedy in the proportion of hæmatin, globulin, iron, and fat, entering into the composition of the blood-cells.—[*London Lancet*.

On Two New Methods of Treating Diseases of the Lachrymal Sac.
By Dr. V. GRAFE.

IN one of the sessions of the *Society of Berlin Physicians*, (July,) Dr. V. Gräfe reported on two new methods of treating affections of the lachrymal sac, which he considers a decided progress in ophthalmic surgery. One of them was proposed by Bowman, and has for its object the restoration of the permeability of the lachrymal passages by methodic dilatation. It differs from all the known methods of dilatation in the point that the lachrymal sac is not laid open through the skin, but that the instruments are introduced from the mucous membrane through the inferior punctum lachrymale, which has been previously dilated by slitting it. Although an experience of only four months does not permit any positive statement on the permanency of cures thus obtained, Dr. V. Gräfe does not hesitate, even at this early moment, to pronounce Bowman's method the best of all used for the restoration of the lachrymal passages.

The second innovation was proposed by Dr. Taignot, and has the opposite indication in view, viz., to destroy the lachry-

mal passages. Believing that the entrance of tears rendered the obliteration of the lachrymal sac difficult, Tavignot recommends to cut off the puncta lachrymalia, in order to prevent tears passing into the sac. The idea itself is correct, but the obliteration of the lachrymal canals is not effected with certainty by the process recommended. Von Gräfe uses other means, for instance ligation with a suture, gradually cutting through, or cauterization by means of a small *portes caustiques*, which are introduced into the lachrymal canals. Dr. Leibreich, who assisted in Gräfe's clinic, conceived the idea of coating Anel's probes with nitrate of silver; in order to make the caustic adhere, the probes were first rendered rough by exposing them to the action of nitric acid; thus prepared, they were dipped into fused nitrate of silver. Any silver instrument can be converted by this process into a caustic body. After permeability of the lachrymal canals is obtained, the obliteration of the lachrymal sac is easily effected by gentle caustics. The hot iron, chloride of zinc, Vienna paste, etc., which often produce circumscribed caries, can be dispensed with.

By these two innovations the old contest between destructive and conservative surgery, in the treatment of diseases of the lachrymal sac, has been revived. According to Dr. V. Gräfe's opinion, the following rules are to be observed in regard to the indications:—1. In every case in which circumstances offer the prospect that perviousness may be permanently restored, the surgeon should endeavor to obtain it by Bowman's method. 2. In cases where the restoration of permeability is problematic, and could only be obtained by a tedious cure, it must be ascertained whether the lachrymal glands of the patient, after removal of all causes stimulating them to excessive secretion, furnish a relatively great or small quantity of tears. Dr. V. Gräfe gives the necessary rules for making this estimate. In cases in which the quantity of the secretion is small, obliteration, after cauterizing the lachrymal canals, is preferable to restoration of the continuity. No stillicidium lachrymarum remains in this case. If, however, the quantity of the secretion is large, Bowman's method should be first tried, for fear that the stillicidium might remain; only if it is impossible to obtain a permanent cure by this means, the lachrymal sac should be obliterated. Dr. V. Gräfe communicates the following statistical results in reference to this operation:—Of one hundred patients in whom the lachrymal sac has been successfully destroyed, twenty suffer of permanent and troublesome overflowing of tears; seventy are molested neither at their work nor in the room, but experience increased moistening in open air, or if excited to tears, etc.; ten finally do not notice any difference from the normal eye. 3. In cases of caries, organic obstructions, etc., in which there is no prospect for restoration of the continuity, the lachrymal sac

should be at once obliterated, as in any case the condition of the patient is ameliorated by this measure. Thus the troublesome suppuration is not only done away with, but some of the principal causes of the hypersecretion of tears are also removed, and in consequence of it the stillicidium is proportionately reduced.—[*Allgemeine Medezine. Central Zeitung, and North Amer. Med. Chir. Review.*]

Observations on the Treatment of some of the Symptoms of Syphilis.

By M. HERVIEUX.

1. *Phagedænic Chancre*.—M. Hervieux observes that it is very natural that a disease which produces such rapid local destruction should have been met by means rivaling it in energy and celerity of action, such as the butter of antimony, the various forms of caustic, the actual cautery, etc. But although all those means have been successful in some cases, it is certain that they have still oftener failed, or they would not have been so generally abandoned. There is one means, however, which in the hands of M. Ricord, has proved of indubitable advantage, viz., the *carbo-sulphuric paste*, prepared by mixing sulphuric acid with powdered vegetable charcoal in sufficient proportions to form a semi-solid paste. When applied to the chancre this soon dries, forming a black crust, which intimately adheres to the tissues, and only falls off after several days, leaving a clean sore, or even in some cases, a cicatrized surface. In the authors practice, pure *tincture of iodine*, applied at the commencement, has proved to be the best means of arresting the progress of the disease. It induces generally a burning pain, the intensity and duration of which are in proportion to the extent and depth of the chancre, as also to the sensibility of the individual and of the parts affected. Very well borne by some patients, the pain induces in others the most horrible torment. Chloroform would in such nervous and irritable subjects save this suffering. The pain, upon an average, lasts half an hour. In simple, uncomplicated cases, two applications, made by means of a pencil, after an interval of 24 hours, generally arrests the progress of the disease into the blood. If, however, the chancre be complicated with gangrene, hospital gangrene, or diphtheria, four, five or even six applications may be required. But when two or three of these seem to be without any effect, there is no use going on with the iodine, and a solution of nitrate of silver (five parts to thirty) should be substituted. When the iodine treatment has been followed, M. Hervieux has never known the worst form of phagedæna persist beyond a week.

2. *Suppurating Bubo*.—The author has never himself treated bubo by small, single or multiple openings, but he has met with

cases which have been so treated, and which two or three months afterwards, have exhibited fistulous tracks, extensive detachment, thinning and changes in the skin, together with an utter indisposition to heal. After waiting two or three weeks in vain for the spontaneous closure of these fistulæ he has had to lay them freely open. The prevention of deformity by these small apertures, as proposed by Vidal, is frequently not attained, for not only may fistulous tracks become established, but the apertures themselves may become transformed into chancreous ulcerations. As a general rule, M. Hervieux makes a large opening, and that as early as possible, cicatrization taking place most rapidly under these circumstances. When the opened bubo is transformed into a strumous or chancreous ulcer, or the two combined, with the possible complications of phagedænis, he treats it by the application of the tincture of iodine or solution of the nitrate of silver, washing it out also with chlorine lotions several times a day; and he has never found any ulcer resisting treatment longer than six weeks, the majority becoming healed in from eight to fifteen days.

3. *Condylomata (Plaques muqueuses).*—Although the author believes the practice he recommends under the former heads may require additional confirmation from more extensive practice than his own, in the matter of condylomata he can speak more positively. If the solution of nitrate of silver is not an actual specific, it acts with such rapidity, certainty, and efficacy, as to call for the highest recommendation. However confluent they may be and whatever extent of surface they may occupy, however infectious the discharge they give out, and even when they have attained a certain amount of thickness, provided that they are not too hypertrophied and have not undergone some of the transformations they are susceptible of they will wither, die away, and disappear in the course of some days, if every part be painted daily with a pencil dipped in a solution of the nitrate, five parts to thirty of water. Baths should be simultaneously used, seeing the part which dirt habitually takes in the production of this accident. Repeated trials have convinced the author that this success is quite independent of internal treatment. When, however, the condylomata have become transformed into a vast vegetating surface, of great thickness, the nitrate ceases to be of avail; and in one aggravated case mentioned, the pure nitric acid, repeatedly applied, was of service.

4. *Syphilides.*—Under this head the author gives the results of his trial, in ten cases, of M. Cullériér's plan of treating syphilitic eruptions by blisters applied to the chest. Although at first prepossessed against it, he now speaks highly in its favor. Excluding the slight roseolar forms, which get well of themselves, the author oftenest employed blistering in the papular form of the disease, and that is the form in which the remedy best suc-

ceeded. A single blister will exert a notable modification on chronic papular syphilides, which have existed during several months. One case of syphilitic lichen, which had lasted a year, and for which all kinds of active internal treatment had been tried, disappeared in the course of a week, during which three large blisters were successively applied to the anterior and posterior surfaces of the thorax. The squamous form resisted their action more, but still in two cases of psoriasis undoubted amendment was observable, and in a fortnight the scales were detached. In the pustular form, some cases of syphilitic acne were rapidly cured. M. Hervieux has not tried blistering in syphilitic impetigo of the face and hairy scalp, having found the application of the nitrate of silver solution, after poulticing off the crusts, very efficacious, even in very inveterate cases.—[*Brit. and For. Med. Chir. Review*, from *Bul. de Thérap.*]

Case of Cancerous Tumour Treated by Chloride of Zinc. By
JAMES ALEXANDER, Esq., Wooler.

THE following case of cancer does not possess in itself any peculiar interest, and certainly cannot boast of having been successful in its result. But it affords an opportunity of detailing a mode of applying caustic to malignant growths, or indeed to tumours of any kind, when it is deemed advisable to have recourse to its use for their removal, not much known in this country, and which may, perhaps, be found as effectual as any other, while it is free from various objections on the score of tediousness and uncertainty of operation, as well as prolonged suffering, to which the ordinary methods of applying escharotic remedies are justly liable.

Three months ago, a man presented himself to me for advice, with a large carcinomatous growth, occupying nearly the whole of the chin and considerable part of the under lip. The tumour was beginning to fungate on some points, where the skin had given way, and was covered with diseased integument closely adherent to the mass below on the remainder of its surface, and was still moveable, but not freely, on the parts over which it lay. The patient informed me that a small ulcer had been cut out of the lower lip a few weeks before, but the tumour on the chin, which he represented as being then about the size of a small bird's egg, had been unfortunately left. Deep indurations could be felt along the rami of the lower jaw, immovably united to the bone, and the aspect of the countenance was unhealthy and cachectic. It seemed a most unpromising case to meddle with, and should, perhaps, have been altogether let alone. But the man was clamorous to be relieved, if possible, from the loathsome incumbrance on the chin, which emitted from the ulcerated

parts an abundant and most offensive discharge. His friends were as eager as himself to have recourse to any means that offered the slightest prospect of even temporary alleviation; for of any ultimate benefit they were most explicitly warned there was not the faintest hope. It was therefore resolved to make an attempt to destroy the fungating mass by caustic; and I have much pleasure in acknowledging my obligations to Mr. Walker (my assistant), for suggesting to me the method of proceeding I am about to describe, which he had very recently seen employed in one of the Parisian hospitals.

Two parts of fine arrow-root were mixed with one part of chloride of zinc; and while the paste which such a mixture forms was soft, from the addition of a little water, it was rolled out into a thin sheet, and then divided into arrow-shaped pieces of about three inches long, each tapering to a fine point at one extremity, and rather less than a quarter of an inch broad at the other end. After drying, the paste becomes hard, and if the points are fine, the arrows are capable of overcoming a considerable resistance. After putting the patient under chloroform, a series of deep punctures were made round the circumference of the tumour with a narrow bistoury, and one of the arrows forcibly inserted into each immediately after it was made, where it was allowed to remain. In four days the whole growth was completely detached in one very large, black mass. The surface of the sore for a time looked clean and promising; by and by, however, it assumed an unhealthy appearance, and I cannot say that any permanent good resulted from the operation. The benefit derived in this particular case, however, is not the point to which I would solicit the attention of my professional brethren, but the manner of using the caustic, which I believe though occasionally practised in France, has been little, if at all, employed in this country. To do it effectually, one or two precautions should be observed, which were suggested by the progress of this case; and if these are attended to, I am inclined to think they will secure the complete detachment of the part we wish to separate in half the time which was occupied in this case. The arrows should be introduced in considerable numbers, not more than an inch or three-quarters of an inch asunder; the points from the opposite sides should cross one another in the centre of the morbid growth, and they should be inserted as near the bases of the diseased parts as possible, as nearly as can be accomplished in the line of demarkation between the sound and unsound parts. The pain from this procedure, judging from the above case, was not by any means severe; for the man slept tolerably well the first night after the application of the remedy, and spoke, and ate, and moved about freely, with little apparent suffering, much less, certainly, than I ever saw when caustic was applied to the surface; and undoubtedly, the

effect is very expeditiously produced, for the caustic being applied to the root, and not to the surface of the growth, its vitality is at once destroyed, and the separation is completed whenever the integument between the punctures yields to the lateral action of the arrows. I am no advocate for the use of caustic in the treatment of cancer; in common with the vast majority, if not the whole, of the profession, I greatly prefer its removal by the knife. But there may be cases in which the feelings of the patient, or, perhaps, other circumstances, may compel us to have recourse to it; and when such cases do occur, I venture to submit to the consideration of my professional brethren the mode of proceeding I have now detailed.—[*Edinburg Med. Jour.*, and *Braithwaite's Retrospect*.

EDITORIAL AND MISCELLANEOUS.

MEETING OF THE MEDICAL ASSOCIATION OF THE STATE OF GEORGIA.—We present below, the minutes of the late meeting of the State Society. We have neither time nor space in our present number to give any extended notice of the Proceedings. It was, however, a most improving, cheering and harmonious Convention, and the papers presented, when they are published, will speak well for the industry, zeal and ability of the Profession in our State.

Report of the Proceedings of the Medical Association of the State of Georgia, at its annual meeting held in the city of Atlanta, April 13th and 14th, 1859.

Pursuant to adjournment the Medical Society of the State of Georgia assembled in the City Hall, Atlanta, at 11 o'clock on the morning of the 13th of April, 1859.

The Society was called to order by the President, Dr. Joseph P. Logan of Atlanta, and the deliberations opened with prayer by the Rev. Dr. Wilson of Atlanta.

The Recording Secretary being absent, on motion, of Dr. H. F. Campbell, of Augusta; Dr. W. S. Meière, of Madison; was requested to act as Secretary, *pro tem*.

The roll being called by the Secretary, the following members responded to their names:

S. W. Burney, of Forsyth; A. Means, Henry Gaither, of Oxford; Samuel B. Clarke, of Richmond Factory, Richmond Co.; J. G. Westmoreland, J. N. Simons, H. W. Brown, Jno. W. Jones, Thos. S. Powell, B. M. Smith, Jas. F. Alexander, M. H. Oliver, J. M. Boring, Hayden Coe, T. C. H. Wilson, V. H. Taliferro, of Atlanta; A. A. Bell, Maxey's; E. J. Roach, Longstreet, Pulaski Co.; T. J. Barkwell, Hawkinsville; L. A. Dugas, H. F. Campbell, Augusta; L. P. Green, John T. Banks, Zebulon; S. H. Dean, Conyers; F. S. Colley, Monroe; S. H. Connally, Griffin; A. M. Boyd, Cave Spring; A. M. Parker, Salt Spring, Campbell Co.; W. S. Meière, Madison,

Dr. Campbell, of Augusta, then presented to the Society, for distribution among its members, a supplement to the *Southern Medical and Surgical Journal*, containing, besides some very interesting editorial and select matter, the History, Constitution and By-Laws of the Society.

On motion of Dr. Coe, the Constitution and By-Laws of the Society were read by the Secretary.

The proceedings of the last Annual Meeting held in Madison were then read and confirmed.

On written application the following gentlemen were duly elected members of the Society :

Drs. E. O. Ware, Robert Battey, T. J. Word, Rome; W. A. Culbertson, Cave Spring; J. A. Steward, Conyers; A. S. Whitaker, Jonesboro'; J. R. McAfee, R. G. W. Maffitt, Dalton; W. A. Shelby, W. V. Aderhold, G. G. Crawford, H. Westmorland, J. Gilbert, G. W. Humphries, J. D. Boyd, J. L. Hamilton, A. G. Thomas, W. P. Hardin, R. J. Massey, J. M. Sessions, N. D'Alvigny, D. O. C. Heery, B. O. Jones, B. F. Bomar, Atlanta; C. A. McKinley, G. L. Hudson, Newnan; A. M. Moore, J. C. Avery, Decatur; G. L. Jones, G. L. Johnson, Palmetto; J. T. Slaughter, Villa Rica; G. W. Pitts, Star, Butts Co.; B. L. Jones, Savannah; B. F. Hodnett, E. Griffin, Rough & Ready; W. D. Cunningham, Jasper, Pickens Co.; L. S. Cunningham, Big Creek, Forsyth Co.; W. H. Watkins, Franklin; F. O. Donnelly, Greenville; N. B. Drewry, Sharon Grove, Fayette Co.; J. P. Taylor, Haralson; Johnson Matthews, Yellow River; S. W. Leak, J. F. Donehoo, Fayetteville; W. C. Smith, Grantville; J. Walker, Longstreet; M. T. Fort, T. D. L. Ryan, J. H. Vakley, Hawkinsville; Joseph Jones, Augusta; J. K. Mitchell, Lawrenceville; D. A. Matthews, Millstone; George Lumpkin, Stephens; W. Moody, Maxey's; Samuel P. Lumpkin, Watkinsville; W. P. Bond, Lithonia; R. A. T. Ridgley, La Grange; W. A. Spier, Grantville; A. P. Brown, Cumming; J. Hackenhull, Dawsonville; S. Malone, Fairburn; C. W. Smith, Jonesboro'; W. F. Thomason, Sugar Valley; D. H. Payne, Marietta; H. S. Davenport, ———; B. M. Tidwell, Fairburn; F. M. Brantley, Merriwether; D. G. Hunt, Calhoun; L. H. Jordan, Colaparchee; D. M. Williams, Griffin.

After the enrolling of the names of new members, the Society adjourned till 3 o'clock, P. M.

AFTERNOON SESSION.

The Society was called to order at 3 o'clock by the President.

The election of officers being in order, the President ordered a ballot for President. Dr. Banks proposed the name of Dr. F. S. Colley, Dr. Alexander proposed the name of Dr. L. A. Dugas, Dr. Barkwell proposed the name of Dr. H. F. Campbell. Before the ballot, Drs. Dugas and Campbell withdrew their names. Society proceeded to ballot for President—on counting the ballot it was found that Dr. Colley had received all the votes cast. Dr. Colley was therefore declared unanimously elected.

After ballot for 1st Vice President, Dr. R. A. T. Ridley was declared duly elected. By ballot, Dr. H. Coe was elected 2d Vice President. By ballot, Dr. A. G. Thomas was elected Recording and Corresponding Secretary and Treasurer.

On motion, the following committee was appointed to induct the President elect into the chair:—Drs. Campbell, Alexander and Battey. Dr. Logan in retiring from the Chair delivered an appropriate and felicitous address, full of interesting statements and valuable suggestions.

On motion of Dr. Banks, the rules being suspended—Dr. B. L. Jones introduced the following resolution, which was unanimously adopted :

“Resolved, That the thanks of this body be tendered to Dr. Joseph P. Logan for the faithful, efficient and impartial manner in which he has discharged the duties

of President during his term of office, and also for the pertinent and truthful address to which we have just listened."

On motion of Dr. Burney, the following committee was appointed to recommend the names of such members of the Society as the committee should select, as delegates to the American Medical Association: Drs. Logan, Battey, Roach, Joseph Jones, Boyd, Taylor and Burney.

Rules being suspended, on motion of Dr. Campbell, Dr. Wm. T. Grant, of Thomson, was allowed to withdraw his name from the roll of members of this Society. After which, on motion of Dr. Roach, Society adjourned till 10 o'clock Thursday morning.

THURSDAY, April 14th, 1859, }
10 o'clock, A. M. }

Society called to order by the President. Roll called; minutes of the preceding day read and approved. Rules being suspended, the following resolution was offered by Dr. J. G. Westmoreland and adopted:

"*Resolved*, That Dr. R. L. Bozeman of Alabama, be invited to a seat with the Society to-day."

Rules being further suspended, Dr. Burney moved to appoint a committee of three to wait upon Dr. Logan and request a copy of his address for publication; motion carried. The President appointed as that committee, Drs. Burney, Coe and Dean.

Dr. Means, after a few appropriate remarks, introduced the following resolution:

"*Resolved*, That the name of this Society be altered from the Medical Society of the State of Georgia, to the Medical Association of the State of Georgia."

Resolution unanimously adopted.

Reports from Auxiliary Societies being called for, Dr. Banks reported that an Auxiliary Society had been established in Griffin according to the Constitution and By-Laws of the State Association; that the Society was composed of twelve members, and was increasing; he hoped that the Auxiliary Medical Society of Griffin would be acknowledged by the Association. Dr. Campbell moved that the report be received, and the Society acknowledged, which motion was carried.

Correspondence called for. No report.

Call for written communications.

Dr. Juriah Harriss, of Savannah, through Dr. J. G. Westmoreland, offered an apology for not presenting his Essay which he had been appointed to prepare, stating that unavoidable circumstances had prevented him from finishing it.

On motion of Dr. Means, Dr. Harriss' apology was received, and he was requested to prepare the Essay for the next meeting of the Association.

Dr. Campbell of Augusta, presented the following, entitled: "An Essay on Cholera Infantum," by H. W. DeSaussure Ford, M. D., Prosecutor to the Prof. of Surgery in the Medical College of Georgia, and rendered an apology for Dr. Ford for his failure to present the Essay.

On motion, Dr. Ford was requested to have his Essay published in one of the Medical journals, as written for the Association.

Rules being suspended, Dr. Meière offered the following resolution which was carried:

"*Resolved*, That the President appoint a Committee of Five to revise the Constitution and By-Laws of the Association, and report at next meeting."

The President appointed as that Committee, Drs. Meière, Banks, Oliver, Battey and H. F. Campbell. Rules further suspended.

The Committee on Delegation to the American Medical Association, reported the following names of members of this body as suitable delegates:

Drs. West and Sullivan, Savannah; Doughty and Robert Campbell, of Augusta; Nottingham and Boon, of Macon; Means, of Oxford; Alexander, of Atlanta; Stanford and Flewellen, of Columbus; McClesky and Carleton, of Athens; Roach of Pulaski county; Stevens, of Albany; Hillyer and Battey, of Rome; Donnolly, of Meriwether; Burney, of Forsyth; McAfee, of Dalton; Ridley, of Lagrange; Banks, of Pike; Brown, of Cumming, and Meière, of Madison.

On motion of Dr. Campbell, the report of the Committee was received and adopted.

Dr. Banks offered the following resolution, which was adopted:

"*Resolved*, That the delegates to the American Medical Association, this day appointed, be authorized to select alternates from the members of this Society, in case of the inability of any of them to attend the meeting of said American Medical Association."

Dr. Campbell then presented the following title of a paper, with the accompanying motto:

"An Essay on the adaptation of Climate to the Consumptive, for a permanent residence; embracing an Examination of the Climate of certain Localities of frequent resort; and also, an Investigation of the degree of Adaptedness of the Pacific Climates of the United States. Presented to the Medical Society of the State of Georgia, at its annual meeting, held at Atlanta, April 13th, 1859. By Wm. Henry Doughty, M.D., of Augusta, Ga."

Morro—"As 'the possible is immense,' so the human mind if the legitimate object of all science, (which is to observe facts and to trace their relations and sequences) is kept steadily in view, will be continually verging towards Truth in the investigation of physical causes."—FORRY.

He then stated that Dr. Doughty was unable to be present, and hoped to be excused; after which he read a portion of the able Essay of Dr. Doughty.

Dr. Campbell offered, also, an abstract of an

"Essay on *Quinine*: its therapeutical action being expended solely upon the middle or fibrinous coat of the BLOOD VESSELS, by which interpretation alone are its phenomena satisfactorily explicable. By Robert Campbell, M.D., Adjunct Professor of Obstetrics and Demonstrator of Anatomy in the Medical College of Georgia."

On motion, the Association adjourned until 2½ o'clock, P. M.

AFTERNOON SESSION.

Association called to order at 2½ o'clock.

Regular business being continued, Dr. Joseph Jones, of Augusta, presented a "Report of a case of Fracture of Neck of the Scapula;" also, a "Report of a case of Aneurism in the Gluteal Region." By L. A. Dugas, M.D., Professor of the Principles and Practice of Surgery in the Medical College of Georgia." He also presented an essay on "The Changes of the Blood in Malarial Fevers. By Joseph Jones, M.D., Professor of Chemistry and Pharmacy in the Medical College of Georgia."

An abstract of a "Report of fifteen cases of Lithotomy," with the calculi accompanying, was presented by H. F. Campbell, M.D., Professor of Anatomy in the Medical College of Georgia.

An Essay on "Puerperal Fever," was then read by Dr. Dean, of Conyers.

An Essay entitled "Quackery and its Cure," was then read by Dr. A. G. Thomas, of Atlanta.

A "Report of a case of Vesico-Vaginal Fistula," was presented by Dr. Battey, of Rome.

An Essay on "The Pathology of Phlegmasia Dolens," was then read by Dr. H. Coe, of Atlanta.

Dr. Taliaferro, Professor of Materia Medica in Oglethorpe Medical College, offered an apology for not presenting his essay as requested, stating he had begun to prepare it, but was unable to complete it; subject—"Phthisis Pulmonalis, its Causes and Treatment."

Dr. W. F. Westmoreland, Professor of Surgery in the Atlanta Medical College, offered an excuse for not presenting his Essay, it not being in his power to finish it; subject—Pyemia.

Rules being suspended, Dr. J. P. Logan moved that a committee be appointed to select Essayists for the next meeting. Motion amended by adding: "and to recommend a place for next meeting." Motion carried—Committee appointed by the President, Drs. Logan, Campbell and Word.

Oral communications called for: no report.

Rules being suspended, Dr. Means, on behalf of the Faculty of the Atlanta Medical College, invited the members of the Association to visit their College building.

New business being called, Dr. Battey introduced the following resolution, which was adopted:

"Resolved, That a Committee of three be appointed by the Chair to report, at our next meeting, upon the evidences of advancement in Medical Science, as exhibited in the literary productions of the medical men of Georgia."

The President appointed on that Committee the following gentlemen: Drs. Logan, Battey and Sullivan.

Dr. Banks offered the following resolution:

"Resolved, That the Chair appoint a Committee of three members of the Association, to which Committee the Essays and Reports of the Association be referred for publication; the same to be published in connection with the other proceedings of the Association in the form of a report."

A motion to reconsider Dr. Banks' resolution made and carried.

Dr. Battey offered in lieu of Dr. Banks' resolution, the following:

"Resolved, That the Essayists be authorized to present to any of the medical journals of the State, which they might select, for publication." Resolution was adopted.

On motion of Dr. Meière, the Association proceeded to ballot for Orator at next meeting. On counting the ballot, Dr. H. W. D. Ford, of Augusta, was declared elected. Dr. Banks was elected as alternate.

Committee on place of next meeting, recommended Rome. Report of Committee adopted.

Dr. Campbell then proposed that the *Southern Medical and Surgical Journal* be no longer considered the exclusive organ of the Association,

and that all the Medical Publications of the State be requested to publish the proceedings.* Proposition of Dr. Campbell accepted.

Dr. Word offered the following resolution, which was adopted :

"Resolved, That the thanks of this body be tendered to the Editors of the Southern Medical and Surgical Journal, the late organ of the Association, for the kindness done this body, in publishing for several years, its transactions without cost or charge. Also, to Dr. H. F. Campbell, for the courteous proposition made at this meeting, to extend to the other medical journals of the State, equal participation in all the publications of the Association in the future."

The President appointed as a Committee of Arrangements, for next meeting, Drs. Battey, T. J. Word, Hillyer Miller, and R. C. Word, of Rome.

Dr. Clark, of Richmond, offered the following resolution, which was adopted :

"Resolved, That we, the members of the Medical Association of the State of Georgia, tender to our medical brethren of the city of Atlanta, our heartfelt thanks for their very generous hospitalities and warm reception in their city, and that we will ever hold it in grateful remembrance, and that it will form a most pleasing episode in the history of our professional lives."

"Resolved, That our Secretary be requested to have these resolutions published in the city papers."

There being no further business before the Association, on motion, the Association adjourned to meet, in the City of Rome, on the 2nd Wednesday in April, 1860.

A. G. THOMAS, M.D.,
Secretary of Med. Ass'n of Ga.

THE SEMI-MONTHLY MEDICAL NEWS.—We have regularly received the above excellent new journal, from its first to its present (8th) number. Its Original, Eclectic and Editorial departments evince excellent judgment and rare ability on the part of its distinguished editors.

A peculiarity of this journal is, that its editors have had an opportunity of manifesting that heartfelt gratitude which ever ennobles both the donor and recipient, and which we may claim as characteristic of our Profession. The work is dedicated "To JACOB L. SMYER, Esq., who, by munificent liberality, sustains this enterprise." How seldom is it, that the Medical Profession enjoys the meed of thanks from the community. How seldom, on the other hand, do they have the opportunity to thank the people—but, when did that opportunity ever pass unimproved? Let any man do them a service, and that man's name lives in their generous hearts, glows in their widely circulating pages, is bound up in their enduring volumes, and goes down to remote posterity embalmed in the love and gratitude of a noble and time-honored profession.

This journal presents to its readers thirty-two well filled pages every two weeks. It is edited by S. M. Bemiss, M.D., Professor of Clinical

* Hereafter, when *Essays* are read before the Association, the *authors* of such Essays will have the privilege of selecting the journal in which their papers shall be published.—EDITORS SO. M. & S. J.

Medicine, and J. W. Benson, M.D., Professor of Descriptive and Surgical Anatomy—both, of the University of Louisville. It is published by Hanna & Co., Louisville, Ky., at three dollars per annum. We are much pleased to place this work upon our Exchange list, and shall endeavor to make it useful, both to ourselves and our readers.

SCRAPS OF PRACTICE.

Diarrhœa.—Ordinarily, cases of diarrhœa yield promptly under the judicious use of stimulants, with moderate doses of some one or other of the preparations of opium. Occasionally, however, we find the affection resist every simple remedy, and persist in spite of all our care. The discharges, under these circumstances, are of a pale clay color, shewing deficiency of bile, and they are thin and copious—something more than simple astringents seem to be required. It is common to prescribe calomel, or blue mass, in large doses, for these cases. From our own experience, we are inclined to the opinion that the doses prescribed are unnecessarily large, and that much smaller doses would better and more safely accomplish the result. We seldom fail to correct this condition of the bowels and improve the appearance of the passages by giving, in addition to the astringents, *very small doses* of blue mass—thus: Divide xii. grs. of blue mass into twelve minute pills—give one pill three or four times a-day. The passages usually become less frequent, more consistent and of better color, before the twelve pills have been taken. The practice has the advantage of being fully as certain as the larger doses of calomel or blue mass, while it never runs the risk of increasing the disease. And again—we are saved from the wholesale administration of mercury, a remedy which, though one of the most valuable we possess, is still often, as potent to do evil as it is to do good.

There is another condition of the bowels which requires special attention, and which we seldom or never find alluded to in books. The upper portion of the intestines appear to have recovered from the condition which had given rise to the discharges, the passages have assumed the normal color, and for a part of the day, viz. in the morning, the normal consistency—yet the *rectum* is irritable. The patient will state that in the earlier part of the day, he has no trouble with his bowels, that the first evacuation is nearly normal, but that, at frequent intervals, after the first, he feels compelled to have a second, a third, and many others, each time, the discharges becoming thinner and thinner, till by night, regular diarrhœa appears to have been established; next morning the passages again appear consistent at first, but invariably, at night have become thin and diarrhœal. Astringents and opiates here appear to fail. We have known patients completely stultified by laudanum draughts, and yet weakened and exhausted at night, by the persistent

discharges. We regard the true pathology of this form of Bowel-complaint to be the *Irritability of the Rectum*. Perhaps the mucous surface of the rectum may be inflamed or abraded, but we think this is, generally, not the case. The nerves appear to be the true seat of the affection. The course seems to be this: the fecal mass accumulates in the rectum during the night, a small quantity at a time, without producing a desire for action—and the patient can often retain it till 9 or 10 o'clock in the morning without inconvenience, but as soon as the necessary effort has been made to produce the morning evacuation, the parts become excited, a sense of irritation is left which excites the peristaltic action of the upper portion of the intestine and successive portions of their contents are brought into the rectum which are expelled by the irritable rectum—this constant irritation is reflected upon the secreting surface of the small intestines by a true excito-secretory action, and they finally yield to free, thin and copious diarrhœal discharges, observed in the latter hours of the day. The sensory nerves, then, of the rectum, are in an irritable condition, and they, through the spinal marrow, become exciters, to the secretions throughout the whole length of the intestinal canal, by the influence which they exert upon the ganglionic system.*

We have said opiate-draughts do not arrest these discharges—very large doses of opium often fail, and yet opium is the best and only remedy we know in those cases—not given in the ordinary way, by the mouth—but by the rectum, and then one-fourth the quantity is doubly efficient in giving relief and comfort to the patient. This result might reasonably be expected;—the irritable *excitor* surface is now made the absorbent surface, and therefore the irritability is promptly relieved, and the diarrhœa consequent upon it, is arrested.

Our advice to patients suffering in the manner above described, is this: Procure a convenient glass syringe of 1 oz. capacity, also a 2 oz. vial of water and an ounce vial of laudanum, carry them constantly about the person so that the injection may be applied at the proper time. Immediately after the morning evacuation fill the syringe with water, leaving space for the piston and 15 or 20 drops of laudanum; *drop in that amount of laudanum*, shake the syringe to mix it well, and apply. At first, a slight burning and irritation is felt in the rectum—this soon subsides, and the rectum becomes quiet and *remains so*, the patient rarely having a second passage during the entire day—until next morning. If he wishes to test the efficacy of the remedy, let him omit the laudanum injection in the morning, and by night the diarrhœa will be as bad as ever. In a week or ten days the irritability of the rectum is general-

* See Essay on Excito-Secretory System in its Relation to Physiology and Pathology, by Henry F. Campbell, M. D. 1857.

ly removed, and the injection is no longer necessary, the parts resuming their healthy functions without it.

Many patients fail to retain the injection at first; then, repeat after the second passage. Others require more laudanum, even as much as 35 or 40 drops—others again, require more water, to prevent the burning sensation at first produced by the laudanum; but in most cases 20 drops of laudanum and one ounce of water, we have found to be fully sufficient. There is no general effect experienced—it simply *quiets the rectum*—and with it the entire intestinal canal—and that is enough for those sufferers whose rectums, from ten o'clock in the morning till ten o'clock at night, have been in an habitual daily turmoil and distress perhaps for months previous to the application.

We intended to discuss some of the peculiarities and remedies of the Diarrhœa of Children, when the irritation is most frequently at the other end of the alimentary canal, viz., the mouth, caused by Dentition—but space will not allow. If we indulge in such reflections, our “scraps” will become disquisitions, and then—nobody will read them. We defer Infantile Diarrhœa for a future number.

H. F. C.

Phosphorus in the Treatment of Phthisis.—Nearly a year ago, we called attention to a new theory respecting the nature of phthisis, and a new method of its cure. The theory, in brief, was this:—that the essential condition of phthisis is a deficiency, in the system, of phosphorus in a state capable of oxygenation; the cure naturally followed—give the hypophosphite of lime, or of soda, which offers the double condition of being immediately assimilable, and at the same time of being in the least possible degree of oxydation. The remedy has been extensively tried, but, we believe, with only limited success. We observe that the editor of the *Gazette Hebdomadaire*, of Paris, has been publishing the results of his observations on patients treated by Dr. Churchill himself. The following translation of his article, or a part of it, is from the *American Medical Monthly* for January.

“Of the twelve cases of which I have made a statement, there are two in which I doubted, from my first examination, the existence of tuberculous phthisis, at least as being the chief of the local or general diseases of which it was necessary to notice the ultimate progress. In one of these two cases the general condition was improved, and the local disease remained stationary at the end of four months. In the other, all the disease had disappeared at the end of four months. Ten cases remained which can be called tuberculous phthisis, with every appearance of certainty. Of this number, in *one*, the local disease was improved at the end of four and a half months; in *one* it remained stationary at the end of four months; and in *eight* it was aggravated at the end 4, 2, 3, 5, 4, 3½, 4½, and 3½ months respectively. As to the general condition, in *five* cases there was evident amelioration; in *one* there was no appreciable change; and in *four* there was aggravation. In two of these last cases, it is true, the last note of M. Churchill makes no mention of the general

condition, but my eyes assured me that this was far from being improved.

"After these results, it is impossible for me to attribute to the method of treatment adopted by M. Churchill any influence over the progress of tubercles, for we know very well that in this disease the disorganization of the lung is far from being continuous, even in the absence of all treatment; that, on the contrary, the evolution of tubercle usually presents periods of repose, during which the *rales* consequent on congestion of the tissues or the secretion of liquid products, diminish or disappear. This is a point on which Dr. Austin Flint has lately insisted.

"As to the influence of the treatment on the general health, especially upon the fleshiness of the patient, as well as upon certain thoracic symptoms, I ought to say, that it has seemed to be quite apparent. Nevertheless, I should not dare to rest my opinion on this small number of facts; and at any rate, I could not see that there was anything *specific* in this result. Many preparations, but especially cod-liver oil, when phthisical persons first use them, have the effect of at once restoring the flesh, the strength in a measure, and even of diminishing the cough and the expectation; but this does not stop the tuberculous disease, which slumbers for a moment only, to awake and resume its work of destruction."

[*Boston Med. and Surg. Journal.*

Laryngeal Operations in Paris.—These seem to be the order of the day, and methods of a strange kind are proposed by various surgeons. We have already alluded in *The Lancet*, to M. Bouchut, who leaves for several days a dilating canula in the larynx. The same operator now proposes to forestall the distressing symptoms of croup by *removing* the tonsils at the outset of the disease. Cases in support are brought forward. On the first of these operations M. Trousseau has just reported, and eloquently shows that the intra-laryngeal permanent dilatation is very difficult of application, uncertain in its results, and far inferior to tracheotomy. The latter operation is shown, when early performed, to be much less fatal than has been supposed. M. Bouchut, who seems to be hard at work with croup, has just found that in two-thirds of the cases the urine is albuminous, and ceases to present this peculiarity when recovery approaches. This same M. Trousseau uses, in different complaints of the larynx and trachea, a *porte-caustique* very similar to Lallemand's, but much shorter. The nitrate of silver is thus easily carried into the larynx.

M. Loiseau, however, has much popularized, in croup, his injections of various solutions into the larynx. His mode of operating is simple. The left forefinger is covered from the metacarpal articulation to the first phalangeal with a metal ring, which shields that part of the finger from the teeth of the patient. The finger is then introduced into the mouth, and the epiglottis pressed against the base of the tongue. Guided by this finger, a silver tube with two holes at the end is passed into the upper part of the larynx. A sponge, fixed to a rod, and previously moistened with a caustic solution, is now introduced into the tube, and pressed against its end; through the holes in the latter a regular caustic douche is applied to the larynx. This operation has been extensively used

in Paris, and, though not invariably successful, has proved extremely useful, and has contributed to the recovery of a great many patients.
[*London Lancet.*]

Operation in Veterinary Surgery.—Considerable interest has been excited amongst practitioners of the veterinary art by an operation performed by Mr. George Holmes, of Beverley. The subject, a valuable black horse, had been suffering some time from water on the chest. Mr. Holmes accordingly operated, and succeeded in drawing from the animal the enormous quantity of fifteen gallons and a half of the fluid, a result unprecedented in the annals of the profession. Although only a recent event, still the horse has perfectly recovered, and is enabled to do the ordinary field-work with the rest of the team.—[*Ibid.*]

L'Hôtel-Dieu of Paris.—This ancient hospital is now being demolished, to make room for a new institution in a more healthy location, and for the purpose of providing better sewerage and ventilation, which were the faults of the old building. The Hôtel-Dieu had nearly one thousand beds, and received annually about twelve thousand patients, who were nursed by forty Sisters of Charity, mostly Roman Catholics. The founding of this hospital is said to date back as far as the year 660; but this point is disputed. We extract the following paragraph from the Medical Times and Gazette, which will prove interesting to our readers:—

“It is generally believed, but without proof, that the foundation of the Hôtel-Dieu was due to St. Landry, Bishop of Paris, in the seventh century. The canons of Notre Dame only possessed at first the half of this establishment; the other part was ceded to them in 1202, by Renaud, Bishop of Paris. At that time, the poor sick and healthy poor were admitted into it; it was a hospital in the true sense of the word. Philippe Auguste was the first king that gave donations to it. We read in one of his letters: ‘We gave to the Maison de Dieu de Paris, for the poor there, all the straw in our room and house in Paris, each time that we leave the town to sleep elsewhere.’ The increase of population brought an increase of sick, and thus the Hôtel-Dieu became insufficient for their accommodation. In 1217 Dean Stephen, conjointly with the Chapter, charged four priests and four clerks with the spiritual care of it; thirty priests and twenty-five clerks provided for the wants of the sick. Under St. Louis, the hospital was re-built and enlarged. It then took the name of Hôtel Notre Dame, and was exempt from all taxes. In 1511, the Rue des Sablons was closed, in order to increase its size. In 1531, Cardinal Duprat built a ward, which was called before the Revolution, Salle du Legat. In 1602, Henry IV., constructed the Salle St. Thomas; in 1606, the Salle St. Charles was finished, through the liberality of Pomponne de Bellièvre. Louis XIV., like his predecessors, favored the hospital. In 1772, the accumulation of sick was so great, that as many as eight patients were put in one bed; and on the morrow, almost always three or four were found dead. The mortality rapidly increased, and the Hôtel-Dieu became a permanent source of infection to the city; and this brought about an improvement in its administration. Under the Revolution, the Hôtel-Dieu was re-baptized, and called Maison de la Humanité. The Hôtel-Dieu is now about to be entirely demolished.”—*North-American Med. Chur. Review.*